



**Higher Education Mental Health  
Workforce Pilot  
2025 Annual Report**

May 30, 2025



Table of Contents

**Executive Summary ..... 3**  
Preliminary Impact .....3

**Defining Success ..... 5**

**Quantitative Findings To Date..... 7**  
Round One.....7  
Round Two .....7

**Qualitative Findings To Date ..... 9**

**Recommendations For Scaling..... 12**  
Recruitment, Hiring and Onboarding Insights.....12  
Modifications to FY 2025-2026 Request for Pilot Proposals .....12

**Appendix: Background, Purpose, Process And Commitments ..... 14**  
Background.....14  
Purpose .....15  
Pilot Proposal Submission and Award Process.....16  
Grantee Commitments.....17

## EXECUTIVE SUMMARY

In response to urgent student mental health needs across Virginia's college campuses, the 2022 Virginia General Assembly appropriated funds ([2022 Appropriation Act, Item 144#3c](#)) to support a two-year mental health workforce pilot program at public institutions of higher education. The State Council of Higher Education for Virginia (SCHEV), in consultation with the Virginia Health Care Foundation (VHCF), is charged with administering this pilot program. The General Assembly appropriated a second round of pilot funding for FY 2025 and FY 2026.

The Higher Education Mental Health Workforce Pilot program is a combined workforce and mental health initiative intended to address the immediate and long-term needs of institutions and students for licensed campus-based mental health professionals.

Appropriated funds underwrite the salary and benefits of an onsite LPC or LCSW candidate for ~two/two and half years. During this time, hosting universities hire, train and supervise the LPC/LCSW candidates at on-campus mental health care facilities until licensed. The ~two-year timeframe roughly meets Virginia's Department of Health Professions hours of supervision requirement.

The initial competitive pilot grants were awarded to six public universities: Christopher Newport, George Mason, James Madison, Longwood, Radford and Virginia Tech in late 2022. The 2024 General Assembly appropriated a second round of funding for FY 2025 and FY 2026. The above referenced pilot sites were awarded the additional funds (except for Virginia Tech) and hiring for their new candidates will occur throughout 2025.

### Preliminary Impact

To date, the pilot has supported 11\* LPC/LCSW candidates who collectively: served 1,446 students; completed more than 8,750 clinical hours; and obtained 16,055 hours of supervision since they started working, thereby approximately doubling the students served and the number of clinical hours from those reported in the 2024 annual report.

The pilot is approximately two years into implementation (from Round One candidate start dates). SCHEV continues to be satisfied with the progress in meeting the intent of the program: Improving the ability to meet the student demand for counseling/social work

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\* Note: Of the 11 total candidates; Virginia Tech left the Round One program after the first year because their candidate accepted permanent full-time employment at the Virginia Tech Cooke Counseling Center and will continue to work toward hours for licensure. One of CNU's Round One candidates left the program just shy of completion for a permanent position elsewhere.

services; stabilizing/reducing burnout of LPC and LCSW staff at the student health/counseling centers; and candidate progress toward hours for licensure.

Several key findings from the pilot, some recurring and some new, along with recommendations from SCHEV, have emerged for the General Assembly's consideration.

- 1. The pilot program continues to be oversubscribed.** SCHEV received more proposals than it could support for both Round One (FY 2023/FY 2024) and Round Two (FY 2025/FY 2026). Each of the two rounds was supported by \$500,000 in appropriated funds each fiscal year. SCHEV supported six institutions in Round One (receiving 10 proposals) and five institutions in Round Two (receiving nine proposals). Such oversubscription limits assessment of the pilot program's impact due to a small sample size. All proposals demonstrated significant need.
- 2. Participating institutions continue to see tangible impacts.** As of May 1, 2025, the LCSW/LPC candidates supported through this pilot have collectively served 1,446 individual student-patients and completed more than 8,750 clinical hours. The addition of the candidates has resulted in: (a) decreased appointment wait times for students; (b) improved staff morale at the on-campus counseling and health centers; and (c) sparked the candidates' interest in continuing to work at the higher education institution(s) post-licensure, two taking permanent positions at the pilot institutions.
- 3. The program should be permanently funded at scale.** Based on preliminary impacts, the continued student need for mental health services and the shortage of licensed mental health professionals, SCHEV recommends permanently funding the program to scale and underwriting an LPC/LCSW candidate at each Virginia four-year public institution.
- 4. Continual process improvements are made to improve outcomes.** Data collected from pilot sites every six months inform modifications to ensure objectives are achieved. Details regarding suggested modifications as part of the Round Two (FY 2025/FY 2026) call for proposals are included within this annual report. One specific modification, should this program be permanently funded, focuses on recruiting candidates who have already accrued at least six months of clinical hours in order to get to the two/two-and-a half year grant timeline with the necessary hours for licensure. Unlike private practice, the ebb and flow of academic year caseloads (i.e. summer) have impacted the timeline to obtain necessary hours.

