



COMMONWEALTH of VIRGINIA

DEPARTMENT OF EDUCATION

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January 7, 2025

The Honorable Glenn A. Youngkin
Governor of Virginia
Patrick Henry Building, Third Floor
1111 East Broad Street
Richmond, Virginia 23219

The Honorable L. Louise Lucas
Chair, Senate Finance
201 North 9th Street, Room 1404
Richmond, VA 23219

The Honorable Luke E. Torian
Chair, House Appropriations
201 North 9th Street, Room 1233
Richmond, VA 23219

The Honorable R. Creigh Deeds
Chair, Behavioral Health Commission
201 North 9th Street, Room 612
Richmond, VA 23219

Dear Sirs and Madam:

I am pleased to submit the current status of the Mental Health Support plan for creating a new program to deliver flexible funding to participating school divisions for maintaining school-based mental health services and supports pursuant to [Item 117#2c](#) of the Appropriations Act.

In the 2024-2026 Appropriations Act ([Item 117#2c](#)), the General Assembly directed the Department to work collaboratively with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Medical Assistance Services (DMAS) on a plan for creating a new program to deliver flexible funding to participating school divisions for maintaining school-based mental health services and supports. Additionally, the plan is to include technical assistance and evaluation capabilities to build out their mental health programs within a multi-tiered system of supports (MTSS) and consider maximizing existing funding and positions funded through the Standards of Quality such as specialized student support positions.

As the process is outlined, the Virginia Department of Education (VDOE) has partnered with multiple agencies to create a proposed vision and goals. As multiple pilots were delayed in launching between 2022 and 2023 due to ongoing post-pandemic challenges, pilots did not start until February 2024. Because many school divisions are still in the pilot phase of this work, the Department is still collecting outcome measures to determine which practices demonstrate strong outcomes and should be maintained or expanded. Therefore, a funding amount and flexible funding mechanism cannot be provided at this time. VDOE will continue to work closely with partner agencies and participating school divisions to have a recommendation in the near term.

If you have additional questions, please contact Dr. Andrew R. Armstrong, Associate Superintendent of Programs, at (804) 839-9756 or andy.armstrong@doe.virginia.gov.

Sincerely,

Lisa Coons,
Superintendent of Public Instruction

Enclosure

ADVANCING SCHOOL-BASED MENTAL HEALTH

January 7, 2025

A Report to the Chairs of the Senate Finance and Appropriations Committee
and the House Appropriations Committee and the Behavioral Health
Commission



ADVANCING SCHOOL-BASED MENTAL HEALTH IN VIRGINIA PUBLIC SCHOOLS

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OVERVIEW AND AUTHORITY

In the 2024-2026 Appropriations Act ([Item 117#2c](#)), the General Assembly directed the Virginia Department of Education (VDOE) to work collaboratively with the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and the Virginia Department of Medical Assistance Services (DMAS) on a plan for creating a new program to deliver flexible funding to participating school divisions for maintaining school-based mental health services and supports. Additionally, the plan is to include technical assistance and evaluation capabilities to build out their mental health programs within a multi-tiered system of supports (MTSS) and consider maximizing existing funding and positions funded through the Standards of Quality such as specialized student support positions. The Department of Education shall provide such plan to the Chairs of the Senate Finance and Appropriations Committee and the House Appropriations Committee and the Behavioral Health Commission no later than December 1, 2024.

The 2023 [Behavioral Health Commission's Maximizing School-based Mental Health Services](#) report directly informed the development of this plan. The 2023 report highlighted many of the barriers inhibiting the implementation and expansion of comprehensive school-based mental health programs across the Commonwealth. This plan refers to and references this report often, and for the purposes of this document will be referred to as the *Behavioral Health Commission's 2023 Report* moving forward.

Twenty-three school divisions received FY24 School-Based Mental Health funds, administered through DBHDS, to implement pilot programs toward expansion of school-based mental health integration through community partnerships and technical assistance. The 23 divisions proposed to utilize funds to provide evidence-based training to school staff, students, and community members and to provide community partners to hire personnel for services to students. Based on the DBHDS grant application, services must have been utilized within Multi-Tiered Systems of Supports (MTSS), including six pilots focused on integrated community-school partnerships, several partnerships focused on staff training and supports, and other school divisions piloted programs focused on resources and expanding access through strategies such as Telehealth providers. Many of these opportunities were planned to begin in 2022 but delays in implementation and training related to post-pandemic stressors caused many to launch in 2023 and some in 2024.

