COMMONWEALTH of VIRGINIA

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October 31, 2025

The Honorable Barbara A. Favola
Chair, Virginia Commission on Youth
P.O. Box 444
Richmond, VA 23218

Dear Chair Favola:

I am pleased to submit this report on the Local Education Agency Survey of School Mental and Behavioral Health Services in Virginia. This effort aligns directly with Governor Youngkin's *Right Help, Right Now* initiative, which seeks to transform Virginia's behavioral health system into a more responsive, community-based, and person-centered model. The initiative is structured around six key pillars: including same-day crisis care, expansion of community-based services, reducing reliance on law enforcement, and strengthening the behavioral health workforce.

The Virginia Department of Education has been directed, through Chapters 224 and 239 (2025 Acts of Assembly), to collect and analyze data on mental health services, staffing, and student needs in schools. This survey is a critical component of the Commonwealth's broader behavioral health transformation, ensuring that education remains an active partner in this work.

The findings from this survey provide actionable insights into how schools are currently addressing student mental health while also identifying service gaps. By grounding decisions in real-time feedback from schools, the Virginia Department of Education can help ensure that students receive the right supports, at the right time, in the right setting. This data will help inform future policies and funding decisions and ensure professional development efforts are responsive to student needs and consistent with *Right Help, Right Now*.

Sincerely,

Emily Anne Gullickson, M.Ed. J.D.
Superintendent of Public Instruction

EAG/LMB/tm

c: The Honorable Aimee Rogstad Guidera
Virginia Secretary of Education

The Honorable Janet V. Kelly
Virginia Secretary of Health and Human Resources

Local Education Agency Survey on School Mental and Behavioral Health Services in Virginia

Chapters 224 and 239 (2025 Acts of Assembly)

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EXECUTIVE SUMMARY

The General Assembly directed the Virginia Department of Education in Chapters 224 and 239 (2025 Acts of Assembly) to carry out a survey of local education agencies (LEAs) across the Commonwealth. The goals of the survey were to investigate the school-based mental health services available and to gather information on processes for facilitating access to services and supports (Appendix A). More specifically, the survey and this report are intended to:

- Provide data from the survey to help evaluate the availability of school-based mental health services across the Commonwealth;
- Provide data from the survey to help understand how schools facilitate access for students to community mental and behavioral health services providers; and
- Inform and support the development and improvement of guidelines for school-based mental health services and supports.

Divisions were asked about their use of practices central to comprehensive School-Based Mental Health (SBMH) systems. The establishment of referral pathways to outside providers was the most widely implemented practice, with 98% of divisions reporting such pathways. Other core practices – such as SBMH teaming, needs assessment, resource mapping, and screening – were far less common. Qualitative data indicated that where divisions had implemented these practices, they had meaningful impact.

The survey also examined evidence-based processes and practices within the multi-tiered system of supports framework, a core feature of comprehensive SBMH systems. Most divisions provided some universal mental wellness education for students at all school levels, but just 14% of divisions routinely educated all students on all six recommended topics specified in the question (school-wide expectations, bullying prevention, life skills, substance misuse, mental health literacy, and suicide awareness). For students with more significant mental health needs, 73% of divisions provided all three of the essential services – crisis, individual, and small group counseling, with crisis and individual counseling the most widely available. Many other services and supports targeting students with greater mental health needs were available in half of the divisions or fewer, however.

Gaps in SBMH systems mean that students may not receive adequate or timely support, with implications for academic outcomes, school culture, and long-term wellbeing. Through open-ended survey questions, respondents identified two key challenges for developing comprehensive SBMH systems: staffing and funding. SBMH service provision falls largely to school counselors. School social workers and psychologists are widely but not universally employed. The lack of trained SBMH professionals was frequently cited by respondents to explain why practices or services were not available. Although funding was not a focus of this survey, respondents frequently noted the value of prior funding investments and expressed concerns about sustainability as awards end.

Taken together, the survey findings indicate that while most divisions have established referral pathways and essential services, implementation of many core features of comprehensive SBMH systems remains inconsistent.

INTRODUCTION

On March 21, 2025, the Virginia General Assembly passed and the Governor signed two identical bills, Chapters 224 and 239 (2025 Acts of Assembly), which directed the Virginia Department of Education (VDOE) to survey each local education agency (LEA) in the Commonwealth to assess:

- How public schools currently provide access to local departments of social services, community services boards, and other community-based mental and behavioral health service providers; and
- The types of school-based mental and behavioral health services currently offered by LEAs.

The legislation further required VDOE to report its findings and any resulting recommendations to the Commission on Youth by November 1, 2025. In response, VDOE developed and administered a statewide survey to examine SBMH services and supports, as well as the processes used to facilitate access to them (*See Appendix A*). The online survey was distributed to all 131 LEAs in May and June of 2025.

This work closely aligns with Governor Glenn Youngkin's *Right Help, Right Now* initiative, a comprehensive, multi-year plan to transform Virginia's behavioral health system through early intervention, expanded school-based services, and increased access to care ensuring that students receive the right help at the right time. Since its launch, the initiative has invested nearly $1.4 billion to strengthen crisis response infrastructure, expand mobile crisis teams, and increase access to same-day behavioral health care. In response to Virginia's ranking of 48th in youth mental health by Mental Health America, Governor Youngkin unveiled a Youth Mental Health Strategy that includes expanding school-based mental health services, increasing tele-behavioral health access for students in grades 6–12, and growing the behavioral health workforce in schools and communities. The strategy also addresses emerging risks to youth mental health, such as the impact of social media and the opioid crisis, through legislative and educational efforts.

To also support school based-mental health, Governor Glenn Youngkin issued Executive Order 33 to help bring Cell Phone-Free Education to Virginia schools. Recognizing the mental health effects on children and the impact student's dependence on cell phones 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 the Department of Behavioral Health and Developmental Services to help parents, teachers, and students better understand the effects of cell phone and social media usage on our children. The VDOE has developed guidance on policies for school divisions to adopt to establish Bell-to-Bell policies and remove cell phones from instructional time in K-12 public schools. The administration and agency have also facilitated statewide discussion and engagement on Cell Phone-Free Education and how to create a better learning environment without cell phones. The Governor's initiative on Cell Phone-Free Education was codified in Chapters 606 and 644 during the 2025 General Assembly session.

Significant progress has been made under Governor Youngkin's leadership, but the work to strengthen Virginia's school-based mental health continues. The findings from this report will guide future efforts to deepen school-community partnerships and ensure that every student across the Commonwealth has access to timely, effective mental health support, which will advance the goals of *Right Help, Right Now* and promote the long-term well-being of Virginia's youth.

This report provides an overview of the survey and includes key findings and recommendations. Additional information and a more detailed analysis can be found in *The Comprehensive Report of Local Education Agency Survey on School Mental and Behavioral Health Services in Virginia*, which is a companion document to this report.

Research Method

To conduct the study, VDOE designed and administered an online survey to all school divisions across the Commonwealth. Survey responses were received from all 131 school divisions, for a 100% response rate. The survey was developed with feedback from multiple school-based mental health division leaders and from the Institute for Collaborative Research and Evaluation (ICRE) at the Virginia Commonwealth University (VCU) School of Education.

The survey was designed to reflect the "core features" of a comprehensive school-based mental health system identified by the National Center for School Mental Health (NCSMH), as well as the associated School Mental Health Quality Assessment Domains and Indicators. Core features include **Well-Trained Educators, Family-School-Community Collaboration and Teaming, Needs Assessment and Resource Mapping, Multi-Tiered Systems of Supports, Mental Health Screening, Evidence-Based Emerging Best Practices, Data, and Funding**. The questions for the survey were constructed based on those core features and the results provided below are broken down by each of the domains. A reference guide was also shared with each respondent that provided additional context, clarity, and/or background information for each question (See Appendix C). ICRE collaborated with VDOE on the analysis and reporting.

School-Based Mental Health Services

Public health experts have underscored the importance of student mental wellness as a priority within schools, both in planning and in practice. School-based mental health (SBMH) services and supports are critical for promoting students' well-being, responding to their mental wellness needs, and improving their access to services and supports. SBMH services are associated with enhanced academic, behavioral, social, and emotional outcomes for students, as well as positive effects on the overall school climate and safety (Hoover et al., 2019). SBMH services can include "any activities, services, and supports that address social, emotional, and behavioral well-being of students, including substance use" (Hoover et al., 2019, p. 12). Schools can provide a range of education, services, and supports that encompass efforts to promote mental well-being and mental health literacy among all students, as well as specialized interventions to address more acute mental health needs.

The term "mental health services" in schools is often used to refer to interventions provided by trained mental health professionals to address students' specific mental health needs, while the term "mental health supports" often refers to preventative efforts to promote mental wellness

among all students (Behavioral Health Commission [BHC], 2023). The survey treated mental health services and supports in an integrated manner, and this report continues that approach by referring throughout to "services and supports," or occasionally simply "services," for brevity. A glossary is included in *The Comprehensive Report of Local Education Agency Survey on School Mental and Behavioral Health Services in Virginia* as a reference source for specialized terminology.

Youth Mental Health in Virginia

In the 2022–2024 Appropriation Act, the Virginia General Assembly charged the Behavioral Health Commission (BHC) with investigating how to maximize SBMH services throughout the Commonwealth. The BHC (2023) report showed high rates of mental health concerns, including anxiety and depression, among Virginia school students, with anxiety in particular appearing to have increased since the beginning of the COVID-19 pandemic. These trends within Virginia are consistent with recent national data indicating that mental health is a persistent, urgent, and growing public health concern.

In December 2024, in response to growing concerns reflected in the data, Governor Youngkin established the Office of Behavioral Health and Student Safety within the Virginia Department of Education to support schools in addressing the unprecedented rise in student mental health and behavioral challenges following the pandemic. The Office directs attention and resources toward students most impacted by these challenges and aligns with *Right Help, Right Now* by connecting schools to specialized teams of professionals who focus on three key areas:

- **Behavioral Health and Instructional Support**
  Focusing on issues regarding behavioral and mental health including school counseling, school discipline, the causes and impact of chronic absenteeism, and the effects on children and teens who rely on social media. Supporting student success through equipping instructional support personnel to identify and respond to issues that impact behavioral health through training in Mental Health First Aid, and addressing the mental health workforce shortage through innovative and near-peer models such as Youth Mental Health Corps.
- **School Health and Wellness**
  Centering on issues such as opioid and drug use abatement, emphasizing the dangers of fentanyl and its spreading use amongst children and teens, and overdose prevention.
- **Student Services**
  Dedicated to removing many of the barriers to success facing children today through working with military families and students in foster care, as well as equipping students for post-secondary access and success.

Results from the Survey of School-Based Mental and Behavioral Health in Virginia Public Schools

The primary purpose of the survey was to examine the SBMH services and supports currently available and to collect information about the processes used to facilitate access to them. By aligning the survey questions with the eight core features of a comprehensive SBMH system, the study provides both an overview of existing services and insight into implementation of practices that promote access.