## DEFINING SUCCESS

The mental health workforce pilot serves a dual purpose for higher education institutions. **The pilot seeks to: 1) expand mental health services to students on campus at four-year public higher education institutions; and simultaneously 2) increase the mental health workforce pipeline by offering supervised clinical hours for the LCSW and LPC candidates who delivered those services to become licensed.** The mental health pilot's two-pronged purpose addresses immediate student demand for services and long-term campus behavioral health workforce development.

The pilot funds support the salaries and benefits for graduates pursuing licensure to provide therapy under supervision at student health or counseling centers on campus. In exchange, each hosting institution hires, trains and supervises the LCSW/LPC candidates until licensed. While no matching funds were required, Christopher Newport University provided matching funds to cover the fringe benefits and by doing so, supported candidates' wages with the state's funds for Round One and Round Two. Longwood University offered to provide university-managed housing as part of the Round One candidate's benefits package in addition to the pilot funds awarded.

Pilot institutions are required to report on key data every six months to assess progress toward licensure, overall program impact and potential modifications to the pilot and factors to consider in order to scale across the state.

A successful pilot program should:

- 1. Improve the ability to meet the student demand for counseling/social work services;**
- 2. Stabilize/reduce burnout/turnover of LPC or LCSW staff at the student health/counseling centers;**
- 3. Increase the number of pre-licensed LCSWs and LPCs who become licensed in Virginia as a result of pilot participation; and**
- 4. Create a pipeline of LCSWs and LPCs who choose to work at higher education health/counseling centers once licensed.**

SCHEV continues to be satisfied with the progress and meaningful impacts the candidates have had toward pilot success. Specifically, improving the ability to meet the student demand for counseling/social work services and stabilizing/reducing burnout of LPC and LCSW staff at the student health/counseling centers. SCHEV made some modifications to the FY 2025/FY 2026 call for proposals to ensure clinical hours for licensure and ultimate

candidate licensure is obtained within two to two-and-a-half years from the start date of the candidate. Details on the adjustments can be found in the [Round 2 call for proposals](#) and related [FAQ document](#).

The table below outlines the estimated date for each candidate's completion of hours for licensure.

Pilot University	Candidate	Start Date	Projected date of licensure hours completion	Expected date of licensure
<b>Christopher Newport</b>	1*	1/10/2023	Fall 2025*	Fall 2025*
	2	1/18/2024	Fall 2025	Fall 2025
	3	12/2/2024	Spring 2027	Spring 2027
	4	1/13/2025	Spring 2027	Spring 2027
<b>George Mason</b>	1	9/10/2023	Fall 2025	Fall 2025
<b>James Madison</b>	1	3/15/2023	Spring 2026	Spring 2026
<b>Longwood</b>	1	1/10/2023	Summer 2025	Fall 2025
	2	9/25/2024	Fall 2026	Fall 2026
<b>Radford</b>	1**	1/10/2023	May 2025	Summer 2025
	2	1/10/2025	Spring 2027	Spring 2027
<b>Virginia Tech</b>	1***	6/10/2023	Hired permanently in summer 2024, working on licensure	

**Note:\*** CNU Candidate One departed prior to completing hours in order to secure permanent full-time employment.

**Note:\*\*** Radford Candidate One finished residency at Radford in October 2024 and transitioned to a permanent full-time position at Radford, continuing to work toward hours for licensure.

**Note:\*\*\*** VT exited the pilot program in summer 2024 in order to offer their candidate full-time employment at the counseling center and continue to work toward licensure. The candidate's data were included in the 2024 annual report.

## QUANTITATIVE FINDINGS TO DATE

The data below are based on the varying start dates through May 1, 2025.