BACKGROUND

As the 46th state to reopen public school buildings for students to return to school following the COVID-19 pandemic, it is evident that decisions from the prior administration had a detrimental effect on our youth well-being.¹ According to the 2023 [Virginia School Climate and Working Conditions Survey](#), 23.7 percent of students in Virginia reported regularly experiencing anxiety and 20.5 percent of students reported regularly experiencing signs of depression. Eleven percent of students reported having seriously considered suicide within the past twelve months. Schools can provide a range of services and referrals to complement mental health services available in the community, including individual counseling, group counseling, case management, referrals

¹ [Virginia experienced some of nation's biggest drops in reading and math scores, analysis shows | Center for Education Policy Research at Harvard University](#)

to external providers, and lessons that promote mental health awareness and the enhancement of protective factors. Unfortunately, 47.5 percent of respondents are not satisfied with the level of mental health support, services, and programs available to students in their school. However, nationwide data paints a different picture. In October 2024, a 50-state survey of 20,000 parents by 50CAN and Edge Research found that 36 percent of Virginia parents said they are “very satisfied” with how the school supports their child’s mental health needs and only 28 percent of low-income parents in Virginia agreed with this statement. This is below that national average of 37 percent for all parents across all socioeconomic levels.

As a result of Governor Youngkin’s [Executive Order 33](#) and an increased focus on student mental health and cell phone use, VDOE also supported school divisions on tackling mental health through the elimination of cell phones and social media ensuring schools were Cell Phone-Free. On average, preteens and teens receive [more than 200 notifications a day](#) on their smartphones and children spend an average of [4.8 hours a day](#) on social media. Recent studies indicate that spending more than three hours a day on social media doubles the risk of poor mental health for adolescents. At the same time that children’s social media use and time spent on their phones are skyrocketing, their mental health is rapidly declining. From 2019-2021, [the rate of suicide has increased 167% percent since 2010 for girls and 91 percent since 2010 for boys](#).² More than half of teens (56 percent) associate the [absence of their phone with at least one of three emotions](#): loneliness, being upset, or feeling anxious. Girls are more likely than boys to feel anxious or lonely without their phone. The mere presence of one’s smartphone is shown to reduce available cognitive capacity. As a result of the alarming mental health statistics, local school divisions across the Commonwealth have adopted Cell Phone-Free policies, and more than 100 have adopted a “Bell-to-Bell” approach which ensures that students have focused learning time away from the dangers of cell phones and social media.

Public schools provide a natural setting for students to access mental health services with parental approval, making them easier to access and less stigmatized than finding services in a community setting. Comprehensive school-based mental health services offer prevention, early intervention, tiered supports, and access to treatment options. Governor Youngkin recognizes the essential role that schools and the community play in improving Virginia’s behavioral health care system and addressing access mental health issues in K-12 schools. In 2022, Governor Youngkin introduced [Right Help, Right Now](#), a comprehensive statewide initiative to transform Virginia’s behavioral healthcare system. As part of *Right Help, Right Now* the Governor developed a Youth Mental Health Strategy, recognizing that meeting the needs of Virginia’s most vulnerable citizens as soon as possible and before acute care is necessary is critical.

To align with *Right Help, Right Now*, VDOE created the Office of Behavioral Health and Student Safety to help schools address students’ behavioral and mental health challenges. This office focuses on areas such as behavioral health and instructional support, including school-based mental health, school climate and discipline, Medicaid in schools, chronic absenteeism, school nursing, and areas addressing school health and wellness, including opioid and drug use abatement and overdose prevention.

In fiscal years 2023 and 2024, the General Assembly allocated \$10 million to DBHDS to expand school-based mental health programming. The initiative was a joint effort between DBHDS and

² [50Can Education Opportunity Survey October 2024](#)

VDOE to provide competitive grants to school divisions to contract with public or private community partners to provide mental health and/or substance use disorder services to students and trainings to school personnel or community stakeholders such as parents and school-based mental health advocates. Within the first year, six school divisions received grant funding. The following fiscal year, the program was expanded to serve 23 school divisions. Based on data collected to date, 37,800 students have been able to access increased mental health services and/or supports while at school. Grant deliverables included nine asynchronous modules on “Implementing an Effective Memorandum of Understanding,” Community of Practice sessions conducted with school divisions and community partners, and the creation of an online data platform to collect and analyze project measures. Grant outcomes to date have included 711 schools served, 4,314 school staff trained, and 37,800 students served. Data on additional outcomes can be found on the School-Based Mental Health Integration [one-pager](#).

The FY 25-26 state budget increased the amount to a total of \$30 million, however, the language of the Appropriations Act changed from a focus on school-based mental health to school health clinics. This language change directs DBHDS in collaboration with VDOE to provide grants to contract with federally qualified health centers and other healthcare organizations to establish school-based health clinics to serve students, families, and school staff. This language change means that the school-based mental health pilots supported in FY 23-24 cannot be supported or maintained by this funding and resulted in ending of the implementation of these early school-based mental health programs.

While the funding ended June 30, 2024, DBHDS allocated \$2.8 million in federal block grant funds to maintain mental health supports and allow time for the programs to sunset and ensure that students and school staff did not lose services abruptly.