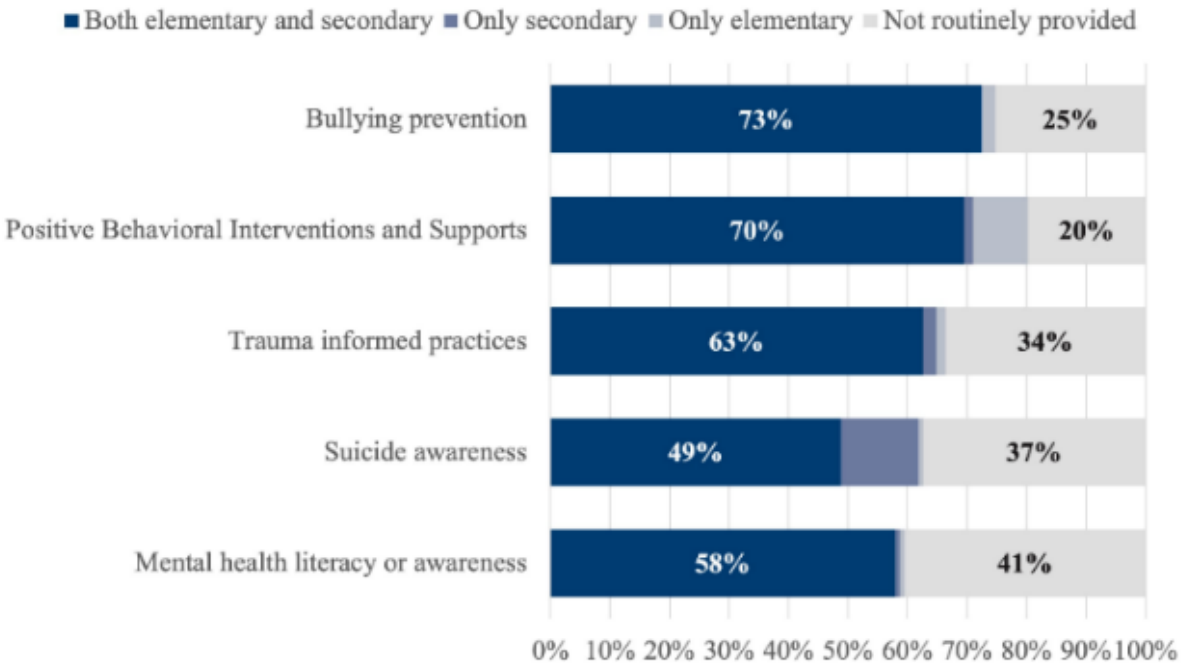
Core Feature 1: Well-Trained Educators and Specialized Instructional Support Personnel

Well-Trained Educators

Well-trained educators and specialized instructional support personnel (such as school counselors, school psychologists, and school social workers) help schools to deliver mental health care effectively. Training provided to teachers at all school levels on a routine basis (defined in the survey as provided once every three years or more often) is essential for helping them develop the necessary skills and mental health literacy knowledge to support students' mental wellness.

120 school divisions routinely provided one or more training on mental health related topics for teachers. More than two-thirds of Virginia school divisions provided training for teachers in bullying prevention and Positive Behavioral Interventions and Supports (PBIS), and nearly two-thirds of divisions routinely trained teachers in trauma-informed practices (Figure 1). Fewer divisions provided suicide awareness training or mental health literacy training.

Figure 1. Percentages of Divisions Routinely Providing Training on Mental Health Topics, for Teachers at Each Level (N = 131)



Taking the five training topics together, **30% of Virginia's 131 school divisions routinely trained teachers at both elementary and secondary levels in all five topics.**

Eleven divisions, however, did not provide routine training on any of the five topics for teachers at any level. The frequency and comprehensiveness of teacher training in mental health and wellness topics likely take on even greater importance in supporting SBMH systems when divisions have limited assistance from specialized staff.

Specialized Instructional Support Personnel (SISP)

Further support comes from specialized professionals, such as school counselors, social workers, and school psychologists. These mental health professionals can supplement the work of teachers in preventive care, in addition to providing Tier 2 and Tier 3 services and supports. Staff members with expertise and qualifications in these fields are able to provide assessment as well as counseling, case management, and other services students may need. School counselors were repeatedly identified by survey respondents as central to many SBMH practices and services. Divisions often described many of the major responsibilities associated with SBMH as being within the purview of school counselors.

Divisions were asked to rank ten professional learning opportunities that are most needed for training of SBMH teams/SISP, from most needed to least needed. **Individual support plans were among the five top needed professional development opportunities for 70% of divisions, followed by bullying prevention/intervention (60%) and suicide prevention/intervention (59%).** Additional topics where 40% or more of the divisions indicated the most need included Positive Climate and Culture, SBMH Needs Assessment, Relationship Building (Tier 1), SBMH Data Analysis, and Direct Counseling Techniques. For more detailed information about the professional development needs of SISPs and SBMH teams, see the *Comprehensive Report of Local Education Agency Survey on School Mental and Behavioral Health Services in Virginia***.**

SISP Staffing

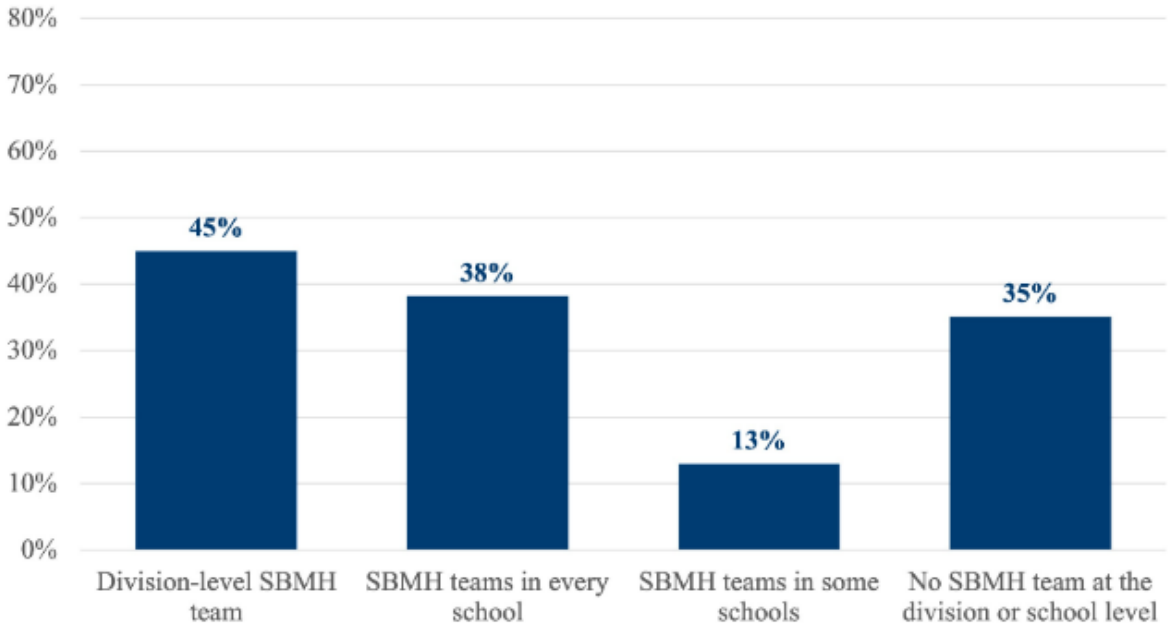
Information gathered on staffing for SISP showed that **seventy-three percent of respondents reported that their division employed at least one school social worker, while 94% reported employing at least one school psychologist.** Findings related to the value and importance of these SISP and general challenges related to filling those positions were shared in the survey responses. Elaborating on how the lack of a school social worker is impacting the students and families the division serves, a respondent stated in an open-ended survey response, *"we would really benefit from having a School Social Worker to help with attendance and connecting students and parents with community resources."*

Core Feature 2: Family-School-Community Collaboration and Teaming

Established SBMH Leadership Team

The establishment of SBMH teams of school and community partners at the division and/or school levels is a key strategy for promoting alignment of goals, clear and open channels of communication, coordination, and collaboration among all involved. The survey asked respondents to report whether they used SBMH teams at the division level and/or in some or all schools (Figure 2). **A total of 65% of divisions used SBMH teaming within at least some schools or at the division level, with substantial percentages reporting established teams at the division level or in every school. Still, despite the importance of teaming, 35% of divisions did not practice it.**

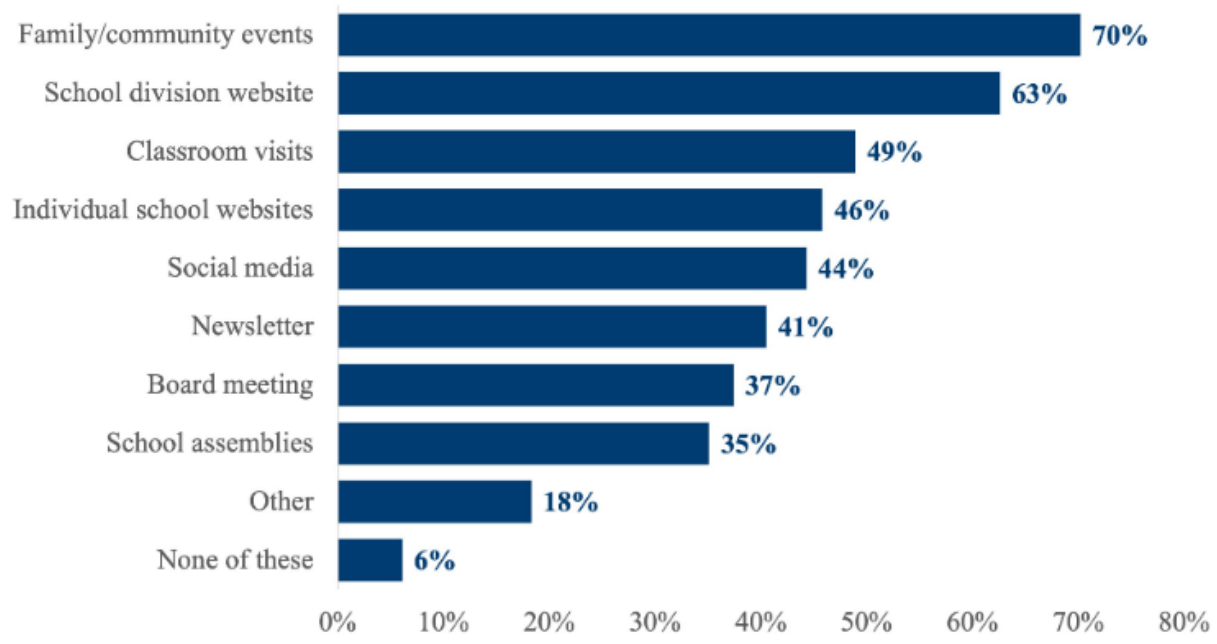
Figure 2. Percentages of Divisions Using SBMH Teams at the Division Level and in Schools (N = 131; multiple responses possible)



Family-School-Community Collaboration

Shared information lays crucial groundwork for collaboration within schools and among schools, families, and community partners about mental health and wellness and about supports, services, and resources available. Figure 3 shows the variety of ways in which divisions shared information about SBMH services and supports, with family/community events and school division websites the most common. **94% of divisions reported using one or more method for sharing information with students, families, and staff regarding the availability of SBMH supports and services.** 70% shared that they help family or community events to promote awareness and just 6% of divisions reported that they did not share information through any communication channel.

