



# COMMONWEALTH of VIRGINIA

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January 16, 2026

To: The Honorable L. Louise Lucas, Chair of Senate Finance and Appropriations  
The Honorable Luke E. Torian, Chair of House Appropriations

From: Nelson Smith, Commissioner, Department of Behavioral Health and Developmental Services

RE: Item 295.FF, 2024 Special Session I Appropriations Act

Item 295.FF of the 2024 Special Session I Appropriations Act directs the Department of Behavioral Health and Developmental Services (DBHDS) to report annually on grants to establish school-based health clinics and ensure their capability to bill third party insurers or public programs for provided services. Specifically, the language states:

*FF. Out of this appropriation, \$15,000,000 the first year and \$15,000,000 the second year from the general fund is provided for the Department of Behavioral Health and Developmental Services (DBHDS), in collaboration with the Department of Education, to provide grants to contract with federally qualified health centers, or other healthcare organizations, to establish school-based health clinics to serve students and their families, as well as school staff. These clinics shall provide mental health services, primary medical care, and other health services in schools. The departments shall ensure that contracted organizations have the capability to bill third party insurers or public programs for services provided. DBHDS shall report on grants awarded to the Chairs of House Appropriations and Senate Finance and Appropriations Committees by December 1, 2024, and annually thereafter.*

cc: The Honorable Janet V. Kelly, Secretary of Health and Human Resources



# **Establishment of School-Based Health Clinics Report**

(Item 295. FF, 2024 Special Session I Appropriations Act)

**December 1, 2024**

***DBHDS Vision: A Life of Possibilities for All Virginians***

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## **Item 295.FF, Establishment of School Based Health Clinics**

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## Introduction

In FY 2024, DBHDS managed school-based mental health pilot grants which funded mental health services and trainings within school divisions in collaboration with a public/private community partner. There were 23 school divisions that received funding to implement services and trainings. At the end of FY 2024, over 3,000 students had received some form of mental health support under the school based mental health funding and over 400 school personnel had been trained in some form of mental health curriculum to provide supports to students, families, and caregivers.

In FY 2025, the Department of Behavioral Health and Developmental Services (DBHDS) was appropriated \$15M to collaborate with the Department of Education to provide grants to establish school-based health clinics. Funding in the amount of \$15M is also allocated in FY 2026 to continue these activities.

The new budget language that passed represented a major departure from the successful pilot program from FY 2024. The language shift to school-based health clinics put the pilot efforts at risk of an abrupt end and makes it difficult for DBHDS and partners to continue to make substantial progress in building a secure foundation of school-based mental health services. These efforts were designed to build on the progress of the mental and behavior health transformation in Governor Youngkin's *Right Help, Right Now* plan.

DBHDS and the larger behavioral health workforce and the Department of Education (DOE) worked on a transition plan to support schools while the new language is being implemented. This has involved utilizing mental health block grant funds (\$2.8M) to provide mental health supports to schools to minimize service gaps while we transition to the school clinic model.

These new activities also necessitated that DBHDS stretch its two personnel assigned to school-based work to now manage three major school-based projects, including the priority Youth Mental Health First Aid program. This consumes substantial time in contracting, budgeting, and service monitoring (quarterly calls, technical assistance outreach, data monitoring, and collaborating with DOE) of three different programs. No additional resources were provided to support the administrative requirements, which causes delays in implementation of all projects.

Since the change in funding, DBHDS has been working to increase knowledge on the structure of school-based health clinics, information gathering on existing school-based health clinics (in state and across the nation), and elements needed to build infrastructure/support for clinic implementation. In addition, DBHDS created maps of Federally Qualified Health Clinics (FQHCs) locations relative to DBHDS and Department of Education regions. This information will be used to inform a data-driven and needs-based approach for expansion of school-based clinics. In November 2024, DBHDS posted a Request for Information (RFI) with the intent of utilizing responses to build the criteria for future funding announcements. As of December 2024, DBHDS received 3 responses from this announcement. The agency anticipates Spring 2025 will be used to develop and advertise for formal funding announcement. Table 1 provides a timeline of activities since notification of funding.