The Youth Mental Health Corps is a new initiative that Virginia has adopted to address youth mental health. [Serve Virginia](#) is designing a statewide Youth Mental Health Corps program to serve thousands of youth and young adults affected by mental health challenges. The new program utilizes a near-peer model to engage young adults in national service opportunities to deliver expanded and enhanced services to youth, resulting in expanded mental health services for youth, workforce development opportunities for young adults, and a stronger Commonwealth for all Virginians. This program is designed to engage 75 members that will serve across the state providing mental health resources and services to students. During their term of service, Youth Mental Health Corps members will engage in a new school-based stackable certification pathway, and serve youth in schools, out-of-school time programs, and community-based youth organizations in communities with limited access to mental health services.

In addition, Virginia is one of six states participating in the National Governors Association Center for Best Practices (NGA Center) [Policy Academy to Drive Thriving Youth Mental Health and Wellbeing](#). The Policy Academy offers participating states a yearlong opportunity designed to support them in advancing holistic efforts to protect and support strong youth mental health and emotional wellbeing across state agencies, including strategies across prevention, awareness, treatment, and community and youth engagement. The Policy Academy is building off the 2022-2023 Chair’s Initiative on Strengthening Youth Mental Health, which culminated in a Playbook for Governors released in July 2023. Virginia has received ongoing technical assistance from NGA, expert partners, and the Policy Academy’s Youth Advisory Council to advance their

goals, participate in monthly virtual learning and peer-sharing opportunities, and share out progress reports and lessons learned.

In addition, Virginia is one of six states participating in the National Governors Association Center for Best Practices (NGA Center) [Policy Academy to Drive Thriving Youth Mental Health and Wellbeing](#). The Policy Academy offers participating states a yearlong opportunity designed to support them in advancing holistic efforts to protect and support strong youth mental health and emotional wellbeing across state agencies, including strategies across prevention, awareness, treatment, and community and youth engagement. The Policy Academy is building off the 2022-2023 Chair's Initiative on Strengthening Youth Mental Health, which culminated in a Playbook for Governors released in July 2023. Virginia has received ongoing technical assistance from NGA, expert partners, and the Policy Academy's Youth Advisory Council to advance their goals, participate in monthly virtual learning and peer-sharing opportunities, and share out progress reports and lessons learned.

In July 2024, Governor Youngkin issued [Executive Order 33](#) to help bring Cell Phone-Free Education to Virginia's K-12 public schools. Recognizing the academic as well as mental and physical health effects on children and the impact students' dependence on cell phones and personal electronic communication devices are having in our schools, Governor Youngkin directed coordination between VDOE and the Secretary of Education alongside the Secretary of Health and Human Resources, State Health Commissioner, the Department of Health, and DBHDS to help parents, teachers, and students better understand the negative effects of cell phone and social media usage on our children. To help support Virginia's parents and teachers VDOE created [Guidance for Cell Phone-Free Education Pursuant to Executive Order 33](#). The Cell Phone-Free Education in Virginia K-12 Public Schools [webpage](#) houses that document, as well a version in [Spanish](#), and additional resources for educators and families. [Early adopters](#) of Cell Phone Free policies have indicated strong improvements in learning, student well being, and teacher morale as a result of their bell-to-bell Cell Phone Free policies.

In November 2024, the Governor introduced Virginia's [School Performance and Support Framework](#) which provides intentional and direct intensive support to schools that are most in need. With the Framework, schools can now use actionable data and know where they need the most help, allowing parents, teachers, schools, and state leaders to work side-by-side on prioritized needs. The comprehensive school-based mental health initiatives outlined here enhance a school division's ability to meet and exceed accountability measures.

The School Performance and Support Framework looks beyond traditional accountability supports by including non-academic barriers. Removing non-academic barriers is critical to student success. Without positive mental health, a safe and supportive school environment, and supportive relationships, a child's capacity to be successful as a student and a postsecondary-ready graduate is placed at risk. Schools that prioritize and meaningfully address non-academic barriers can see the results in their performance outcomes. Whether it's through attendance interventions that address the mental health needs of chronically absent students, schoolwide culture that promote student and parent engagement, or relationship building techniques that create a culture of support and connectedness, the Framework encourages and enables school communities to work together to implement intentional changes that ultimately improve student and school performance for every student in every public school throughout the Commonwealth.

Most recently, Governor Youngkin released [Executive Order 43: Empowering and Supporting Parents to Protect Their Children from Addictive Social Media and Establishing the Reclaiming Childhood Task Force](#), which is a response to the growing mental health crisis in Virginia and the nation. The data are clear: unrestricted cell phone and addictive social media use are major contributors to the youth mental health crisis in this country by exacerbating issues like depression, anxiety, and self-harm. Social media use among youth is nearly universal and experts draw a connection between decline in youth mental health and the rise of cell phones and social media use. The average teen spends 33 hours a week on social media apps like Instagram, Snapchat, and TikTok. Ninety-five percent of U.S. teens age 13 to 17 report using social media³ and 98 percent of individuals under 18 report having at least one social media account.⁴ In addition, 41 percent of the highest frequency social media users report having poor or very poor mental health and nearly 60 percent for teens with low monitoring/weak relationships with their parents.⁵

The Order activates every Commonwealth agency and office that supports parents and children to launch a coordinated awareness campaign to ensure every Virginia parent has the knowledge they need to protect their kids from unrestricted cell phone use and addictive social media. The order also directs the Secretary of Health and Human Resources, in collaboration with the Secretary of Education and the Secretary of Public Safety and Homeland Security, to establish the Reclaiming Childhood Task Force, which will include parents and kids from around Virginia, as well as pediatricians, mental health experts, educators, faith leaders, community leaders, private sector technology experts, public safety officials as well as all relevant state agencies.