### Round One

The earliest candidate start dates were in January 2023 (Longwood, Radford and Christopher Newport—candidate one). Two candidates started in March 2023 (James Madison and Christopher Newport—candidate two). Christopher Newport’s second candidate left in early 2023 and a replacement candidate was hired in late 2023 and started working in January 2024. Due to unforeseen human resource procedural barriers, Virginia Tech was not able to onboard their candidate until June 2023 and opted to exit the program in summer 2024 in order to secure permanent full-time employment for their resident at the Cooke Counseling Center. The sixth institution (George Mason University) faced salary-related recruitment challenges necessitating a budget amendment in order to modify the candidate’s salary and attract more applicants.

Six of the seven candidates were Virginia residents prior to being hired and also completed higher education at Virginia institutions (five graduate and one undergraduate degree). The seventh candidate was from Connecticut.

### Round Two

One of the adjustments made enabled Round One grantees to use Round Two funds to support their current candidate until licensure (or no more than an additional six months, whichever is less). Therefore, Round Two data include three Round One candidates at James Madison, Longwood and George Mason universities in addition to four (two from Christopher Newport, one from Longwood and one from Radford) of the six new Round Two candidates who have been or are in the process of being hired and onboarded.

Information from the pilot institutions’ third annual report is aggregated below.

#### Pre-licensurees (from ~January 10, 2023 to May 1, 2025)

1. Total number of clinical hours: 8,750.
2. Average clinical hours per week: ~15 hours per week.



Clinical hours per week ranged from ~seven (new hires being onboarded) to 20 hours with an average of ~15 clinical hours per week. Data indicate that those averaging 18-20 clinical hours per week are anticipated to achieve hours necessary for licensure within two to two-and-a-half years since starting. Others estimate three to four years (from start date) until hours will be accumulated for licensure. As a result, the FY 2025-2026 RFP was modified to enable Round One candidates (at the pilot IHE's discretion) an additional six months via Round Two funding and the ability to accrue additional clinical hours via private practice/community service board during the slower summer months. Such hours off-campus will be tracked but will not use pilot funds.

**3. Number of supervised hours (including individual and group supervised hours): 16,055.**

Individual supervised hours included client case conceptualization, client need, diagnostic criteria, counseling interventions, professional development, office management, record keeping, crisis response, treatment planning and self-reflection.

Group supervised hours included case presentations and video review of single-session therapy, boundary setting, communication practices, intervention techniques, etc.

**4. Number of students/patients served: 1,446.**

The pre-licensurees have provided individual services (initial consultations, intakes and individual counseling sessions), as well as group counseling, facilitated well-being clinics, provided single session therapy, served on-call and provided preventive outreach programs to students.



## QUALITATIVE FINDINGS TO DATE

In addition to the aggregate quantitative data, pilot sites report every six months on several qualitative aspects/impacts of the program. Highlights are referenced below.

### **Has experience piqued the candidate's interest in pursuing work in higher education post-licensure? Yes/No/Unsure.**

All Round One pre-licensurees currently working at the pilot institutions have expressed a strong preference for working with college and university students post-licensure.

Additionally, Virginia Tech left the Round One pilot program one year early to permanently hire their candidate at the Cooke Counseling Center. Radford's Round One candidate took a permanent full-time position at Radford's Counseling Center in late 2024 and completed hours for licensure in May 2025.

### **How has the additional hire impacted well-being, office climate and workload at the on campus center? Improved/Declined/No noticeable change.**

"Every client that [candidate name] has seen for an initial therapy appointment (83) has been a client who would have not otherwise been served. "

"Having the addition of our SCHEV grant recipients has helped our office see 40+ additional clients/week, which is very positively impactful. This has allowed our office to see more clients for longer."

"...Candidate has allowed for caseloads to be more evenly balanced and taken some of the weight for the demand for services off the other clinicians. Candidate's position has allowed the licensed staff to open up space on their schedules to allow for walk-in crisis, or to provide ongoing support to students (clients) with more severe mental health needs."

"Without [candidate name] we would not be able to offer individual psychotherapy for our collaborative care program. Our medical providers repeatedly give positive reports from students working with her and provide feedback to me directly on her professionalism and clinical insights that she discusses with them during case consultations." Note: The candidate prepared a successful proposal and received grant funding to provide the psychotherapy.

"[Candidate name] has been instrumental in launching the first psychotherapy group utilizing the Seeking Safety workbook for PTSD and substance use this past year. This is the only therapy group at the institution designed to address substance use."