**Table 1. Timeline of School-Based Health Clinic Program Activities**

Timeframe	Activity
<b>2024</b>	
<b>February</b>	DBHDS received notification of funding and manages implementation activities
<b>March-June</b>	DBHDS wraps up current state funded pilot activities and prepares for language change
<b>July-September</b>	DBHDS conducts background research on school clinic and provides mental health block grant funds to former pilot schools to sustain services.
<b>September – October</b>	Draft Request for Information to determine criteria for future funding efforts
<b>November – December</b>	RFI is posted on eVA. Close date is December 20, 2024
<b>2025</b>	
<b>January</b>	Review proposal received from RFI
<b>February- March</b>	Develop proposal for funding.

This report provides a summary of how DBHDS has worked with school divisions to sustain services while transitioning to the new clinic language. The report concludes with next steps for program implementation and continued support for school divisions during program transition.

## Background

School-based health clinics (SBHCs) have been implemented across the country to decrease student barriers to accessing healthcare services. They are formed through partnerships with local healthcare and community organizations to provide staff and equipment.<sup>1</sup> SBHCs complement existing health services by facilitating access to primary care and often behavioral health, vision, dental, and other services.<sup>2</sup> This is done predominately through locations at school sites but can also include mobile options or locations near schools where students and family receive care.

SBHCs can improve the quality of care received and reduce the need for more invasive and expensive medical services, such as emergency room visits and hospitalization utilization.

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<sup>1</sup> School-Based Health Alliance-The National Voice for School-Based Health Care, *What we do: what is school-based mental health care?*, [What we do – School-Based Health Alliance \(sbh4all.org\)](https://sbh4all.org/), (accessed, September 3, 2024).

<sup>2</sup> S. Soleimanpour, et al., “Findings From the 2022 National Census of School-Based Health Centers”, 2023, [FINDINGS FROM THE 2022 NATIONAL CENSUS OF SCHOOL-BASED HEALTH CENTERS](#) (accessed, September 3, 2024).

Additionally, they have been shown to improve student health outcomes and behaviors.<sup>3</sup> Research provided in a recent statewide state taskforce<sup>4</sup> on school-based health centers indicates that SBHCs are specifically associated with:

- Higher rates of healthcare utilization and immunizations
- Reductions in asthma symptoms and incidents
- Improved oral and reproductive health in schools with SBHCs that provide those services
- Lower rates of depression among students with access to mental health services
- Improved school environments and student perceptions of belongingness
- Improved performance outcomes (e.g., GPA, test scores, and graduation rates)
- Increased teacher retention rates
- Greater parent engagement

There have been efforts on the local level to implement SBHCs, and Virginia is continuing to implement solutions that amplify access to health services through initiatives like the Virginia Mental Health Access Program (VMAP) which is a “statewide initiative that helps healthcare providers take better care of children and adolescents with mental health conditions through provider education and increasing access to child psychiatrists, psychologists, social workers, and care navigators”.<sup>5</sup> The program has begun to capture call data from providers at FQHCs seeking support to provide services for patients. The initial data shows that out of 149 calls received from FQHCs, 63 percent (n=94) are to support youth ages 6 to 15 (elementary and middle school aged youth).<sup>6</sup>

## School Based Health Clinic Implementation Activities

DBHDS began several exploratory activities to understand FQHCs role in service delivery. This included review of existing school-based clinics to understand infrastructure, creating maps which outline FQHCs in Virginia for funding and implementation purposes, and collaborating with the Department of Education on strategies to assess billing capabilities. The sections below provide more details on these activities.