TERMINOLOGY:

For the purposes of this report, the following definitions apply:

A Comprehensive School-Based Mental Health Program is a system of services and supports that aim to address the mental health needs of students within the educational setting with the approval and support of parents. These programs integrate a wide range of services and supports to promote mental wellness, early identification, and intervention for mental health needs. Comprehensive school-based mental health programs utilize a multitiered systems of supports (MTSS) framework to provide a continuum of care to promote mental wellness for all students, identify and address problems before they escalate, and offer increasingly intensive support as needed. Lastly, it ensures comprehensive service delivery by integrating school and community resources.

Mental health services refer to specialized interventions provided by trained professionals to address the mental health needs of students. They include individual counseling, referrals, crisis

³ [Teens, Social Media and Technology \(2022\) | Pew Research Center](#)

⁴ [Social Media and Teens](#)

⁵ [Parenting Mitigates Social Media-Linked Mental Health Issues](#): Rothwell, J (2023). *How Parenting and Self-Control Mediate the Link Between Social Media Use and Mental Health*.

intervention, and other interventions offered by providers with certain licenses and qualifications to be provided with appropriate parental knowledge and approval.

Mental health supports refer to broader efforts to promote mental well-being in students. They include classroom prevention programs, calming rooms, social skills instruction, substance misuse education, and wellness fairs. These supports may be provided by school employees or community partners, with parent permission, in coordination with schools.

Multi-Tiered System of Supports (MTSS) is a systemic, data-driven approach that allows school divisions and schools to provide evidence-based practices and interventions to meet the needs of their students and families. This is done through a clearly defined process that is implemented to fidelity by all stakeholders within the school and/or division.

Resource Mapping is a process to identify, visually represent, and share information about internal and external supports and services to inform effective utilization of assets. In school-based mental health, resources in schools and the surrounding community can be mapped across a multitiered system of support to better address the needs of the whole child.

School-Based Mental Health Professionals (SMHPs) are school personnel that are licensed in a mental health related field and are qualified to provide direct counseling services to students in a school setting. These include professionals such as school counselors, school psychologists, school social workers, and other licensed mental health professionals.

Specialized Student Support Positions provide school-based physical, social, and mental health prevention, intervention, and follow-up services to address barriers to educational success, ensure positive conditions for learning, and help all students achieve academically. They provide direct services for all school children and youth to help maintain and promote mental and physical health and intervene when related challenges create barriers to learning. Direct services are provided through education, counseling, consultation, and individual assessment with the knowledge and approval of parents. In addition, Specialized Student Support professionals provide in-service training, parent education, community collaboration, and carry out student service program management. Specialized Student Support personnel include, but are not limited to, school counselors, school psychologists, school social workers, school nurses, licensed behavior analysts, and licensed assistant behavior analysts.

Telehealth means using telecommunication technology to deliver professional counseling services remotely to assess, diagnose, and treat behavioral health conditions. Telehealth services can include prevention, diagnosis, treatment, management, health education, linkages, referrals, and care coordination.

VISION, GOALS, AND ACTION STEPS

The following vision, goals, and action steps were developed through a collaborative effort between VDOE, DBHDS, DMAS, and several local education agencies. Plans were provided to the Secretary of Education and Secretary of Health and Human Services. Then, VDOE directly communicates and partners with both DBHDS and DMAS through multiple shared initiatives and ongoing projects. This collective knowledge and partnership enhanced the development of

this plan. Multiple interagency meetings, communications, and conversations between VDOE, DMAS, and DBHDS took place during the months of September and October 2024.

The *Behavioral Health Commission's 2023 Report*, recommended utilization of a comprehensive school-based mental health system to develop a roadmap for Virginia.

In response, VDOE developed a Virginia Comprehensive School-Based Mental Health Model that will promote the use of universal screening, provide an array of tiered mental health services, and use data to monitor progress and report outcomes. Many of the key elements of Virginia's Comprehensive School-Based Mental Health Model are embedded into the goals and action steps outlined within this section.

The goals below align with the *Behavioral Health Commission's 2023 report* and serve as the foundation of the comprehensive statewide plan for Virginia's school-based mental health program. The following goals and action steps focus on maximizing existing funding and positions funded through the *Standards of Quality* such as specialized student support positions over the next two school years (2024-2025, 2025-2026).