## **Other input/insights on the pilot? What were the challenges? How were they overcome? Modifications to consider for continuation and to scale?**

The pilot site project leads continue to reiterate several challenges and opportunities.

1. Ebb and flow of the academic year as a challenge to obtain necessary hours for licensure within two years compared to private practice.
2. Prioritizing candidate access to clients to maximize hours.
3. Starting the program earlier via an internship that would transition into the residence.
4. Hiring candidates who have accumulated six months to a year of clinical hours in order to reach the two-year timeline for completion of hours for licensure.
5. Extending the pilot duration (beyond two years to either two-and-a-half or on a three-year academic calendar).

### **Students seeking health center or counseling services (where the pre-licensees work)**

Students present with a wide variety of needs from common concerns to significant needs related to trauma to severe mental health disorders.

*Common concerns:* Anxiety/worry, depression, relationship difficulties, social difficulties, academic concerns, family concerns, grief and loss.

*Significant needs related to:* Trauma, mood instability, suicidal ideation, eating disorders/body image, PTSD, trauma histories, OCD, substance-related concerns.

*Severe mental health disorders:* Bipolar disorder, borderline personality disorder, dissociative identity disorder, etc.

### **Types of treatment**

Types of treatment provided on campus vary by institution but can include: Individual counseling; group counseling; couple's counseling; well-being clinics; skill building sessions; single session therapy; Cognitive Processing Therapy for trauma recovery; testing for ADHD/SLD; and crisis response 24/365. Some institutions offer informal, drop-in service and a 15-to-20-minute consultation at a location across campus, psychiatric and case management, as well as advocacy services.

Volume of need: Since the start of the candidates, the six pilot institutions' on-campus staff have served over 9,717 students during AY 2024-25, not including crisis intervention.

### **Existing staff capacity to meet the need**

The staff capacity varies by institution from a staff of three licensed clinicians to a staff of 13 (not including residents or the pilot pre-licensees).

**How has the additional hire (pre-licensure) helped to address the demand and supply?**

“Having the candidate in the office has helped meet the demand for services, as we saw record numbers of students for the Spring 2025 semester. Without her, we would not have been able to meet the demand for individual services, forcing students into groups (which are great, but some students need individual support in addition to groups) or out into the community.”

“The candidate has significantly helped address the demand as evidenced by providing direct clinical care to students via individual counseling, group counseling, single session therapy, skill-building sessions, and crisis intervention.”

“Not only has the candidate addressed the demand but also expanded our care through outreach, collaboration with the Office of Multicultural Affairs, and embedded counseling in order to reach and better serve marginalized communities.”

**Student Survey Findings**

Not every pilot utilizes a satisfaction survey to obtain student/patient feedback on the candidate’s services. However, one pilot program reported more than 96 percent of students completing the satisfaction survey agree that they: 1) were able to obtain an appointment within an acceptable timeframe; 2) would recommend the staff (candidate) to another student; 3) the counseling positively impacted the student to stay in school and 4) the counselor (candidate) helped the student address and/or cope with the issues/problems for which they sought help.

## RECOMMENDATIONS FOR SCALING

### Recruitment, Hiring and Onboarding Insights

The timing of the Round One RFP release, review and awards resulted in the recruitment, hiring and onboarding process occurring “out of sync” with the academic year. This posed challenges for all institutions to varying degrees because most MSW and MoC graduates would be looking for employment and hours for licensure after May graduation. This inherently limited the scope of potential candidates and slowed the timeline from recruitment to hiring.

In one instance, the human resources departments had to establish a new hiring category for the candidate. The departure of a human resources director during the middle of the process resulted in further delays in the recruitment and hiring process at the same institution. Another institution requested a slight increase in funds to raise the salary for the candidate position as the vast majority of qualified applicants withdrew from consideration due to salary.

Some onboarding delays resulted in candidates’ previous work commitments (30-day notice requirement) which could have been avoided if the grant timeline was adjusted so that recruitment and hiring coincided with the end of the spring semester with onboarding by the start of the subsequent fall semester.

### Modifications to FY 2025-2026 Request for Pilot Proposals

Based on data provided by pilot sites every six months, SCHEV made the modifications to the FY 2025-2026 (Round Two) call for proposals.