### Research on Existing School-Based Health Clinic Structures

During the summer, DBHDS began researching school-based health clinics across Virginia and the country. DBHDS identified several key factors needed to create a framework to build school-based health clinics. Appendix A provides an overview of considerations for clinic implementation in areas of services, structure within schools, telehealth, staffing, and others.

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<sup>3</sup> University of Wisconsin Population Health Institute-School of Medicine and Public Health, *County Health Rankings & Roadmaps*, [School-based health centers | County Health Rankings & Roadmaps](#) (accessed, September 3, 2024).

<sup>4</sup> Commonwealth of Virginia. Office of the Secretary of Education and School Based Health Centers Task Force, Report from the School-Based Health Center Task Force, 2019, page 10, Richmond, VA.

<sup>5</sup> VMAP-Virginia Mental Health Access Program, *What is VMAP?*, [Virginia Mental Health Access Program \(VMAP\) - Virginia Mental Health Access Program | VMAP.org](#), (accessed, September 3, 2024).

<sup>6</sup> Virginia Mental Health Access Program, FQHC Call by Age, October 28, 2024.

DBHDS also visited the Blue Devils Health Center (Hopewell City Schools) on July 22, 2024. This provided an opportunity to visit a school clinic that closely mirrors what is outlined in the budget language. The Center is a partnership between the Cameron Foundation, John Randolph Foundation, Hopewell City Public Schools and Central Virginia Health Services and offers medical, dental and behavioral health services for students and families.<sup>7</sup> This visit provided the opportunity to see equipment needed to build a school-based health clinic and to highlight additional areas of implementation focus, including youth/caregiver consent process for services, importance of clinic location on school grounds and child/adult visit considerations that are important for safe service delivery.

DBHDS also met with other stakeholders who have been working to build school-based health clinic infrastructure such as the Virginia Health Care Foundation. With their Nurture Now: Healing Children Shine Initiative, they have awarded four grants totaling over \$1.2M to various community providers across the state to provide basic mental health services in school-based health clinics. The conversation provided insight into funding strategy to expand services during initial ramp-up (e.g., working with existing clinics vs. funding entirely new clinics).

DBHDS also recognizes that telehealth can be an important component in service delivery to decrease barriers to access. During this summer, DBHDS held conversations with several telehealth providers to understand how services could be provided in a school-based health clinic setting while protecting the confidentiality of patients. A theme that emerged is the importance of community support in the development of school-based health clinics. Through community support, many schools can secure buildings to develop clinics or funding to expand existing efforts. In addition to support, building a relationship creates community buy-in and trust.

From research and conversations, several topics emerged as key considerations for next steps in school-based health clinic implementation. They are:

- DBHDS should work closely with clinics to ensure mental health services are integrated in the service array
- Location of clinics on school grounds are an important consideration to maximize student access and safety to services
- Funding for school-based health clinic implementation should also support relationship building with the school and larger community to increase likelihood of utilization

### **Mapping of Existing FQHCs**

DBHDS created a series of maps to show locations of FQHC (administration and satellite centers). Appendices B and C highlight examples of maps generated by CSB catchment area and DOE school divisions. The maps will be used to help make a data informed approach to expansion of clinics through funding.

### **Collaboration with the Department of Education**

DBHDS continues its collaboration with DOE to promote school-based health service utilization. DBHDS and DOE will continue to provide support for a community centered approach to build relationships between the clinics and schools. Key principles of a community-centered approach

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<sup>7</sup> Hopewell City Public Schools, *Blue Devils Health Center*, [Blue Devils Health Center | Hopewell City Public Schools](#), (accessed, September 3, 2024).

are they promote health and wellbeing or reduce health inequities in a community setting, use participatory methods where community are actively involved in design, delivery and implementation, and have measures in place to address barriers to engagement.<sup>8</sup> The agencies have worked on similar program sustainability efforts under the school-based integration pilot focusing on a community approach and will carry this theme into current efforts.