Tables 1-4: Goals, Action Steps, Measures and Outcomes

Goal 1: Staffing	Promote a consistent understanding of the appropriate use and roles of School-based Mental Health Professional (SMHPs).
Action Step:	Create model job descriptions for SMHPs.
Action Step:	Examine current systems and practices which prohibits SBMHs from meeting the mental health needs of their students and determine if different training, staffing models or partnerships are needed.
Action Step:	Evaluate community-based partnerships, innovative staffing (including Youth Mental Health Corps), and private-public-partnerships to determine impact of alternative staffing approaches and scale if positive results are shown.
Action Step:	Explore fast track pathways for licensure and certifications and work collaboratively with SCHEV do establish models in various regions of the Commonwealth.
Measures:	<ul style="list-style-type: none"> • Use of model job descriptions in recruitment efforts by local school divisions. • Incorporation of supervision and evaluation practices for school-based mental health professionals into local policies. • Staffing rates by innovative practices. • Service rates for alternative staffing delivery models.
Outcomes:	By June 2027: <ul style="list-style-type: none"> • Increase the percentage of students reporting satisfaction (strongly agree or agree) with the level of mental health supports, services, and programs available to students in their school from 52.5% to 57%. * • Increase the percentage of school staff reporting satisfaction (strongly agree or agree) with the level of mental health supports, services, and programs available to students in their school from 51.8% to 57%. * • Survey and begin to track parent satisfaction levels. • Decrease the percentage of unfilled school counseling positions from 10.7% to 5.7% (Staffing and Vacancy Data).

Goal 1: Staffing	Promote a consistent understanding of the appropriate use and roles of School-based Mental Health Professional (SMHPs).
	<ul style="list-style-type: none"> Track staffing of traditionally unfilled school-based mental health positions with credentialed professionals who can support the work but may have private, community or alternative credential, including Youth Mental Health Corp support. <p>*Baseline data is retrieved from: Virginia School Survey of Climate and Working Conditions.</p>

Goal 2: Resources and Telehealth	Empower school divisions to utilize innovative strategies that leverage and apply various financial and non-financial resources to build and sustain their comprehensive school-based mental health systems.
Action Step:	Further the expansion efforts of the Medicaid in Schools reimbursement program through collaboration with DMAS on training with school divisions.
Action Step:	Continue to apply for federal grant opportunities to further school-based mental health expansion efforts.
Action Step:	Provide supports to school divisions on how to use resource mapping to align resources with identified student needs and identify and remove ineffective resources that aren't necessary or overlap with other existing supports.
Action Step:	Provide trainings and communities of practice for division leaders on case management, eligibility, and creating systems of support.
Action Step:	Secure state telehealth contract and support interested divisions in establishing division telehealth resources.
Measures:	<ul style="list-style-type: none"> Increased application to federal grant opportunities by local school divisions and higher education partners. State agency partner applications to federal grant opportunities to support school-wide and community mental health. Increased number of school divisions implementing time-tracking software for their school counselors.
Outcomes:	<p>By June 2027,</p> <ul style="list-style-type: none"> 95% satisfaction feedback from school divisions on resources offered by VDOE. 20 percent increased service hours for students based on innovative resources delivery models. Increase the number of school divisions participating in Medicaid reimbursement for mental health services from 57 participating divisions (2022-2023) to 75 participating divisions. Determine additional federal funding sources with collaborative state agency partners that allow sustainable capacity for student mental health.

Goal 3: Technical Assistance	Equip school divisions in the development of tiered supports and targeted services that promote positive behavioral skills and overall wellness for all students.
Action Step:	Offer “train-the-trainer” opportunities for school division leaders responsible for overseeing school-based mental health on evidence-informed and evidence-based practices for promoting overall wellness with students and staff.
Action Step:	Create an intentional selection process for state agency “train-the-trainer” opportunities that are rooted in data, such as Youth Mental Health First-Aid (priority registration given to preliminarily identified Off Track and Needs Intensive Support schools as identified by and the Board of Education’s School Performance and Support Framework.
Action Step:	Assist school divisions in developing structured processes designed to identify students and families in need of additional support and connect them to appropriate school and community-based mental health services, including school-based health clinics.
Action Step:	Promote collaborative partnerships between school-employed staff, community providers, and families through effective teaming and engagement models.
Measures:	<ul style="list-style-type: none"> • Frequency of “train the trainer” opportunities offered and engagement data. • Engagement of Off Track and Needs Intensive Support schools/school division in “train the trainer” opportunities. • Shared initiatives with DBHDS to increase collaborative partnerships between school-employed staff, families, and community providers.
Outcomes:	<p>By June 2027,</p> <ul style="list-style-type: none"> • Increase the percentage of secondary students reporting participation in any suicide prevention or mental health training from 13.4% to 25%.* • Increase the average percentage of secondary students reporting a positive relationship with one or more adults from 88% to 95%.* <p>* Baseline data retrieved from: Virginia School Survey of Climate and Working Conditions.</p>

Goal 4: Data-Driven Decision Making	Support school divisions in the use of data to support a comprehensive school-based mental health system that includes data systems, data-driven decision making, and data outcomes.
Action Step:	Develop resources for school divisions to use when compiling and analyzing data to determine local priorities.
Action Step:	Develop a statewide strengths-based question bank for school divisions to use when designing local student screeners.
Action Step:	Assist school divisions in incorporating the mental wellness needs of their students and staff into annual school improvement plans. (Ensure multiple stakeholder lenses are included such as students, parents, and community partners).