1. Release the call for proposals as soon as practicable and announce the pilot sites as soon after July 1, as the candidate pool is larger the closer the timeline is to graduation (May).
2. Seek open, competitive request for proposals from all Virginia public institutions of higher education (IHE) with on-campus mental health care services/centers.
3. Update request for proposals content to include:
  - a. A milestones/timeline section (bulleted list/chart) and companion work plan in narrative form to identify recruiting, hiring and onboarding timelines, clinical hours/week estimated and plans for off-peak times – winter, spring and summer breaks - to maximize clinical hours.

- b. For those existing pilot sites submitting new proposals, include an additional question about what they will do differently (or the same) to ensure maximum clinical hours and ~two to two-and-a-half years to obtain hours for licensure.
  - c. Incorporate in the request for proposals how institutions will: work with human resources if this is the first resident-position established at the center; and assess competitiveness of salary within the surrounding area.
- 4. Expand grant timeline to two-and-a-half years still capped at \$100,000 maximum per IHE and continue to evaluate success in meeting hours for licensure and ultimate licensure of candidates.

## APPENDIX: BACKGROUND, PURPOSE, PROCESS AND COMMITMENTS

### Background

Virginia college students represent a particularly vulnerable population, with unique mental health challenges. “College” often marks a transition toward independent living, self-awareness and self-advocacy. The transition from high school to college marks an inflection point, a time of marked change, more responsibilities, opportunities and additional stressors for students all of which can impact mental health. Recent data show almost half (45%) of college students are experiencing mental health challenges. In turn, those mental health challenges result in increased degree incompleteness rates of 39%.<sup>1</sup>

Despite growing student need, 70% of Virginia is in a federally designated Mental Health Professional Shortage Area (MHPSA), with nearly 40% of Virginians living in these communities.<sup>2</sup> To meet the needs of their students, Virginia’s higher education institutions seek to provide mental health services to students. On both the qualitative and quantitative fronts, institutions face an uphill battle to attract and retain a mental health care workforce on campus. Their student health and counseling centers must compete with private sector compensation and address staff burnout, secondary trauma and compassion fatigue.

With a growing need for services, a lack of qualified mental health workers compounds the challenge to grow capacity both on campuses and across the Commonwealth. The Bureau of Labor Market Statistics data projects 11% employment growth for clinical social workers and 18% growth for licensed professional counselors from 2022 to 2032.

One challenge area to becoming a licensed social worker (LCSW) or licensed professional counselor (LPC) is the completion of supervised clinical hours. For LCSW candidates, this requirement includes 3,000 hours of post-master’s degree experience, including 100 hours of individual face-to-face supervision and 1,380 clinical hours. For LPC candidates, this includes 3,400 hours of supervised clinical work experience, 200 hours of supervision and at least 2,000 hours of direct client contact.

In 2022, the Virginia General Assembly responded to this specific workforce need and appropriated funds to support a mental health workforce pilot at institutions of higher

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<sup>1</sup> [Mental Health First Aid, 2025](#)

<sup>2</sup> [Virginia Health Care Foundation Capacity Assessment, 2022](#)

education. The State Council of Higher Education for Virginia (SCHEV), in consultation with the Virginia Health Care Foundation (VHCF), is charged with administering this pilot program.

### **Mental Health Pilot Budget Language**

[\*\(2022 Appropriation Act, Item 144#3c\)\*](#)

#### **SCHEV - Mental Health Licensure Pilot**

Item 144 #3c	First Year - FY2023	Second Year - FY2024	
<b>Education: Higher Education</b>			
State Council of Higher Education for Virginia	\$500,000	\$500,000	GF

#### **Language**

Page 185, line 29, strike "\$23,410,355" and insert "\$23,910,355".

Page 185, line 29, strike "\$24,405,355" and insert "\$24,905,355".

Page 188, after line 35, insert:

"U. Out of this appropriation, \$500,000 the first year and \$500,000 the second year from the general fund is provided to support a mental health workforce pilot at institutions of higher education in consultation with the Virginia Health Care Foundation. The pilot shall support the costs of required supervision for graduates of Masters of Social Work and Masters of Counseling programs seeking licensure. Eligible institutions include public institutions of higher education operating in Virginia. The State Council of Higher Education for Virginia shall report the outcomes of the pilot annually to the Governor and General Assembly."