DBHDS is also working with DOE to understand billing capabilities. This will provide DBHDS the opportunity to understand the existing landscape of services that are billed in school settings and how to best integrate this with a school-based health clinic.

### **Developing a Request for Information (RFI)**

Based on initial research and conversations with stakeholders, DBHDS developed an overarching framework of what is needed for school-based health clinic implementation (Appendix A). More information on clinic set-up and criteria are needed to create any formal funding announcements. In fall 2024, DBHDS drafted a Request for Information (RFI) to gain insight from existing clinics providing services in schools and other healthcare organization on “real time” considerations for implementation.

The purpose of the RFI was to assist DBHDS in effectively funding school-based health clinics that provide primary, mental health and other services to students, caregivers, and school staff. Specifically, the RFI was designed to answer the following overall questions:

- How much will it cost the Commonwealth to establish a contract with healthcare providers to develop a school-based health clinic? Specifically:
  - How much will it cost the healthcare providers to establish school-based health clinics within schools (i.e. on school grounds)?
  - How much will it cost the health care providers to establish mobile clinics if needed to support delivery of behavioral and/or general health services?
- What staffing levels are needed to establish school-based health clinics (on site and/or mobile)?
- What capabilities need to be in place for school-based health clinics to bill third party insurers or public program for services provided?
- What equipment is needed to support the implementation of school-based health clinics (on site and/or mobile)?

The following timeline has been developed to post the RFI, review responses, and create a funding announcement:

- November 15, 2024 – Request for Information is posted on eVA. DBHDS and DOE will also share the link for the announcement to increase respondents.
- December 20, 2024- Deadline to submit responses to RFI to DBHDS.

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<sup>8</sup> Jude Stansfield, Jane South, and Tom Mapplethorpe, “What are the elements of a whole system approach to community-centered public health? A qualitative study with public health leaders in England’s local authority areas.”, *National Institutes of Health-National Library of Medicine*, August 26, 2020. [What are the elements of a whole system approach to community-centred public health? A qualitative study with public health leaders in England's local authority areas - PubMed](#) (accessed, September 3, 2024).



- January 2- January 23, 2025- Review of responses to be compiled for application criteria. This will be done in collaboration with the Department of Education.
- February 3- March 5, 2025 – Develop proposal for funding.

DBHDS received three (3) responses to the RFI and is currently reviewing for future funding announcements. The information will help in the development of contracting with FQHCs and/or healthcare centers to establish school-based health clinics. From this, information will be used to hone criteria which can be used in a formal funding announcement. DBHDS anticipates a formal announcement for funding will be advertised in Spring 2025.

### **School-Based Mental Health Pilot Transition**

During the 2024 legislative session, the budget language for the school based mental health integration pilot was changed to allow for the implementation of school-based health clinics. Due to the change, state general funds for school-based mental health services ended on June 30, 2024. DBHDS has worked with the 23 funded school divisions to sustain services through transitions due to the language change.

In Spring 2024, DBHDS secured \$2.8M in mental health block grant funding to support continued services. This funding allowed the office to provide grants up to \$108,000 to sustain services between July 1 and September 30, 2024. Of the original 23 divisions, 18 moved forward with this funding.

DBHDS is again able to provide \$2.8M in federal mental health block grants funds for the upcoming federal fiscal year (October 1, 2024 to September 30, 2025). DBHDS is solidifying interest in the new round of funding with schools to continue providing mental health services.

During this transition, DBHDS continues to provide technical assistance to schools focused on sustainability beyond federal and state dollars. Currently, DBHDS is contracting with Old Dominion University- Center for Implementation and Evaluation of Education Systems (ODU-CIEES) to develop modules on selected sustainability topics to support schools in long term planning. DBHDS, we will also partner with ODU-CIEES to provide targeted learning sessions with divisions on specifics topics (i.e., data collection and exploring funding opportunities) to provide more in-depth knowledge and resources. Data collection efforts will continue to highlight the outcomes from school-based mental health work.