Action Step:	Assist school divisions in effectively analyzing their Student Behavior and Administrative Response (SBAR) reports to measure schoolwide effectiveness of interventions.
Action Step:	Promote regular progress monitoring and evaluating of outcomes.
Action Step:	Replicate a survey for school divisions to complete annually to provide similar data to that provided by the <i>Behavioral Health Commission's 2023 report</i> .
Measures:	<ul style="list-style-type: none"> • Attendance and feedback data collected during technical assistance trainings and webinars. • Engagement data to reflect utilization of strengths-based question bank for school divisions. • Use of tools to assist local school divisions in data-driven decision making.
Outcomes	<p>By June 2027,</p> <ul style="list-style-type: none"> • Increase the number of divisions reporting the use of School Mental Health Teams in data-driven decision making to inform strategic decisions from 57% to 85%. Recommended measures include attendance, discipline, and achievement measures, • Increase the number of divisions using a division-wide identification tool from 28% to 38%* <p>* Baseline data retrieved from the <i>Behavioral Health Commission's 2023 report</i>.</p>

EMERGING PILOT PRACTICES

Collaboration among VDOE, state agency partners, and local school divisions to assess marketplace capacity will inform determination of appropriate future funding sources and thoughtful planning to strategically address existing shortages of key mental health personnel.

The team will need to explore capacity in the field for three emerging practices described below. Each of these three sets of practices are designed to positively impact student mental health. The impact of each strategy can be measured by monitoring the following outcomes, which are aligned to the comprehensive statewide plan for Virginia's school-based mental health program:

Overarching Services

- Increase the percentage of **students** reporting satisfaction (strongly agree or agree) with the level of mental health supports, services, and programs available to students (per *Virginia School Climate and Working Conditions Survey*);
- Increase the percentage of **parents** reporting high satisfaction with the level of mental health supports, services, and programs available to their child; and
- Increase the percentage of **school staff** reporting satisfaction (strongly agree or agree) with the level of mental health supports, services, and programs available to students (per *Virginia School Climate and Working Conditions Survey*).

Staffing

- Decrease the percentage of unfilled school-based mental health positions and increase community partnerships to deliver mental health services; and
- Increase the number of schools using public-private partnerships as an innovative service delivery model.

Resources

- Increase the number of schools using telehealth services as an innovative service delivery model; and
- Increase the number of schools utilizing a division-wide tool to identify students in need of supports.

Technical Assistance

- Increase VDOE Office of Behavioral Health and Student Safety (OBHSS)’s professional development and technical assistance opportunities provided to school divisions, including division access to available online professional development modules;
- Promote and track usage of online technical assistance modules;
- Increase Youth Mental Health First Aid trainers statewide, with particular focus in currently underserved areas, to increase total staff trained;
- Increase regionally responsive technical assistance resources to address unique regional and local needs by holding regional stakeholder listening sessions and follow-up support; and
- Increase the percentage of students reporting participation in suicide prevention or mental health training (per *Virginia School Climate and Working Conditions Survey*).

Emerging Practice One: Using Behavioral Health Technicians and Behavioral Health Technician Assistants (Staffing Focus)

According to the National Governor’s Association’s [*The Emerging Field of Behavioral Health Paraprofessionals*](#) report, “an emerging topic of interest among states is moving from filling the behavioral health workforce mainly with professionals who have a significant amount of post-secondary education to create opportunities for behavioral health support among professionals with more accessible levels of schooling. This interest inspired by states seeking strategies to address behavioral health workforce shortages and an acknowledgement that current state-credentialed behavioral health roles may be too reliant on those with a master’s degree or other higher trained professionals.” Little research has been formalized nationally to develop a common terminology for and definition of these workers.

State approaches to regulation for the paraprofessional positions vary widely. For states with formalized roles, guidelines are developed through statute, rules, Medicaid modules, or other state programming to define these roles and associated entry criteria.

This report also stated that “it should be noted that state credentialing approaches for this subset of the workforce would not be a silver bullet to address behavioral health workforce shortages; there will still be a need for higher level services that can only be provided by certain

professionals. States are exploring these credentialing strategies in concert with other strategies to enhance access to behavioral health services, including participation in licensure compacts, education or clinical training expansion, telehealth and other strategies.”

The 2024 General Assembly passed [Senate Bill 403](#), which added “behavioral health technicians” and “behavioral health technician assistants” to the professions governed by the Board of Counseling. The bill also established qualifications, scope of practice, and supervision requirements for “qualified mental health professionals” and “qualified mental health professional-trainees.” In addition, the bill directed the Board of Counseling to adopt regulations governing the behavioral health technician, behavioral health technician assistant, qualified mental health professional, and qualified mental health professional-trainee professions by November 1, 2024, and for the Department of Behavioral Health and Developmental Services and the Department of Medical Assistance Services to promulgate regulations that align with the regulations adopted by the Board of Counseling in accordance with the bill.