Figure 3. Percentages Sharing Availability of SBMH Supports and Services with Students, Families, and Staff through Various Channels (N = 131; multiple responses possible)



The communication methods listed by divisions under "other" reflected a wide variety of approaches, demonstrating that Virginia school divisions understand there is no one-size-fits-all strategy and that each community has distinct needs. Among responses targeting all students and families, respondents mentioned "*back-to-school events*," *"posters throughout buildings,"* an *"elementary social and emotional learning curriculum, take-home addition,"* and *"emergency and referral info"* in email signatures of SBMH professionals. Responses oriented toward teachers and other staff included "*faculty and staff meetings*," "*SBMH Intervention Team and School Health Advisory Committee meetings*," and "*professional development sessions*."

Data was also collected regarding parental consent for services related to mental health. Divisions were asked what methods they used to obtain parental consent for Tier 1, Tier 2, and Tier 3 services. Results show that for universally provided Tier 1 supports while allowing parents to opt out was by far the most frequent approach, practiced by more than three-quarters of divisions. Tier 2 services and supports, involving more targeted interventions for students, showed a clear shift to opt-in consent practices. Finally, for Tier 3 intensive, individualized services and interventions, opt-in consent was the most prevalent approach, employed by 82% of divisions (Refer to Figure 4 in the *Comprehensive Report*).

Community Partnerships

Variation by region and local resources was evident in the types of community partners divisions identified as instrumental in providing SBMH services to students in their division. However, some types of community partners were repeatedly mentioned across divisions. **Local community service boards were highlighted most often as community partners, specifically regarding their assistance in providing outpatient therapeutic services in schools.** A

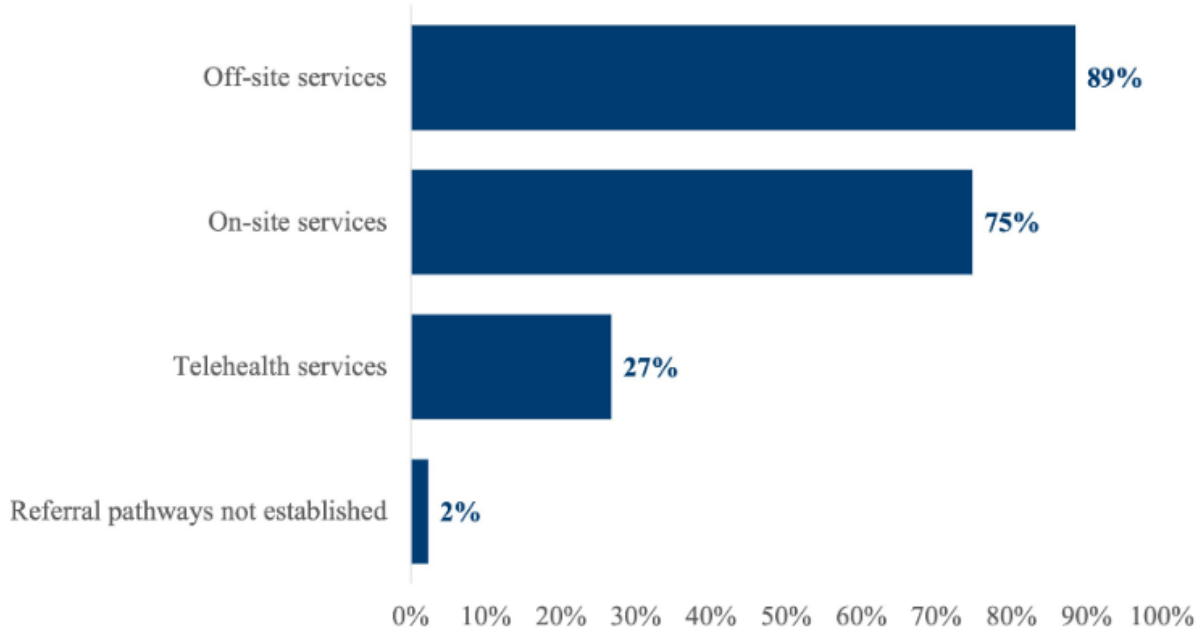
respondent stated, *"our coordination with a local CSB [Community Service Board] gives our small division access to services we otherwise would not have access to."* Additional partners commonly identified by divisions were:

- Local therapeutic day treatment (TDT) programs;
- Care Solace, a mental health concierge service;
- Communities in Schools (CIS);
- Family Assessment and Planning Teams (FAPT);
- Institutions of higher education;
- Government departments and agencies (e.g., Military Family Life Counselors, Department of Social Services, law enforcement); and
- Philanthropic organizations.

Referral Pathways and Protocols

While students' needs can often be addressed through the efforts of SBMH teams in collaboration with families, some needs may require additional expertise and resources. The referral process is typically initiated when a student's needs go beyond what the school's resources, staff training, or short-term interventions can address – for example, when long-term therapy, diagnostic evaluations, medication management, or highly specialized services are needed. These external providers may include local departments of social services, community services boards, and other community-based organizations. Survey respondents were asked whether their division had established referral pathways; results are shown in Figure 5.

Figure 5. Percentages Reporting That Division Has Established Referral Pathways and Protocols to Outside Agencies for Three Types of Services (N = 131; multiple responses possible)



Formalized Agreements. Divisions generally reported that referral pathways to outside agencies were formalized through written agreements, such as MOUs. **More than three-quarters of**

divisions with referral pathways and protocols to off-site services had formal written agreements in place.

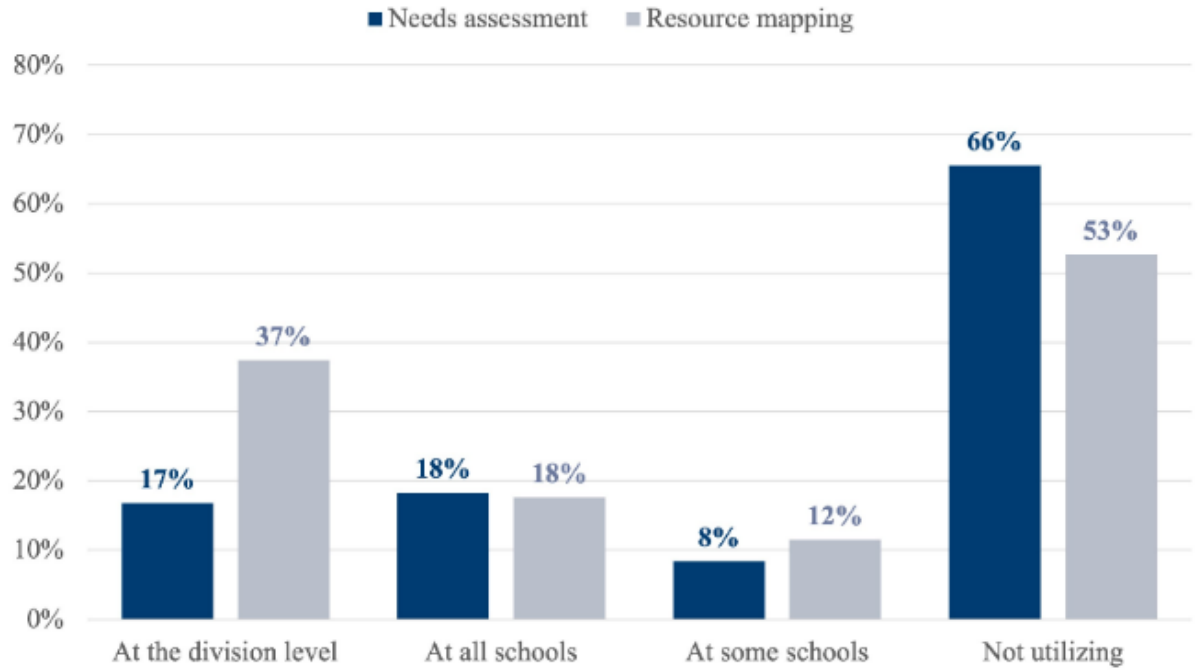
Variation in Specific Pathways and Protocols. Data from open-ended questions showed that the specific referral pathways and protocols adopted varied considerably across divisions. Some divisions reported that referral decisions were made by specific individuals within the school building (e.g., an administrator or the school counselor). In other cases, members of the school-level SBMH team facilitate the referral pathway. Community organizations, such as the local community services board, Family Assessment and Planning Teams (FAPT), and CareSolace, were mentioned by several divisions as active partners who assist in the referral pathway process within their division.

Core Feature 3: Needs Assessment and Resource Mapping

Two complementary, systematic processes are available to help SBMH teams identify students' mental health needs and the resources available to address them: needs assessment and resource mapping. Together, these practices allow SBMH teams to become attuned to the specific needs and resources available within a given community.

The survey data showed that neither process was used by a majority of school divisions in Virginia (Figure 6). Overall, **34% of divisions reported using needs assessment, whether at the division level or in some or all schools, and 47% used resource mapping**. Needs assessments occurred about equally at the division and at the school level, while resource mapping was more frequently carried out at the division level.

Figure 6. Percentages Utilizing Needs Assessment and Resource Mapping at the Division Level and in Schools (N = 131)



Core Feature 4: Multi-Tiered System of Supports (MTSS)

MTSS promotes student wellness by making appropriate services and resources more accessible, while also allowing schools to identify needs early and provide timely interventions.