In November 2024, DBHDS was also approved for state carryforward funding (\$3.8M) until June 30, 2025. With this, the agency can provide addition funding in grants up to \$158,000. All twenty-three (23) of the pilot schools have expressed interest in these funds and the agency is currently contracting with division to use funds for services between January 2025- June 2025.

### **Next Steps**

DBHDS plans the following next steps for school-based health clinic implementation and sustainability of current pilot activities:

- Review responses from the Request for Information – This will be used to help narrow the criteria for an upcoming Request for Proposal or Application. The application is anticipated to be posted in Spring 2025.

- Collaborate with the Departments of Education (DOE) and Medical Assistance Services (DMAS) to ensure that healthcare organizations can bill third parties or other public insurance for services provided at school clinics. As DBHDS anticipates this work will occur mainly in school settings, DBHDS will work closely with the Department of Education and DMAS to understand the impact of current and new legislation on billing capabilities as well as advising on how to assist clinics with these capabilities.
- Collaborate with Department of Education to provide support on increasing community participation and buy-in for services.
- Collaborate with the Virginia Department of Health (VDH) to leverage existing partnerships with FQHCs. This collaboration will be key to further understanding existing FQHC infrastructure overall and within school divisions to help expand school-based health clinics.
- Assist the FY 2024 pilot schools with services during the transition to the new budget language. As mentioned above, DBHDS has obtained an additional \$2.8M in mental health block grant funds to contract with schools. State carryforward (\$3.8M) has also been approved and provided to interested school divisions to expand mental health services/trainings.

DBHDS will continue to work with available funding to provide school-based services to divisions across the Commonwealth. With funding to establish school-based clinics, the agency goal is to work with healthcare organizations to contract for mental and primary healthcare for students, family and school personnel. Through both funding initiatives, DBHDS is working to expand school-based services across the state and support divisions in long-term program planning.

# **Appendices**

## **Appendix A: FQHC Framework Consideration**

### **Services**

- Primary care
- Behavioral health services (group/individual counseling & therapy)
- Exams/sports physicals
- Sick visits
- Immunizations
- Pediatrics
- Sexual health
- Certain services specific to school level (pediatrics & maternal care in elementary school with younger kids and mothers/sexual health in high schools)

### **Structure with School**

- In school or on school campus
- Prevents inconveniencing students and/or families from missing instructional time or work for doctor's visit

### **Telehealth**

- All services offered virtually (especially behavioral health)
- In person visit to clinic required for first telehealth appointment setup & paperwork - following appointments fully virtual

### **Staffing**

- Physician
- Nurse
- Licensed clinical social worker
- Receptionist
- Behavioral health clinician
- Site manager/coordinator
- Medical director
- Pharmacist
- Staff positions based on services provided at site

### **Startup Costs**

- Average: \$234,092

### **Annual Operating Costs**

- Average: \$331,839/year

### **Billing Structure**

- Sliding scale fee based on family size, income, and federal poverty guidelines
- Accept both public and private insurance