The Department of Health Professions (DHP) estimates that the new registration category would generate approximately 20,000 registrants based on the current Qualified Mental Health Professional (QMHP) registration volume.

Divisions who are interested in utilizing these roles are encouraged to:

- Complete a school-based mental health program assessment to evaluate current systems and services;
- Develop clear roles and responsibilities for this position that are aligned with their training;
- Create a communications plan to explain this new role to school staff and families;
- Ensure direct collaboration with other school-based mental health professionals; and
- Collect data and evaluate the impact of this role on student outcomes.

Practice One (Staffing) Next Steps
<p>During the 2025 calendar year, to determine if this model is viable, VDOE and state agency partners will:</p> <ol style="list-style-type: none">1. Work with state agency partners to determine potential impact of hiring behavioral health technicians, behavioral health technician assistants, qualified mental health professionals, and qualified mental health professional-trainees in geographical areas of the Commonwealth where there are school-based mental health professional shortages;2. Convene a stakeholder group to elevate innovative, best practice models for staffing;3. Continue the partnership with DSS in developing and implementing the Youth Mental Health Corps grant to increase qualified mental health paraprofessionals in high-need areas; and4. Explore funding mechanisms to support school divisions in hiring behavioral health technicians.

Practice Two: Telehealth and Resources

Telehealth means using telecommunication technology to deliver professional counseling services remotely to assess, diagnose, and treat behavioral health conditions. Telehealth services can include prevention, diagnosis, treatment, management, health education, linkages, referrals, and care coordination. Creating access to high quality mental health services through telehealth is an opportunity for local educational agencies (LEAs) to meet the growing needs of their students, especially in rural areas where transportation can be a challenge to accessing services.

In accordance with 2023 General Assembly [SB 1043](#) and 2024 [HB919](#), VDOE, in consultation with the DBHDS and DMAS created the [Developing a Memorandum of Understanding: School Telehealth and Community Provider Collaboration for Behavioral Health Services](#) document to support local school boards partnering with public or private community health providers for the provision of mental health services to public school students enrolled in the local school division. The document assists divisions in creating a well-designed MOU and includes a [sample telehealth MOU](#) that includes telehealth service provision. To support implementation, VDOE also developed a nine-part webinar series, [Implementing an Effective Memorandum of Understanding](#), which is housed on the [Career and Learning Center in Virginia for School Mental Health Professionals](#).

Additionally, the 2024 General Assembly, Special Session I, HB6001, [Item 117 L](#), requires the Superintendent of Public Instruction to enter into a statewide contract with one or more telehealth providers to provide high-quality mental health care services to public school students. School divisions may opt to purchase such services through this contract. Although the contract will not have money attached for school divisions, it provides a set of standardized contract terms and a pricing structure set by VDOE that LEAs are able to procure for telehealth services.

Practice Two (Telehealth and Resources) Next Steps

During the 2025 calendar year, to determine if this model is viable, VDOE and state agency partners will:

1. Host a webinar with school divisions who are interested in purchasing telehealth services through the standard contract. After an overview of the contract, divisions who currently work with telehealth providers will be invited to speak as panelists about providing telehealth services to students and how they keep parents informed;
2. Host a webinar in collaboration with DBHDS and DMAS about developing a behavioral health MOU with an emphasis on telehealth;
3. Consult with school divisions who purchased telehealth services through the state-wide contract to learn more about number of students served, impact of services for families, and barriers to service implementation; and
4. Explore funding mechanisms to support school divisions in implementing K-12 telehealth services.

Practice Three: Technical Assistance for School-Based Mental Health

This third option would support four key areas of action that will advance school-based mental health across the Commonwealth. These four high-priority levers are aligned with the needs identified by the *Behavioral Health Commission's 2023 report*:

Technical Assistance: VDOE Office of Behavioral Health and Student Safety

This next high-priority lever is one that builds off the work currently being done by VDOE's Office of Behavioral Health and Student Safety (OBHSS). This office currently provides leadership, resources, and services to increase the capacity of school divisions and schools to:

1. enhance a positive school learning environment;
2. increase the safety and well-being of students and staff;
3. promote the healthy development of children and youth; and
4. advance student learning and academic achievement, in concert with families and the community.

In 2020 and 2023, the U.S. Department of Education awarded VDOE School-Based Mental Health Services grants to increase the number of qualified (i.e., licensed, certified, well-trained, or credentialed, as defined in the notice inviting applications) mental health service providers that offer school-based mental health services to students in local educational agencies (LEAs) with demonstrated need. VDOE was awarded funding that is currently being utilized to increase recruitment and retention of school mental health providers. The Virginia Career and Learning Center (CLC) website is a product of this grant funding. The CLC website allows school personnel to access quality professional development modules and recorded webinars. The CLC currently houses 90+ modules/webinars, including developing MOUs with community services providers, guidance on licensing requirements, utilizing data and evidence-based practices, and information and resources on school-based mental health careers. The website's career center serves as a repository for available school mental health positions in the Commonwealth of Virginia. The site provides a single point of access to support the recruitment and retention of school counselors, school psychologists, and school social workers in all Virginia school divisions. Since 2020, grant funds have been used for maintenance of the website and the development of new webinars/modules. A new funding stream will need to be **researched and coordinated with federal funds and existing resources so that a sustainable funding plan can be** established by December 2027 for this work to continue.