Mental Health Promotion Supports (Tier 1)

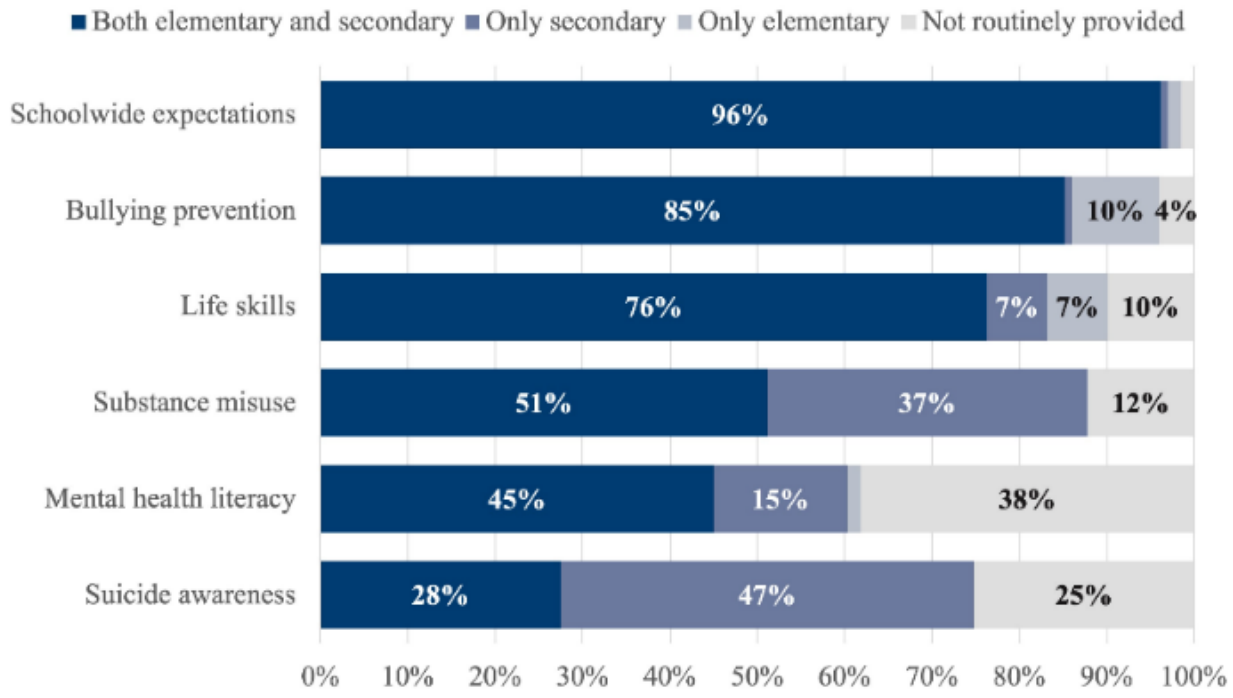
The survey included questions about whether school divisions "routinely" (defined as at least every three years or more often) educated students on six topics that address the social, behavioral, and mental health aspects of a student's education. The topics include schoolwide expectations, bullying prevention life skills, substance misuse, mental health literacy, and suicide awareness. Instruction on these topics are considered part of a school's Tier 1 framework. Tier 1 supports are universal interventions designed for all students at a particular grade or level, ensuring that every student receives the training.

Most school divisions reported routinely educating students on each of the six topics asked about in the survey (Figure 7). There was substantial variation by topic, however, in whether education was provided to students at all levels, or only to students at the secondary level (defined as middle or high school for the purposes of the survey). **Nearly all divisions reported routinely educating students at all levels on schoolwide expectations, and more than three-quarters educated all students on bullying prevention and life skills.**

Education on substance misuse and suicide awareness were less often provided to all students but were frequently provided only to secondary students. When mental health literacy education was available, it was often provided to all students, but 38% of divisions (the largest percentage for any topic) reported that no routine education in mental health literacy was provided for students at any level. Twenty-five percent of divisions did not routinely educate any students in suicide awareness.

Considering the six student wellness topics as a whole, 14% of divisions routinely educated both elementary and secondary students on all six. A total of 45% of divisions routinely provided education on all six topics either for secondary students only, or for both elementary and secondary students.

Figure 7. Percentages of Divisions Routinely Providing Tier 1 Education for Students on Topics, at Each Level (N = 131)



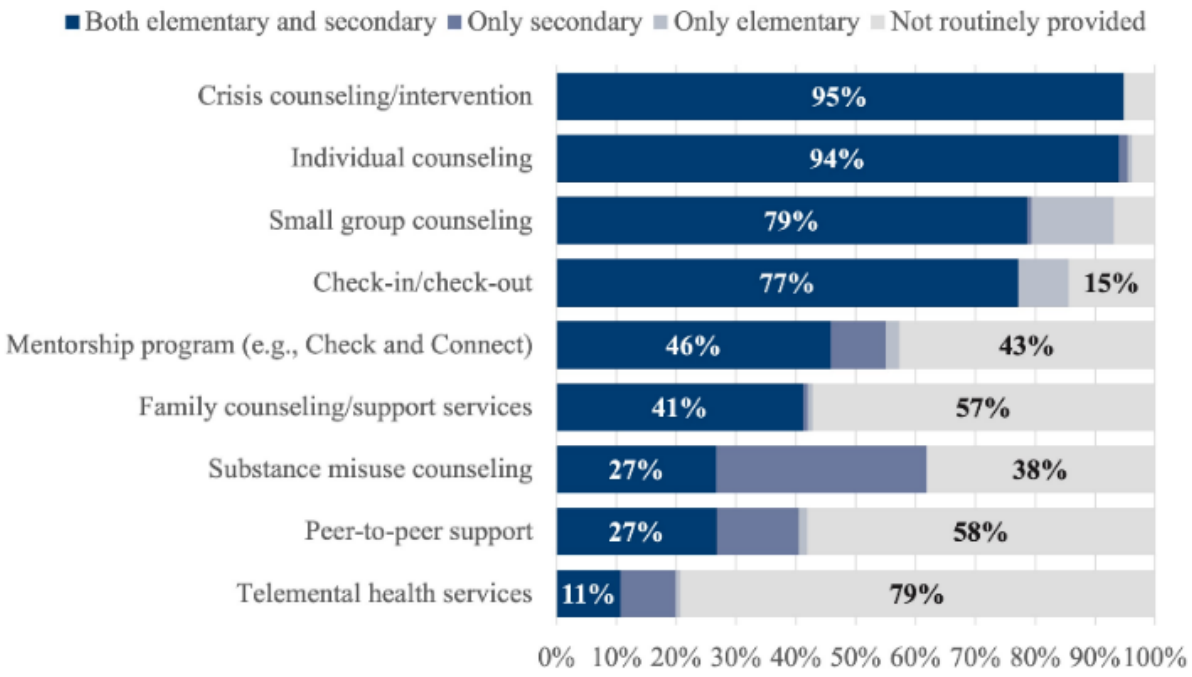
Early Intervention Services and Supports (Tier 2 and Tier 3)

The survey asked respondents to report whether their divisions provided several Tier 2 and Tier 3 services and supports to students on a routine basis throughout the school year, and if they did, to which students the service or support was available. Individual, small group, and crisis counseling are three essential Tier 2 and Tier 3 services that represent key components of a comprehensive school-based mental health program.

Figure 8 shows that nearly all divisions provided crisis and individual counseling for students at all levels. Of the three essential services, small group counseling was the least available: three-quarters of divisions provided it to students at all levels. **Seventy-three percent of divisions provided all three of these essential services for students at all levels, and a further 24% provided two of the three.** Check-in/check-out supports, in which students meet daily with an adult mentor to help them meet behavioral goals, were provided at almost the same rate as small group counseling.

Other services were available at much lower levels, and large percentages of divisions reported that they were not routinely provided at all. When mentorship programs and family counseling were available, they were generally provided to both elementary and secondary students. Over 25% of divisions provided substance misuse counseling for students at all levels and an additional 35% made it routinely available to secondary students only. Telemental health services were the least widely available, with only about one-fifth of divisions offering them at all, and only 11% making them available to students at all levels.

Figure 8. Percentages of Divisions Routinely Providing Tier 2 and Tier 3 SBMH Services and Supports to Students (N = 131)

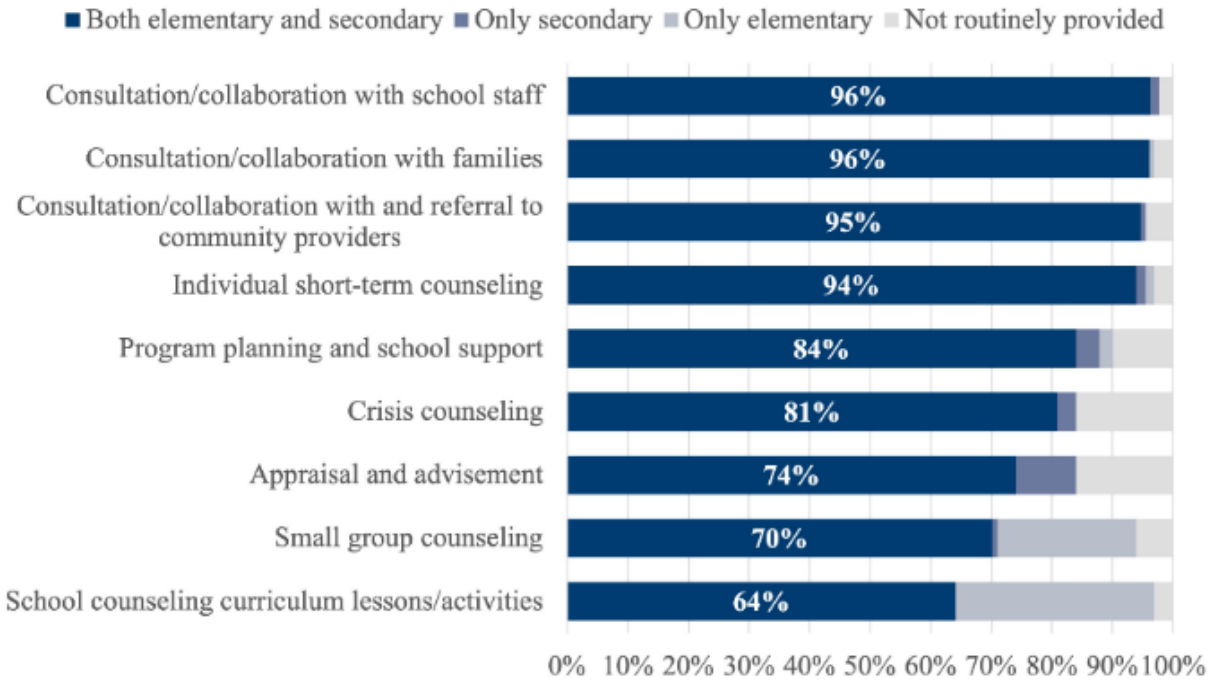


SBMH Staff Providing Tier 2 and 3 Services and Supports

Three types of qualified, specialized mental health professionals provide Tier 2 and 3 services and supports: school counselors, school social workers, and school psychologists. The survey asked about the services and supports they each provide within divisions.

School Counselors. School counselors were responsible for providing a wide variety of SBMH services and supports, as is evident from Figure 9. **On all but one of the services asked about in the survey, 70% or more of divisions reported that school counselors provided the service or support for both elementary and secondary students.** School counseling curriculum lessons and activities were provided by school counselors in nearly all divisions, but about one-third of divisions provided this curriculum at the elementary level only.