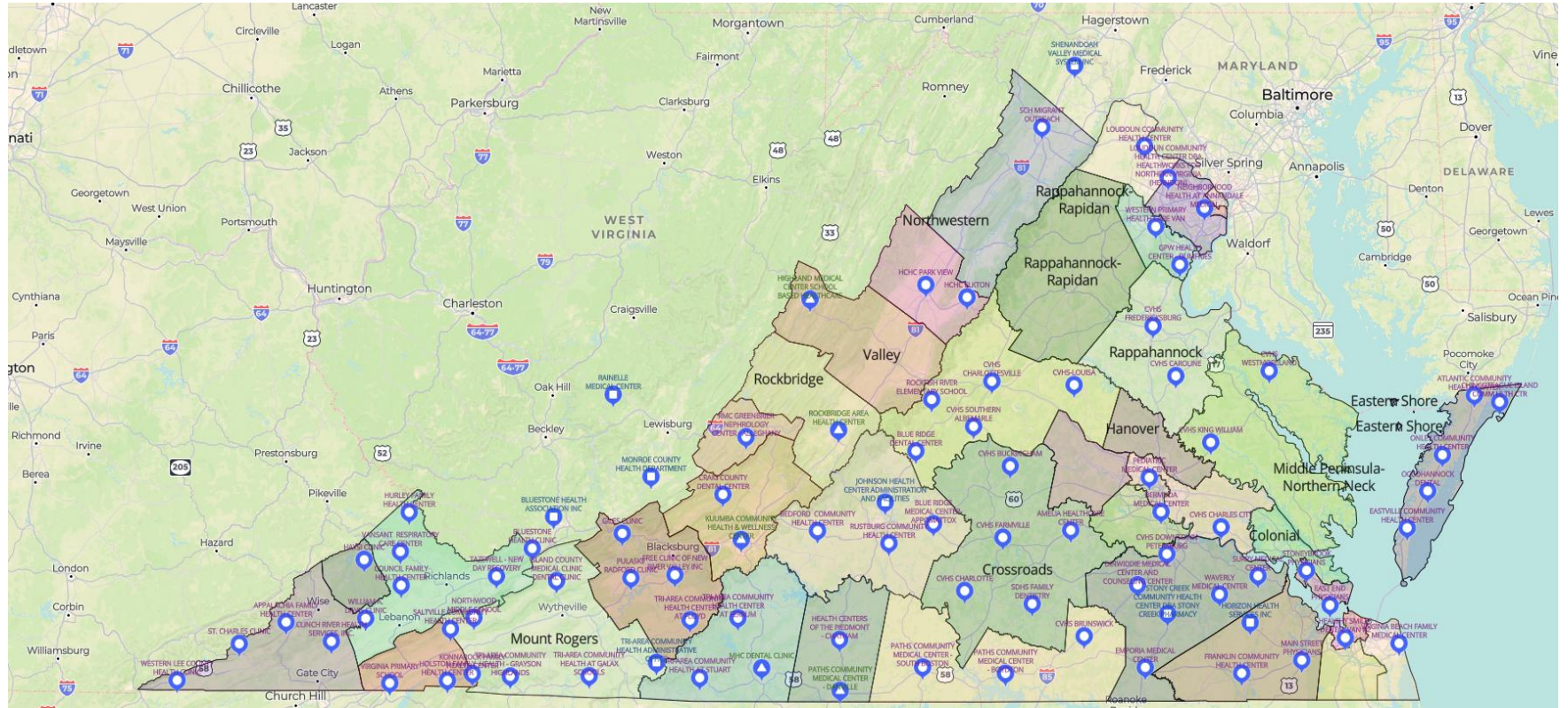
### **Behavioral Health Staff**

- Work closely with physician to provide collaborative physical and mental health for patients seeing both doctors
- Must have master's degree, licensed with the state, proficient in clinical therapy
- If potential barrier to access, then possibly hiring Qualified Mental Health Associates that can provide preventions, screenings, etc. (but not same extent as licensed behavioral health staff)