#### **Explanation**

(This amendment adds \$500,000 from the general fund each year of the biennium to fund the establishment of a mental health workforce pilot to increase the number of mental health professionals working on college campuses and to increase the number of licensed mental health professionals in the Commonwealth.)

### **Purpose**

The mental health workforce pilot serves a dual purpose for higher education institutions. The pilot seeks to: 1) expand mental health services to students on campus at public higher education institutions; and simultaneously 2) increase the mental health workforce pipeline by offering supervised clinical hours for the LCSW and LPC candidates who delivered those services to become licensed clinical social workers (LCSW) or licensed professional counselors (LPC). The mental health pilot's two-pronged purpose addresses immediate student demand for services and long-term campus behavioral health workforce development.



The pilot supports the salaries and benefits for graduates of Masters of Social Work (MSW) and Masters of Counseling (MoC) programs seeking licensure. The pilot grant awards underwrite the salaries and benefits of the onsite MSW/MoC supervisees. In exchange, each hosting institution will agree to hire, train and supervise the LCSW/LPC candidates until licensed. The estimated cost to support a supervisee is approximately \$100,000 per year, including benefits.

The awarded institutions directly received the grant funds to pay the salaries and benefits of graduates of MSW and MoC programs seeking licensure while working at on-campus mental health care facilities.

### **Pilot Proposal Submission and Award Process**

SCHEV issued the Round Two request for proposals on June 1, 2024, followed by a pre-proposal virtual workshop on June 6.

In order to be eligible, the institutions were required to:

1. Operate in Virginia as a public institution of higher education. Note: Community service boards (CSBs) and external vendors/service providers serving an institution of higher education are ineligible.
2. Currently provide on-campus mental health care services to students.
3. Provide counseling or social work services on campus with a licensed counselor (LPC) or licensed clinical social worker (LCSW) on payroll who is approved by the Virginia Department of Health Professions to serve as a supervisor.
4. Attend the pre-proposal workshop.
5. Submit no more than one mental health pilot proposal for all of its campuses/locations.

The pilot proposal submission closed on July 5, 2024. SCHEV received submissions from nine, four-year institutions. All nine institution submissions demonstrated/quantified the need for pilot funds. Priority was placed on proposals from institutions located in areas with a higher shortage of LCSWs/LPCs and/or from institutions serving a higher number of low-income students, including HBCUs. The review panel consisted of SCHEV and Virginia Health Care Foundation staff.

On August 5, 2024, SCHEV and VHCF awarded Higher Education Mental Health Workforce Pilot grants to five universities: Christopher Newport, George Mason, James Madison, Longwood and Radford. Pilot awards ranged from ~\$96,000 to \$100,000 per year per

institution to support the salaries and benefits for graduates pursuing licensure to provide therapy under supervision at student health or counseling centers on campus. The program's total funding is \$1,000,000 – i.e., \$500,000 in FY2025 and \$500,000 in FY2026.

Christopher Newport University used the funds to support two candidates while providing their fringe benefits as an institutional match (no match was required). Longwood University offered to provide university housing as part of the candidate's benefits package in addition to the pilot funds awarded.

## **Grantee Commitments**

By and upon accepting grant awards from this pilot program, grant recipients committed to:

1. Comply with Virginia DHP regulatory and license requirements.
2. Provide necessary and timely supervision on site to at least one supervisee/candidate seeking licensure for the two-year duration of their required supervision hours.
3. Use the entirety of grant funds awarded to the institution to support the salary and benefits for graduates of Masters of Social Work and/or Masters of Counseling programs seeking licensure. In addition to wages and benefits, grant funding can be used to pay for existing LCSW or LPC staff to obtain necessary supervisor credentialing (15-hour course/\$500 fee). Grant funding cannot support overhead costs.
4. Utilize the pre-licensure to provide applicable care/services to students seeking health care/counseling on-campus.
5. Attend an orientation for the awarded institutions. Supervisors and pre-licensurees from each selected institution participated in the session led by SCHEV and collaborators.
6. Participate in semi-annual opportunities provided by SCHEV and VHCF to connect the pre-licensurees throughout the initiative for support, camaraderie and feedback.
7. Produce and submit semi-annual (six-month) and annual (12-month) progress reports to SCHEV to monitor activities, outcomes, evaluate the effectiveness of the program and identify opportunities for greater partnerships to scale and implement statewide.