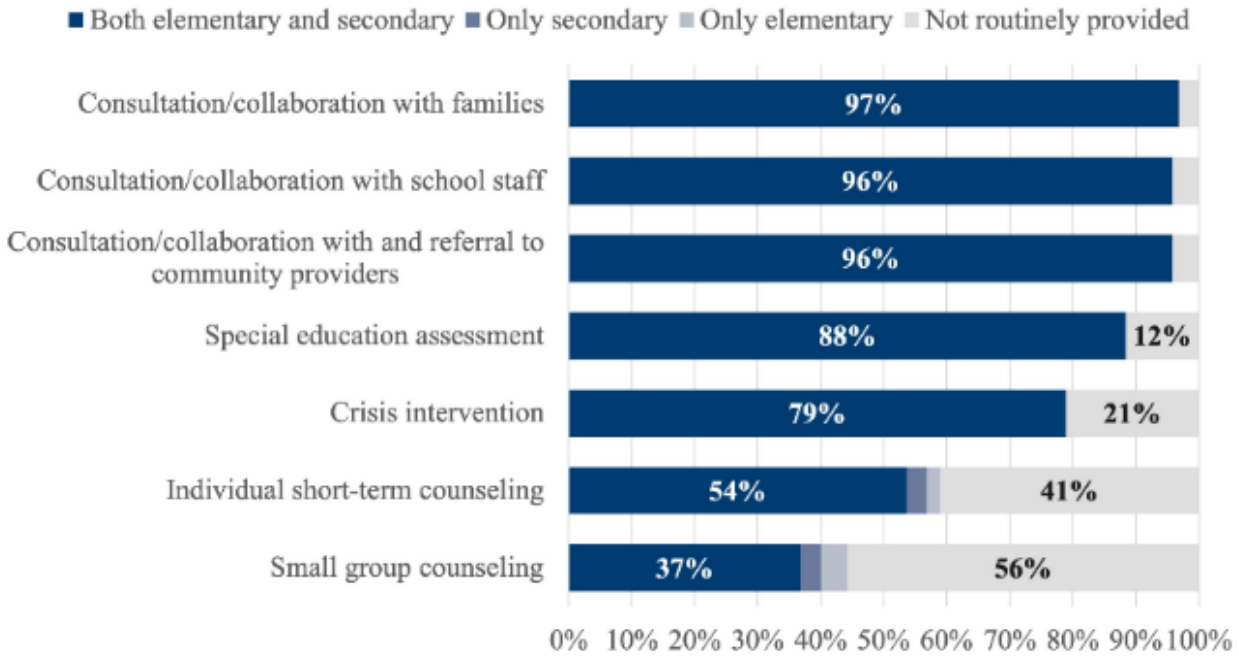
Figure 9. Percentages of Divisions Reporting Services and Supports Routinely Provided by School Counselors (N=131)



Individual short-term counseling, small group counseling, and crisis counseling are considered essential Tier 2 and 3 services provided by counselors. In 59% of divisions, counselors provided all three of these essential Tier 2 and 3 direct counseling services for both elementary and secondary students. In another 21% of divisions, counselors provided all three essential services to some school level(s), but not to both elementary and secondary students. Of the three essential services provided by counselors, small group counseling was the most frequently provided only to elementary students, while the other two services were mostly provided at all levels. All services listed in Figure 9, except for program planning and school support, fall into "direct counseling" services, for which counselors are required to spend 80% of their time, according to state code. Counselors may spend up to 20% of their time on program planning and school support, and Figure 9 shows that 84% of divisions reported that program planning was an area of responsibility for counselors at both elementary and secondary grade levels.

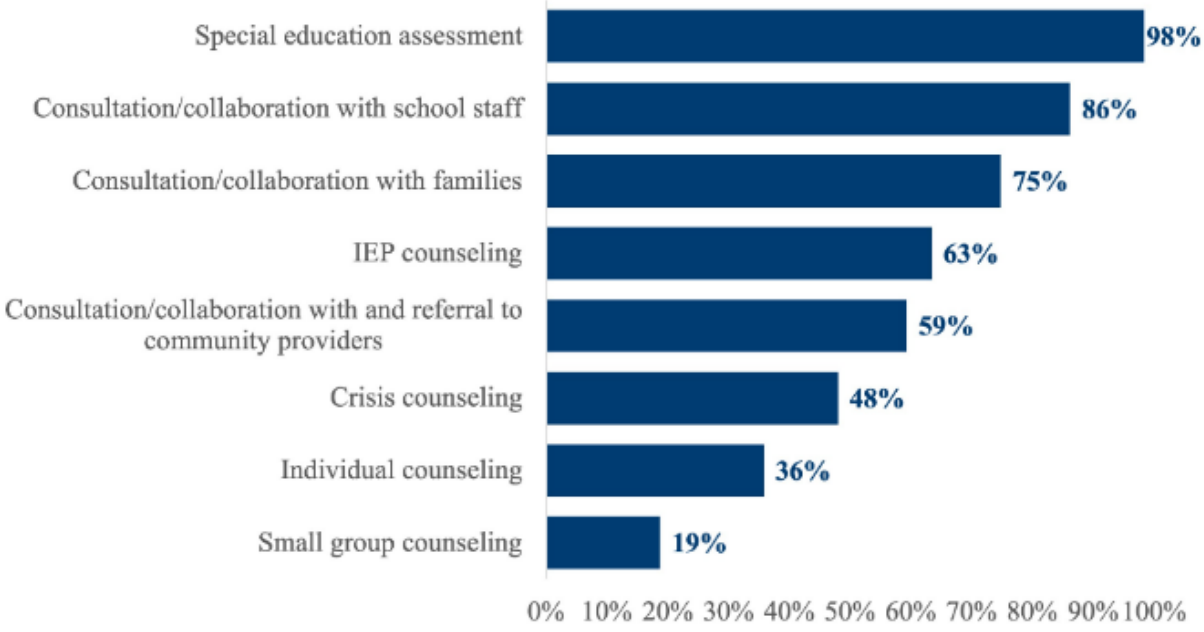
School Social Workers. **Seventy-three percent of divisions reported employing school social workers**. Figure 10 shows considerable consistency across divisions in the services school social workers provided. **In nearly all divisions that employed social workers, they were responsible for consultation and collaboration with families, school staff, and community providers (including referrals)**. In more than three-quarters of these divisions, they also handled special education assessment and crisis intervention. At lower levels, they engaged in individual and small group counseling. When a service was provided, divisions nearly always reported that school social workers provided it to students at both elementary and secondary levels.

Figure 10. Percentages Reporting Services and Supports Routinely Provided by School Social Workers (Divisions employing social workers; N = 95)



School Psychologists. Ninety-four percent of divisions reported employing school psychologists, who were also responsible for consultation/collaboration, but they appeared to focus most often on special education assessment, and to a lesser degree, IEP counseling (Figure 11). Divisions reported that they consulted and collaborated with families, school staff, and community providers, though at slightly lower levels compared to school social workers. Crisis, individual, and small group counseling were all among their responsibilities, but again, these responsibilities were less frequently part of their role in comparison to social workers and counselors.

Figure 11. Percentages Reporting Services and Supports Routinely Provided by School Psychologists (Divisions employing school psychologists; N = 123)



Core Feature 5: Evidence-Based and Emerging Best Practices

Evidence-Based and Emerging Best Practices and Funding are essential components of the framework for comprehensive SBMH systems, and they are so foundational that they are necessarily interwoven into each of the other core features. For example, the core features on MTSS and Mental Health Screening reflect evidence-based best practices. Given the coverage of these best practices elsewhere, this section highlights two that are not discussed as part of other core features: training provided by YMHFA Instructors and warm hand-off practices.

Youth Mental Health First Aid Instructors

Youth Mental Health First Aid (YMHFA) Instructors are certified to teach school personnel how to recognize signs and symptoms of mental health or substance abuse challenges in adolescents, and to respond appropriately. Research evidence points to the value of YMHFA training as a practice that increases participants' confidence in their ability to recognize mental health needs and symptoms and provide support to adolescents experiencing challenges (Geierstanger et al., 2024). The survey asked whether divisions had a staff member certified as a YMHFA Instructor. Forty-two percent of divisions reported that they did have at least one staff member training in YMHFA, while 44% said they did not, and 14% were uncertain.

Warm Hand-Offs/Return from Hospitalization

The survey investigated the use of warm hand-off practices when students are admitted into or discharged from an in-patient mental health facility. During these transitions, warm hand-offs provide an opportunity for the school team to support students and families, particularly when referrals come directly from the school. Warm hand-off practices provide guidance and additional data that SBMH teams can use to help determine the appropriate and responsive

SBMH services to continue, alter, or introduce, such as individual counseling and/or a formal safety plan. Warm hand-offs are a best practice in educational and health-related school settings, since they ensure that supporting staff in both settings receive direct information about the student's situation and that the student feels supported throughout the transition process.

More than two-thirds of divisions (69%) reported that contacting families to discuss supports was a warm hand-off practice they implemented. Fewer reported other warm hand-off practices, including "Request release to receive discharge" (57%), "Develop a "return to learn" plan (57%), and "Share relevant information with hospital (44%). However, 20% of divisions reported that they did not have warm hand-off practices in place.

Emerging Models

In Virginia, two emerging models are expanding student access to academic, social, and emotional supports: Recovery Schools and Community Schools. Both models rely on school-based mental health providers along with community partners, such as Community Services Boards, to deliver a range of coordinated services for students and families.

Recovery Schools are specialized secondary schools designed to support students in recovery from substance use disorders. These schools combine traditional academic instruction with integrated counseling, peer support, and relapse prevention services. The goal is to provide students with a safe, recovery-oriented learning environment that promotes both educational success and sustained sobriety. The four open and active Recovery Schools in Virginia are**:**

1. Chesterfield Recovery Academy (Chesterfield) - Opened August 2022.
2. Loudoun Recovery School (Loudoun) - Opened August 2025.
3. Harbor Hope Center (Virginia Beach) - Opened September 2025.
4. River Ridge Learning Center (Waynesboro) – Opened August 2025.

The Virginia General Assembly has allocated funding to support Recovery Schools in Chesterfield, Loudoun, and Virginia Beach. Waynesboro's River Ridge Learning Center is currently operating with funds awarded by DBHDS and Virginia Opioid Abatement Authority. All four schools are year-round, regional recovery high schools open to any student within the region who is in the early stages of recovery from substance use disorder.

Community Schools support the whole child and intentionally form strong partnerships with families and the community to prepare each student for success. They serve as hubs that connect students and families to wraparound supports beyond academics, such as health and mental health services, food assistance, afterschool programming, and family engagement activities. By addressing barriers to learning and strengthening family-school-community partnerships, community schools create conditions where students are better positioned to succeed academically and socially.

The Virginia General Assembly has allocated funding for the development of community schools. By fostering stronger community connections and addressing student needs holistically, this initiative supports mental health and well-being, helping create a foundation for early intervention and sustained student success. Since 2022, 14 school divisions have directly received a total of $10,000,000 to implement the community school model. Fifteen additional school divisions and Communities in Schools affiliates received $2,500,000 in additional

funding in September 2025. The participating community schools have demonstrated a decrease in chronic absenteeism and an increase in family and community engagement.

Core Feature 6: Mental Health Screening

Universal mental health screening is an essential process that allows SBMH teams to facilitate early intervention. Screening helps schools understand their populations and their students' needs, and plan for appropriate preventive supports and intervention strategies. Overall, **35% of divisions reported that they conduct mental health screening using a systematic process**.

Rates of mental health screening ranged from 50% on average in urban and suburban divisions, to 28% on average in rural divisions. Regional variation in the use of systematic mental health screening was substantial, with 58% of Northern Virginia divisions conducting screening, while one-quarter or fewer did so in Southside and Southwest Virginia. The responses suggest that support may be needed to help teams identify appropriate, evidence-based screeners.