Starting in the summer of 2025, technical assistance provided by the OBHSS will focus on the implementation of as Virginia's Comprehensive School-Based Mental Health Model. This work will incorporate application of Comprehensive School Mental Health Systems (CSMHS) as defined by the National Center for School Mental Health. Specifically, resources and tools from the School Health Assessment and Performance Evaluation (SHAPE) System will be utilized. This public-access, web-based platform offers schools, divisions, and states a workspace and targeted resources to support school mental health quality improvement. SHAPE houses the National School Mental Health Profile and the School Mental Health Quality Assessment (SMH-QA). These measures are designed for team completion at the school or division level to document the school mental health system components, assess the comprehensiveness of a SMH system, prioritize quality improvement efforts, and track improvement over time.

The School Performance and Support Framework Resource Hub provides intentional and direct intensive support to schools that are most in need. Virginia's Comprehensive School-Based Mental Health Model assists in this effort by enhancing systems, structures and teams to include considerations for non-academic barriers.

In 2025, the Office of Behavioral Health and Student Safety, in collaboration with DMAS, DBHDS, and DCJS plans to:

- identify outcome measures to determine program success and progress toward program vision,
- adapt the CSMHS model to Virginia, and
- create a detailed plan for implementing a CSMHS-like model in the state.

Technical Assistance: Regional Technical Assistance Supports

This high-priority lever proposes a regionally based approach to technical assistance and supports that will further implementation efforts of all the previously mentioned levers.

Implementing a regional model will address fragmentation in supports by providing consistent training and support opportunities across the Commonwealth. Data analysis across multiple sources supports this as both an appropriate and plausible solution to many of the barriers illustrated by *the Behavioral Health Commission's 2023 report*.

Option Three (Technical Assistance) Next Steps
<p>To determine if this is a viable statewide option, VDOE will do the following during the 2025 Calendar Year:</p> <ul style="list-style-type: none"> • Research funding for base funding and grants. • Work with VDOE's Office of Strategic Analysis and Research to develop a survey for school divisions to complete annually that collects similar data to that reported on by the <i>Behavioral Health Commission's 2023 report</i>. The survey would include questions designed to: <ul style="list-style-type: none"> ○ Gauge the capacity and interest of local school divisions to apply for additional competitive grant funding to support advancing school-based mental health efforts. ○ Identify professional development needs (as they relate to mental health). ○ Measure the use of data systems and school mental health teams in the delivery of mental health services. ○ Measure the availability of specific mental health supports (such as CBITS and Youth Mental Health First Aid). ○ Measure the access satisfaction of students, parents, and school staff. • Research location options for regional resources and the potential for partnerships with institutions of higher education. • Host a virtual summit with school division leaders responsible for school-based mental health to gather qualitative data on: <ul style="list-style-type: none"> ○ The development of a School-Based Mental Health Grant Program. ○ Initial impressions on how school-based mental health base funding could be utilized. ○ Technical assistance needs that could be addressed by OBHSS Staff. ○ Technical assistance needs that could be addressed by regional supports.

SUMMARY

Increasing access to mental health services and supports to Virginia's students is a commitment of Governor Youngkin, as established in his [Right Help, Right Now plan](#), and is a priority of all partner state agencies.

VDOE has worked to support the 23 mental health pilots occurring across the Commonwealth and now must study the outcome measures prior to making future funding recommendations. Once impact measures are studied, VDOE can assess evaluation data, recommend evidence – based practices, provide funding recommendations and flexible funding mechanisms for scale.

All three emerging practices proposed by this report support divisions in taking essential steps forward in improving student access to comprehensive school-based mental health services in Virginia. The system of supports described here will improve access, increase services, create referral pathways, and develop consistency of school-based mental health services across the Commonwealth. The program goals include promotion of a consistent understanding of the appropriate use and roles of SMHP, support of school divisions in the use of data, empowerment of school divisions with robust tools and technical assistance to develop tiered supports and identification of services on behalf of school divisions that promote overall wellness for all students. To meet these program goals and realize meaningful improvements in access to school-based mental health services, implementation will require extensive collaboration with parents and families to ensure they can partner in well-being approaches at home, and empowerment of school divisions to utilize various financial and nonfinancial resources to sustain responsive and dynamic programming on behalf of their communities.

As the Commonwealth recently commemorated the second anniversary of the Governor's [Right Help, Right Now plan](#), the VDOE remains committed to continued efforts in collaboration with local school divisions, families, state agencies, and the General Assembly to build on progress made in improving and restructuring mental health services, within and beyond our schools.