### **Equipment**

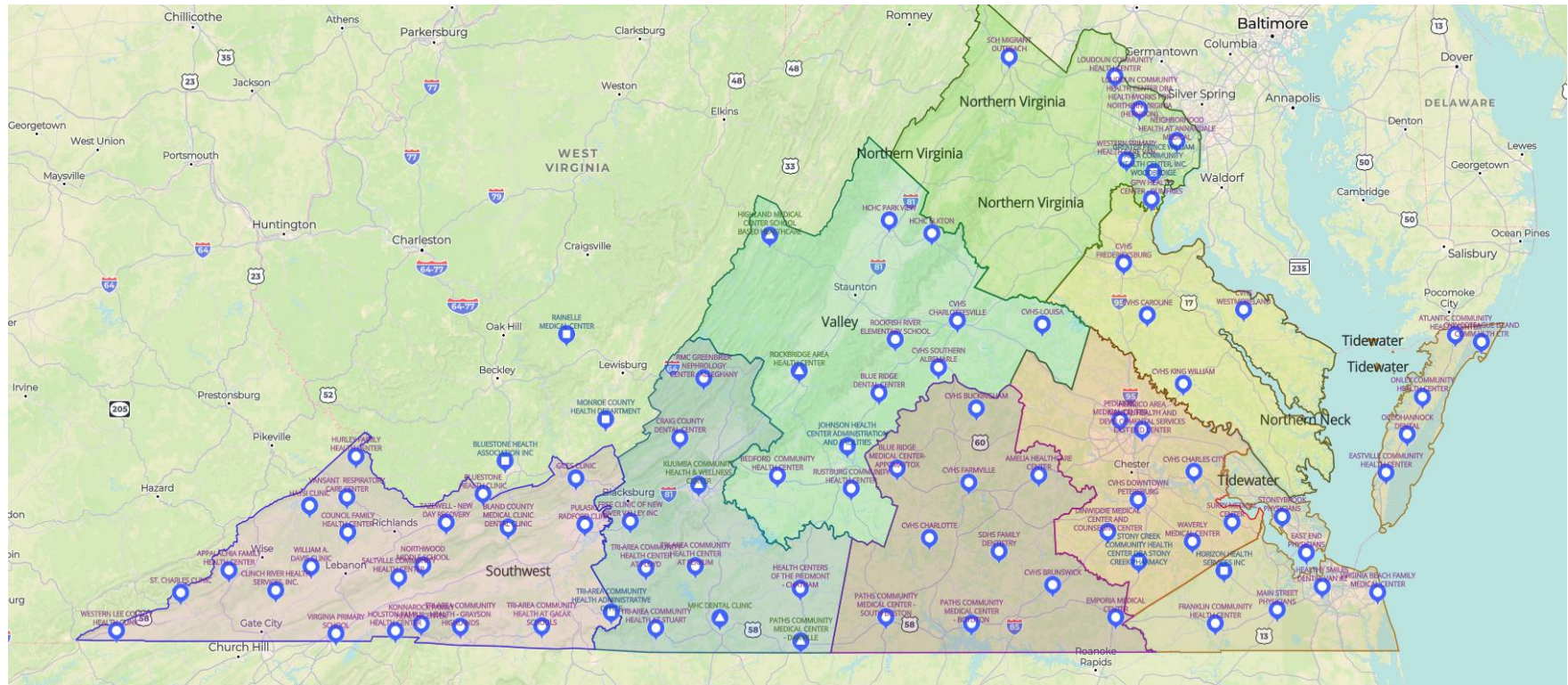
- Diagnostic equipment: stethoscopes, blood pressure monitors, thermometers, advanced imaging devices (x-rays), etc.
- Treatment and procedure tools: syringes, IV stands, surgical instruments, etc.
- Emergency and life-saving equipment: defibrillators, oxygen tanks, comprehensive resuscitation kits, etc.
- Laboratory necessities: microscopes, centrifuges, blood collection tools, etc.
- Protective gear and sanitation supplies: gloves, masks, gowns, sanitizers, disinfectants, sterilization equipment (automatic), etc.
- Administrative and organization tools: specialized software for scheduling, electronic health records (EHR), financial transactions, etc.
- Storage and maintenance: vaccine cabinets, blood storage cabinets, medical freezers, medical waste cabinets, medicine cabinets, etc.

## Appendix B: Federally Qualified Health Centers Across DBHDS CSB Catchment Areas





## Appendix C: Federally Qualified Health Centers Across DOE School Divisions



## Bibliography

Commonwealth of Virginia. Office of the Secretary of Education and School Based Health Centers Task Force, Report from the School-Based Health Center Task Force, 2019, page 10, Richmond, VA.

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