Core Feature 7: Data

Successful, comprehensive SBMH systems rely on the collection and use of high-quality data to understand the needs of students and communities and to ensure that students receive timely, coordinated, and effective support that improves well-being and fosters academic success.

The survey asked several questions about whether school divisions had consistent processes for the collection and use of data related to SBMH services. **Nearly half of divisions reported consistently using data to inform referral pathways for Tier 2 and Tier 3 services and supports for students**. A slightly smaller percentage (42%) had developed a consistent process for reflecting on multiple types of data related to SBMH services, and fewer still reported that consistent processes for collecting those data were in place (37%). Taking the three data-related processes together, 19% of divisions reported that all three processes were in place, while 28% did not engage in any use of data to determine delivery of SBMH services.

The four most frequently cited data sources used to support SBMH planning and implementation were 1) discipline referrals and records; 2) academic and attendance records; 3) universal screeners; and 4) targeted screeners (primarily data from suicide risk assessments and threat assessments).

Core Feature 8: Funding

The final core feature of a comprehensive SBMH system focuses on funding. It draws attention to the importance of diverse sources of funding, the value of opportunities to leverage funding through relationships with other agencies, and the need to monitor potential funding opportunities. Funding had been extensively examined by the Behavioral Health Commission (BHC) in its 2023 report, and for that reason it was not a major focus of the survey. However, funding issues were frequently volunteered by respondents as they answered the open-ended questions on the survey.

RECOMMENDATIONS AND NEXT STEPS

The Behavioral Health Commission, in its 2023 report *Maximizing School-Based Mental Health Services*, recommended that Virginia consider distributing state funds through a more

comprehensive program model. The report noted that existing approaches, such as Comprehensive School Mental Health Systems (CSMHS), could serve as a framework if Virginia chooses to establish a statewide school-based mental health initiative to achieve its vision for student well-being.

In response, the VDOE Office of Behavioral Health and Student Safety is advancing work on a **Virginia Comprehensive Behavioral Health Model**. This model is designed for divisions that want to pursue universal screening, expand access to a full array of services within the MTSS framework, and use data-driven strategies to drive decision-making, monitor progress and report outcomes.

The recommendations and next steps outlined below are intended to complement this effort and guide the implementation of Virginia's model. These have been organized according to the principles of MTSS, which emphasize practices that support students, systems that support staff, and data that drives decision-making to achieve effective and positive outcomes.

Practices (Supporting Students)

1. Have VDOE refine and update key state resources, including the *Model Policy to Address Bullying in Virginia's Public Schools* **and the** *Suicide Prevention Guidelines for Virginia Public Schools,* **to ensure that schools have access to current evidence-informed practices and tools.**

Survey results highlighted a clear need for enhanced training and technical assistance to help school divisions strengthen their efforts in bullying and suicide prevention. These updates will ensure that schools have access to current, evidence-informed practices and tools to support student safety, mental health, and overall well-being.

2. Enable VDOE to expand professional development efforts for school-based mental health leaders and educators state-wide.

The survey asked about five staff trainings divisions are encouraged to routinely provide to educators: *Bullying Prevention, Positive Behavioral Interventions and Supports, Trauma-Informed Practices, Suicide Awareness, and Mental Health Awareness*. Results showed a clear need for increased access to Mental Health Awareness training for educators (despite 44% of divisions having a staff member trained as Youth Mental Health First Aid). To address this, it is recommended that VDOE offer statewide training opportunities and awareness campaigns to strengthen school personnel's understanding of evidence-based programs that support mental health in schools. This could include evidence-based programs designed to support educators' and students' mental health awareness, such as Youth Mental Health First Aid, Cameron Gallagher Foundation, Erika's Lighthouse, VTSS Trauma Learning Modules, Pure Edge, and Classroom WISE. These efforts will strengthen educators' capacity to recognize and respond to student mental health needs.

Based on the data collected, and to support implementation of multiple core features and future implementation efforts regarding the Virginia Comprehensive Behavioral Health Model, it is recommended that the following training topics be offered through a variety of modalities including but not limited to the development of modules, professional learning sessions, and professional learning communities for leaders.

Professional Learning Topics for SISPs and SBMH Teams	Related Data
SBMH Teaming	*35% of school divisions did not have SBMH team at the school or division level.*
Needs Assessment & Resource Mapping	*Overall, 34% of divisions reported using needs assessment, whether at the division level or in some or all schools, and 47% used resource mapping.*
Data-Influenced Decision Making for SBMH Teams	*28% did not engage in any use of data to determine delivery of SBMH services.*
Referral Pathways	*48% of school divisions used data to inform referral pathways for Tier 2 and Tier 3 services. Some divisions reported that referral decisions were made by specific individuals within the school building, while in other cases, members of the school-level SBMH team facilitate the referral pathway.*
Individual Student Support Plans and Safety Plans	*43% of divisions do not develop "return to learn" plans after students are discharged from an in-patient mental health facility. Individual support plans were among the five top needed professional development opportunities for 70% of divisions.*
Small Group Counseling	*Within a comprehensive school-based mental health program, individual counseling, small group counseling, and crisis counseling are essential Tier 2 and Tier 3 services; however, small group counseling was identified as the least frequently offered.*
Bullying Prevention and Intervention	*When asked to rank ten professional learning opportunities that VDOE might provide to SBMH teams/SISPs, 60% of divisions identified a need for Bullying Prevention and Intervention in their top five.*
Suicide Prevention and Intervention	*When asked to rank ten professional learning opportunities that VDOE might provide to SBMH teams/SISPs, from most needed to least needed, 59% identified a need for Suicide Prevention and Intervention in their top five.*

Systems (Supporting Staff)

3. Further explore competitive grants for divisions seeking to enhance their services.

The Behavioral Health Commission's 2023 report, along with qualitative responses from this most recent study, emphasizes the need for additional competitive grant funds to support school-based mental health initiatives. Promotion of competitive grant opportunities would provide flexibility to allow schools to scale programs over time, adapt based on outcome measures, and reward effective implementation that supports student well-being and school safety.

4. Consider expanding implementation of Recovery Schools across the Commonwealth.

Recovery schools in Virginia play a vital role in the continuum of care for students in recovery from substance use disorders, and their success depends on being connected to strong referral pathways. Recovery schools should be intentionally embedded within existing support systems

through strategic collaboration with community service boards, local departments of social services, court service units, hospitals/health centers, and school divisions. The collaboration ensures that students and families have access to comprehensive recovery supports without compromising students' access to essential academic instruction. Continued and increased state investment would expand this model and strengthen sustainable access to comprehensive supports for Virginia students.

Data (Supporting Decision Making)

5. Continue to administer the SBMH survey on a regular basis.

As school divisions continue to develop and refine the core components of a comprehensive school-based mental health (SBMH) system, ongoing research will play a critical role in guiding VDOE's planning and resource development, ensuring that the value of support and guidance to divisions is maximized. The 2025 survey of school divisions establishes a baseline understanding of existing practices, services, and supports, against which growth can be measured through future surveys, ideally conducted annually.

APPENDICES

Appendix A. Virginia General Assembly Bills Chapter 224 and Chapter 239

[Ch. 224] Chief Patron: Holly Seibold
[Ch. 239] Chief Patron: Barbara A. Favola
Approved March 21, 2025

1. *§ 1. The Department of Education (the Department) shall survey each local education agency (LEA) in the Commonwealth to determine (i) how public schools governed by such LEA currently grant access to local departments of social services and community services boards and other community-based providers of mental and behavioral health services and (ii) what school-based mental and behavioral health services are made available by such LEA. The Department shall utilize the results of and feedback from such survey to inform the continued development and improvement of guidelines for school professionals to support students and families by connecting them with community resources that provide mental and behavioral health services. The Department shall report to the Commission on Youth by November 1, 2025, any findings and recommendations that result from such survey.*

Appendix B. Survey Administration and Data

The survey was first announced to school divisions through an article in the VDOE online bulletin, *Virginia Education Update* (2025-17-220, May 2). The article described the purpose of the survey and asked all superintendents or their representatives to identify a staff member who would complete the survey, specifying that this individual should be familiar with standard practices and local policies related to SBMH. Contact information for the designated respondent was entered via a linked form.

On May 20, 2025, each designated respondent received an email message with a link to the online survey. The email included brief background information on the legislative requirement to conduct the survey, as well as substantial support to help respondents complete the survey and provide complete and accurate information. A PDF of the Reference Guide was attached, to help ensure that respondents had a common understanding of key concepts and practices asked about in the survey, and to clarify and provide context for the questions. A PDF of the survey questions themselves was also attached, allowing respondents to gather information and prepare their responses before launching the online survey. They were encouraged to consult with colleagues (administrators, school counselors, school psychologists, and social workers) as needed to obtain necessary information. Finally, a Zoom link was provided for drop-in "SBMH Survey Office Hours" on May 28, 2025, between 1 and 4 p.m. During that time, the VDOE Behavioral Health and Instructional Supports Coordinator was available to answer questions and provide support. Her email address was also included in the email message, and respondents were encouraged to reach out with questions at any time, whether or not they were able to attend the office hours session.

Data collection extended from May 20 through July 21, 2025. Responses were received from all 131 school divisions. Most respondents completed the survey in about 40 minutes, though this estimate may be high; the survey session lasted more than four hours for some respondents, who presumably paused during the completion process.

The survey included several open-ended questions that asked respondents to elaborate on the use of data related to SBMH referral pathways and screeners used; respondents also had opportunities to expand on or add "other" responses throughout the survey. In addition, four optional open-ended questions were asked at the end of the survey to elicit information on any additional SBMH services the division provided that had not been covered by previous questions; division strengths and barriers to comprehensive SBMH systems; and training needs. Responses to the open-ended questions provided the data for the qualitative analysis and the quotes included throughout the report. Although the four questions at the conclusion of the survey were optional, 87% of divisions responded to at least one of them. Care was taken to ensure that both the qualitative analysis and the quotes included represented the full range of views and experiences across divisions. Data from the survey were supplemented with additional data on division characteristics provided by VDOE: the division's National Center for Education Statistics (NCES) locale categorization; the number of students per division based on fall membership totals for 2024–2025; and for each division, the number of FTE positions for school psychologists and social workers and the number of unfilled positions for those roles, both for 2024–2025. Additional information, including a list of the survey questions can be found in *The Comprehensive Report of Local Education Agency Survey on School Mental and Behavioral Health Services in Virginia*, which is a companion document to this report

Appendix C. Reference Guide

Ch. 224 and Ch.239 require VDOE to survey local education agencies and report on the status of school-based mental and behavioral health services, ensuring statewide accountability and consistency in implementation. The purpose of this survey is to measure a school division's implementation efforts surrounding school-based mental health across the Commonwealth. This information will improve VDOE and the Commission on Youth's understanding and ability to best support the delivery of mental and behavioral health services in Virginia schools. Ultimately, the results will guide VDOE and policymakers in refining programs, allocating resources, increasing SBMH services, and strengthening partnerships between schools and community mental health providers. Some questions may need additional context, clarity, or background information; the following table is meant to serve as a reference point for those completing the survey.

Question	Context, Clarity, and Background Information
Has your school division established referral pathways to outside agencies and mental health providers such as local departments of social services, community services boards, and other community-based providers of mental and behavioral health services for students in need?	**Referral Pathway to Outside Agencies and Mental Health Providers**: A structured process that outlines the steps schools take to identify and connect the student and their family with mental health professionals or agencies outside of the school system for specialized support and treatment. This process is typically initiated when a student's needs go beyond what the school's resources, staff training, or short-term interventions can address, such as when long-term therapy, diagnostic evaluations, medication management, or highly specialized services are needed. ***Participants will only answer the follow-up question if they respond "Yes" to the previous question.*** **Follow-Up Question:** How has your school division established referral pathways to outside agencies and mental health providers such as local departments of social services, community services boards, and other community-based providers of mental and behavioral health services for students in need?
Does your division have "warm hand-off" practices when a student is hospitalized for a mental health concern and the school is involved in the referral or notified by the family?	This question aims to understand how schools support students during the intake and discharge process. Especially when referrals come directly from the school. This question also refers to how schools assist students returning to class after hospitalization for a mental health concern. It is important to note that in order for a practice to be consistently implemented a division policy should exist that outlines the procedures and practices involved. ***Participants will only answer the follow-up question if they respond "Yes" to the previous question.***

Question	Context, Clarity, and Background Information
	Follow-Up Question: When a student in your division is hospitalized for a mental health concern or condition and the school is either part of the referral process or notified by the family, which of the following "warm hand-off" practices are consistently implemented?
Does your school division have School-Based Mental Health (SBMH) Teams at the division OR school level?	**School-Based Mental Health Team**: A multidisciplinary group of school and community stakeholders who work collaboratively within a school or district to support the mental health and well-being of students. The team typically includes a mix of school staff (such as school psychologists, counselors, social workers, nurses, teachers, and administrators) and community partners (such as mental health clinicians, family representatives, and sometimes students themselves). The team meets regularly using data-informed decision making to coordinate a continuum of mental health support, from universal promotion to targeted and intensive interventions. At the school level the team aims to improve school climate, promote well-being, and address individual student needs. A division-level school-based mental health team is responsible for overseeing, coordinating, and enhancing mental health supports across all schools within a division. **Why are we asking this question?** Effective school and division-level teams foster collaboration, streamline services, and maintain strong connections with community mental health resources to ensure comprehensive support for all students. For more information about SBMH Teaming please refer to the National Center for School Mental Health's Quality Guide on Teaming. ***Participants will only answer the follow-up question if they respond "Yes" to the previous question.*** **Follow-Up Question:** Regarding SBMH Teams, which of the following is true in your division?
Does your school division **utilize data** to determine the delivery of school-based mental health supports?	**What are some examples of SBMH related data?** Teams use data to identify student needs, monitor progress, and guide intervention strategies. School-based mental health teams systematically collect and analyze multiple data sets to identify students who need support, determine the types of services required, and prioritize interventions.

Question	Context, Clarity, and Background Information
	A variety of data sources can be used to assess, monitor, and improve school-based mental health services. Some of these sources may include but are not limited to: • Academic and attendance records: Grades, standardized test scores, and attendance can serve as indicators of student well-being. • Discipline referrals: Records of office referrals, suspensions, and expulsions can help identify behavioral and mental health concerns. • Behavior monitoring tools: Staff observations and student self-reports on positive or problematic behaviors. • Universal screening tools: Standardized assessments to identify students at risk for emotional or behavioral difficulties. • School climate surveys: Collect perceptions from students, staff, and parents about safety, relationships, and overall school environment. • Satisfaction and needs surveys: Feedback from parents, staff, and students about mental health supports and unmet needs. • Social, behavioral health, and emotional well-being screenings: Assessments of student distress, strengths, and well-being. • Fidelity and progress monitoring data relating to mental health related interventions. **A school-based mental health referral pathway** is a structured process that schools use to identify students with potential mental health needs and connect them to appropriate supports and services within the school or through community providers. The goal is to ensure students receive timely, coordinated, and effective help, improving their well-being and academic success. ***Participants will only answer the follow-up question if they respond "Yes" to the previous question.*** **Follow-Up Question:** *Which of the following is true regarding your division's use of data related to school-based mental health support?*
Please elaborate on how you collect or use data related to SBMH referral pathways in your division.	This question is optional.

Question	Context, Clarity, and Background Information
Does your school division utilize SBMH **needs assessment**?	**SBMH Needs Assessment:** A structured process that schools use to identify and prioritize the mental health needs of their students, families, and the overall school community. The goal is to understand what mental health challenges are most pressing, evaluate how well current services are meeting those needs, and uncover gaps or areas for improvement in the school's mental health system. **Why is this important?** SBMH Needs Assessments offer a systematic process for identifying programmatic and system needs and helps staff determine priorities. A SBMH needs assessment, which could include student mental health and school climate surveys, informs decisions about school mental health planning, implementation and quality improvement. ***Participants will only answer the follow-up question if they respond "Yes" to the previous question.*** **Follow-Up Question:** Which of the following is true regarding the use of SBMH needs assessments in your division?
Does your school division utilize **SBMH resource mapping**?	**SBMH Resource Mapping:** A comprehensive directory that identifies and organizes the mental health services, supports, and resources available to students and families within a school or division, as well as in the surrounding community. These maps are typically organized across a multi-tiered system of supports, categorizing resources by the level of need they address (such as universal, targeted, or intensive supports). **Why is this important?** Resource mapping offers schools and districts a comprehensive view of school and community mental health services and resources available to students and families. Having a systematic process that helps individuals better understand specific details about the types of services offered, and how and when they can be accessed, can improve student follow-through with services and coordination of care. Resource mapping offers a map of how needs are being addressed, and can visually display many factors, including the location of service, the type of service, and how students and families can access the services that are available to them.

Question	Context, Clarity, and Background Information
	Participants will only answer the follow-up question if they respond "Yes" to the previous question. **Follow-Up Question:** Which of the following is true regarding the use of resource mapping in your division?
What screeners relating to student mental health are utilized by schools in your division?	**School Mental Health Screening**: A systematic tool or process to identify the strengths and needs of students. Screening is conducted for all students, not just students identified as being at risk for or already displaying mental health concerns. This might involve screening an entire population, such as a school's student body, or a smaller subset of a population, such as a specific grade level. Most commonly, mental health screening is used to identify individual students who are experiencing or are at risk of experiencing social, emotional, and/or behavioral difficulties. **Why is this important?** Screening tools allow schools to systematically assess all students not just those already showing signs of distress. By identifying at-risk students early, schools can intervene before problems escalate, supporting prevention and early intervention strategies. Screening can uncover issues such as anxiety, depression, stress, and social-emotional challenges, as well as broader factors like food insecurity or adverse experiences. The data collected from screenings helps schools tailor their mental health programs and interventions to the specific needs of their student population. Regular screening helps schools monitor trends in student well-being over time, allowing for adjustments in programming and resource allocation. For more information about SBMH related screening please refer to the National Center for School Mental Health's Quality Guide on Screening.
Which of the following topics are **teachers** routinely (every 1-3 years) trained on and at what level?	**Why is this important?** Mental health training empowers teachers to support students academically, emotionally, and socially, while also safeguarding their own well-being and creating a safer, more supportive school environment. Training helps teachers recognize early signs of mental health issues, bullying, or suicidal ideation in students, allowing for timely intervention and support. Without this knowledge, subtle behavioral changes or distress signals

Question	Context, Clarity, and Background Information
	may go unnoticed, potentially leading to more severe outcomes for students. Training also benefits teachers by providing them with tools to manage their own stress, maintain a work-life balance, and build resilience. Mentally healthy teachers are more effective, have better classroom management, and are less likely to experience burnout, which positively impacts student learning and school climate. Teachers are often the first responders in student crises. Training ensures they understand their responsibilities and know how to connect students with appropriate resources, fulfilling both ethical and sometimes legal obligations to protect student welfare.
Does your school division currently have a staff member who is a certified Youth Mental Health First Aid instructor?	**A Youth Mental Health First Aid (YMHFA) Instructor** is a certified individual who teaches school personnel how to recognize and respond to mental health or substance use challenges in adolescents. For more information visit the Youth Mental Health First Aid webpage (from the National Council for Mental Wellbeing).
Which of the following topics are **students** routinely (every 1-3 years) educated on and at what level?	**The definitions below apply to educating students on the following topics:** **Mental health literacy:** this includes understanding what mental health is, the difference between mental health and mental illness, and dispelling myths and misconceptions about mental health conditions **Suicide Awareness:** educational programs designed to help young people recognize the warning signs of suicide in themselves and others, understand risk factors, and know how to seek help or support a peer in crisis. These trainings are typically delivered in schools and are tailored to be age-appropriate, with different approaches for elementary, middle, and high school students. **Schoolwide Expectations**: a structured process in which all students are explicitly taught the social, emotional, and behavioral standards that the school community values and expects from everyone in the building. Rather than focusing on what not to do, this training emphasizes positive behaviors and skills-such as respect, responsibility, and

Question	Context, Clarity, and Background Information
	cooperation-that help create a safe and supportive school environment **Substance Misuse:** refers to educational programs and interventions designed to prevent and reduce the misuse of drugs, alcohol, and other substances among youth. These programs aim to equip students with the knowledge, attitudes, and practical skills necessary to resist peer pressure, make informed decisions, and avoid substance use and its associated risks. **Life Skills**: an educational approach designed to equip young people with essential psychosocial and interpersonal skills that enable them to navigate the demands and challenges of everyday life effectively. According to the World Health Organization (WHO), life skills are defined as "a group of psychosocial competencies and interpersonal skills that help people make informed decisions, solve problems, think critically and creatively, communicate effectively, build healthy relationships, empathize with others, and cope with and manage their lives in a healthy and productive manner. **Bullying Prevention**: gives students the knowledge, skills, and attitudes needed to recognize, prevent, and address bullying behavior.
How does your division share the availability of school-based mental health supports and services with students, families, and staff?	**Why is this important?** This question aims to better understand the communication strategies schools use to inform students, families, and staff about available mental health resources. Effective communication is essential to ensure that everyone in the school community is aware of the supports and services they can access, which can help reduce stigma, increase utilization of services, and promote overall well-being. By gathering information on how divisions share this information-whether through newsletters, social media, meetings, or other channels-survey organizers can identify effective practices, address gaps, and ensure that all families, regardless of background or access to technology, have equal opportunities to learn about and benefit from these important supports.
Which method does your school division most	**Why is this important?**

Question	Context, Clarity, and Background Information
commonly use to obtain parental consent for the following school-based mental health services?	Virginia law mandates (8VAC20-620-10) annual parental notification about school counseling services, allows parents to opt out (or requires opt-in if chosen by the school board), requires written consent for group counseling, and provides exceptions for short duration or emergency counseling situations. However, SBMH services often extend beyond what the school counselor alone can provide, this question aims to understand how consent is captured for all SBMH services (including what the school counseling department provides). **Tier One SBMH Services:** Universal supports and activities designed to promote the mental, social, emotional, and behavioral well-being of all students, regardless of their risk for mental health problems. These services form the foundation of a Multi-Tiered System of Supports (MTSS) and are delivered school-wide, at the grade level, or in classrooms. **Tier Two SBMH Services:** are targeted interventions designed for students who are not fully benefiting from universal (Tier One) supports and who are identified—through screening, referral, or data review as experiencing mild to moderate mental health symptoms or are at risk for developing more serious concerns. Examples may include: small group counseling, skill-building sessions, brief individual interventions, or check-in/check-out. **Tier Three SBMH Services:** are the most intensive and individualized supports provided within a Multi-Tiered System of Supports (MTSS) framework. These services are designed for a small percentage of students (typically 1–5%) who experience significant mental health challenges or functional impairments that are not adequately addressed by Tier One (universal) or Tier Two (targeted) interventions. Examples may include: individual counseling, individualized behavior support plans, wrap-around services, referrals for outpatient or specialized services, etc. **Passive Consent (opt out):** Notifying parents about services and assuming consent unless a parent opts out. **Active Consent (opt in)**: Sending consent forms home for parents to sign and return before services are provided. This can also include seeking consent verbally or through electronic communication (digital consent).

Question	Context, Clarity, and Background Information
Which of the following school-based mental health services are routinely provided and available to students throughout the year in your division and at what level?	**School-based mental health services**: programs, interventions, or strategies delivered **within the school setting** that are specifically designed to support students' emotional, behavioral, and social well-being. These services can include prevention, early identification, assessment, counseling, therapy, crisis intervention, and referrals, and are provided by school-employed or community mental health professionals. **Individual Counseling**: the act of providing developmentally appropriate, goal-focused, and brief counseling sessions to individual students to address issues relating to mental health and wellness, social and emotional development, academic achievement, and college and career readiness. **Small Group Counseling**: the act of providing counseling to small groups of students with similar developmental or situational challenges with the goal of improving achievement, attendance, mental health or wellness, or behavioral outcomes. **Crisis Counseling**: the act of providing counseling to individual students or small groups of students to help them navigate critical situations such as emergencies and crises. **Substance Misuse Counseling**: a specialized form of counseling aimed at helping adolescents who are struggling with the use or abuse of drugs and alcohol. This counseling addresses the unique developmental, psychological, and social challenges that young people face, and it is designed to help them understand their substance use, develop coping skills, and support recovery. **Telemental Health Services:** the use of telecommunication technologies primarily secure video or audio calls to provide mental health care to students within the school setting. **Check-In/Check-Out (CICO):** a daily, school-based behavioral intervention that pairs students with an adult mentor to provide structure, feedback, and positive reinforcement for meeting behavioral goals.

Question	Context, Clarity, and Background Information
	Mentorship Program: structured initiative where students are paired with caring, non-parental adults such as teachers, school staff, or community volunteers who provide ongoing support, guidance, and encouragement. The core purpose of these programs is to foster a supportive relationship that helps students succeed academically, socially, and emotionally **Family Counseling/Support Services**: an integrated program designed to address the emotional, behavioral, and social needs of students by involving their families in the counseling process. These services recognize that family dynamics and challenges at home can significantly impact a child's academic performance and well-being.is an approach where mental health professionals work collaboratively with students and their families to address issues that affect learning and behavior. This can include family counseling sessions, parent education, or home visits. **Peer-to-Peer Support**: Involves training and empowering students to provide mental health information, emotional support, and encouragement to their peers within the school setting. These programs leverage the natural tendency of adolescents to seek help and advice from their peers, creating a supportive environment where students can share experiences, foster understanding, and guide each other toward appropriate resources or trusted adults. Examples include: Mental Health Clubs, Wellness Ambassadors, Peer Mentoring, Hope Squads, or Peer Counseling.
Which of the following services or supports are routinely provided **by school counselors** and are made available to students throughout the year in your division and at what level?	School counseling services are broken down into two categories: Direct Counseling Services and Program Planning and School Support. The services listed in this question align with the following state code: *§ 22.1.-291.1:1 requires that direct counseling make up at least 80 percent of a school counselor's time, during normal school hours. § 22.1.-291.1:1 identifies the following activities as "direct counseling."* **School counseling curriculum lessons and activities**: the act of providing data-informed lessons or activities at the classroom level or on a schoolwide basis to provide students with the knowledge, attitudes, and skills appropriate for their developmental levels.

Question	Context, Clarity, and Background Information
	Small group counseling: the act of providing counseling to small groups of students with similar developmental or situational challenges with the goal of improving achievement, attendance, mental health or wellness, or behavioral outcomes. **Individual counseling**: the act of providing developmentally appropriate, goal-focused, and brief counseling sessions to individual students to address issues relating to mental health and wellness, social and emotional development, academic achievement, and college and career readiness. **Appraisal and advisement**: the act of assisting students in exploring their abilities, interests, skills, and achievement to make decisions and develop immediate and long-range goals and plans. **Consultation, collaboration, and referrals**: the act of (i) providing information to and receiving information from individuals or teams to support a student's needs; (ii) working and communicating with parents, teachers, administrators, other school staff, and community stakeholders to (a) promote achievement for a specific student or (b) promote systemic change to address the needs of groups of underserved or underrepresented groups of students; and (iii) referring students to outside providers and resources as necessary. **Crisis counseling**: the act of providing counseling to individual students or small groups of students to help such students navigate critical situations such as emergencies and crises. *§ 22.1.-291.1:1 requires that program planning and school support services may make up 20 percent of a school counselor's time, during normal school hours. § 22.1.-291.1:1 defines program planning and school support as the following:* **Program planning and school support:** the act of defining, planning, managing, and assessing school counseling activities. Program planning and school support include the act of: • Reviewing data; • Creating annual student outcome goals;

Question	Context, Clarity, and Background Information
	• Creating action plans and results reports; • Holding annual administrative conferences; • Monitoring use-of-time; • Creating annual and weekly calendars; and • Facilitating school counseling advisory councils. For more information about this school counselor staff time requirements please view this video: Legislative Update: School Counselor's Staff Time.
Does your school division employ one or more **school social workers**?	***Participants will only answer the follow-up question if they respond "Yes" to the question asking if they employ one or more school social workers.*** **Follow-Up Question:** **Which of the following services or supports are routinely provided by school social workers and are made available to students throughout the year in your division and at what level?** **Individual Counseling**: the act of providing developmentally appropriate, goal-focused, and brief counseling sessions to individual students to address issues relating to mental health and wellness, and social and emotional development. **Small Group Counseling**: the act of providing counseling to small groups of students with similar developmental or situational challenges with the goal of improving achievement, attendance, mental health or wellness, or behavioral outcomes. **Consultation and Collaboration with School Staff**: the act of (i) providing information to and receiving information from individuals or teams at school to support a student's needs; (ii) working and communicating with teachers, administrators, other school staff to understand student concerns and collaborate to address areas of need. **Consultation and Collaboration and Referral to Community Providers**: the act of providing information to and receiving information from community providers to address the individual needs of students receiving services within the community. Students and families may also be referred to community providers when there is an identified need that can be addressed within the community setting.

Question	Context, Clarity, and Background Information
	Consultation and Collaboration with Families: the act of providing information to and gathering information from families to best understand and address the needs of students. **Crisis Intervention:** the act of providing interventions, such as crisis counseling to students or referring families to community providers, to help students and families navigate critical situations such as emergencies and crises. **Special Education Assessment**: the act of participating in special education teams by preparing a social history for a child with a disability or a child suspected of having a disability.
Does your school division employ one or more **school psychologists**?	***Participants will only answer the follow-up question if they respond "Yes" to the question asking if they employ one or more school psychologist.*** **Follow-Up Question:** Which of the following services or supports are routinely provided **by school psychologists** and are made available to students throughout the year in your division? **Consultation and Collaboration with School Staff**: the act of (i) providing information to and receiving information from individuals or teams at school to support a student's needs; (ii) working and communicating with teachers, administrators, other school staff to understand student concerns and collaborate to address areas of need. **Consultation and Collaboration and Referral to Community Providers**: the act of providing information to and receiving information from community providers to address the individual needs of students receiving services within the community. Students and families may also be referred to community providers when there is an identified need that can be addressed within the community setting. **Consultation and Collaboration with Families:** the act of providing information to and gathering information from families to best understand and address the needs of students. **Individual Counseling**: the act of providing developmentally appropriate, goal-focused, and brief

Question	Context, Clarity, and Background Information
	counseling sessions to individual students to address issues relating to mental health and wellness, and social and emotional development. **Small Group Counseling**: the act of providing counseling to small groups of students with similar developmental or situational challenges with the goal of improving achievement, attendance, mental health or wellness, or behavioral outcomes. **Crisis Counseling**: the act of providing counseling to individual students or small groups of students to help such students navigate critical situations such as emergencies and crises. **IEP Counseling**: the act of providing developmentally appropriate, goal-focused, counseling sessions to individual students to address issues relating to mental health and wellness, social and emotional development as described and defined in the student's IEP. **Special Education Assessment:** the act of participating in special education teams by preparing a psychological assessment for a child with a disability or a child suspected of having a disability.
(Optional) What additional school-based mental health services are provided in your school division that are not represented by the previous questions?	This question offers school divisions an opportunity to share any additional services they are providing that were not captured adequately in previous questions.
(Optional) What is going well regarding school-based mental health in your school division?	This question offers school divisions an opportunity to highlight their successes, whether at the division or an individual school level. Our goal is to use these responses to showcase the outstanding work taking place across the commonwealth.
(Optional) What barriers exist regarding school-based mental health in your school division?	This question offers school divisions an opportunity to share any barriers they encounter when implementing school-based mental health systems, services, or support. By gathering this feedback, we aim to better understand common challenges and tailor our state-level efforts to provide more targeted and effective support.
(Optional) The following are potential professional	This question is intended to help the Office of Behavioral Health & Student Safety prioritize, develop and offer

Question	Context, Clarity, and Background Information
development offerings that would be made available to SBMH teams by VDOE. Rank the following professional development offerings from GREATEST need (#1) to LOWEST need (#10).	professional development opportunities that would be most valuable to the field. The professional development topic of highest need should be at the top of your list (#1). You can drag and drop each topic to reflect the order you would like to see these topics prioritized.
(Optional) Are there any additional training needs in your division related to SBMH not included in the above list?	Please feel free to suggest any training topic that isn't included in the list above, or highlight a topic within one of the listed categories that you would like to see addressed more specifically in future training.
(Optional) Would you be interested in serving as a thought partner in the development of a SBMH Model for Virginia public schools?	This does not require a commitment. If you respond "yes," you will simply receive additional information about the opportunity via email, which you can review and consider at your convenience.

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