

Advancing School-Based Mental Health

December 10, 2024

Department of Education Update



Overview and Legislative Direction

In the 2024-2026 Appropriations Act ([Item 117#2c](#)), the General Assembly directed VDOE to work collaboratively with the Department of Behavioral Health and Developmental Services (DBHDS) and the Department of Medical Assistance Services (DMAS) on a plan for creating a new program to deliver flexible funding to participating divisions for maintaining school-based mental health services and supports.

Plan requirements included:

1. A proposed vision and goals for Virginia's school-based mental health program and action steps to meet these goals;
2. Proposed outcome measures to determine program success;
3. A recommendation on the amount of funding that should be appropriated annually;
4. A proposed funding mechanism to ensure funding flexibility and consistency over time; and
5. A structure for providing technical assistance and evaluation capabilities that will ensure the program is positively impacting the outcomes of students.

Background



- Governor Glenn Youngkin’s [*Right Help Right Now plan.*](#)
- 2023 [Behavioral Health Commission’s Maximizing School-based Mental Health Services](#) report.
- The 23-24 Governor’s budget included \$10 million to DBHDS to expand school-based mental health programming. The program was a joint effort between DBHDS and VDOE.
- The 25-26 Governor’s budget included \$30 million from the general fund to DBHDS (in collaboration with VDOE) to provide grants to contract with federally qualified health centers and other healthcare organizations to establish school-based health clinics to serve students, families, and school staff.

Goals of Mental Health Program Pilots

Goal 1: Staffing

- Promote a consistent understanding of the appropriate use and roles of School-based Mental Health Professional (SMHPs).

Goal 2: Resources and Telehealth

- Empower school divisions to utilize innovative strategies that leverage and apply various financial and nonfinancial resources to build and sustain their comprehensive school-based mental health systems.

Goal 3: Technical Assistance

- Equip school divisions in the development of tiered supports and targeted services that promote positive behavioral skills and overall wellness for all students.

Goal 4: Data-Driven Decision Making

- Support school divisions in the use of data to support a comprehensive school mental health system that includes data systems, data-driven decision making, and data outcomes.

Program Pilot Overview and Timeline

- VDOE supported DBHDS to provide extensive technical assistance to participating pilot school divisions and community partners (FY2023 and FY2024).
- **FY2023:** \$2.5 million was provided from the general fund to DBHDS to 1) provide technical assistance to school divisions seeking guidance on integration of mental health services and 2) fund grants to school divisions to contract for community-based mental health services.
 - 6 school divisions (Bristol City, Hanover County, Hopewell City, Lunenburg County, Mecklenburg County, Richmond City) received awards "used to provide community partners to hire personnel for services to students and/or training to school staff and create calming rooms."
- **FY2024:** \$7.5 million was provided by DBHDS through grant funding to 23 school divisions to pilot the expansion of school-based mental health service integration through community partnerships and technical assistance.
 - 23 divisions proposed to utilize funds to provide evidence-based training to school staff, students, and community members and to provide community partners to hire personnel for services to students. These funds could not be used for school personnel (social workers, psychologists, counselors, etc.)
- **January 2024:** VDOE establishes the Office of Behavioral Health and Student Safety in response to the need for technical assistance post-pandemic to address the significant rise in behavioral and mental health challenges in schools.

Emerging Pilot Practices

- **Staffing:** Use of Behavioral Health Technicians and Behavioral Health Technician Assistants to improve capacity to administer mental health resources.
- **Telehealth and Related Resources:** Use of unique external programs or resources to enhance service, such as telehealth.
- **Technical Assistance:** Establishment of technical assistance resources at appropriate scale (local, regional, or state) to provide resources, such as Youth Mental Health First Aid.



Practice One: Staffing

“...an emerging topic of interest among states is moving from filling the behavioral health workforce mainly with professionals who have a significant amount of post-secondary education to create opportunities for behavioral health support among professionals with more accessible levels of schooling.”



[The Emerging Field of Behavioral Health Paraprofessionals Report](#), National Governor's Association

- The 2024 General Assembly passed Senate Bill 403, which added “behavioral health technicians” and “behavioral health technician assistants” to the professions governed by the Board of Counseling. The Department of Health Professions (DHP) estimates that the new registration category would generate approximately 20,000 registrants.
- Challenges for pilot programs included a lack of available licensed behavioral health staff, negatively impacting the ability of community partners to hire personnel to provide services within schools. A licensed behavioral health workforce is vital to successful program implementation.
- Exploration of innovative practices and private-public partnerships in concert with other strategies to enhance access to behavioral health services holds great potential for robust, responsive, and efficient mental health programming.

Practice One (Staffing) Next Steps

During the 2025 calendar year, to determine if this model is viable, the Department will:

1. Work with state agency partners to determine potential impact of hiring behavioral health technicians, behavioral health technician assistants, qualified mental health professionals, and qualified mental health professional-trainees in geographical areas of the Commonwealth where there are school-based mental health professional shortages;
2. Convene a multifaceted stakeholder group to define specific behavioral health technician roles within the K-12 school environment;
3. Continue the partnership with DSS to implement the Youth Mental Health Corps grant to increase qualified mental health paraprofessionals in high-need areas; and
4. Through program evaluation, determine impact and scalability of practice.

Practice Two: Telehealth and Resources

As part of his Youth Mental Health Strategy, Governor Youngkin's goal is to increase access to mental health service delivery through telehealth, which will address the needs of our most vulnerable students.



- *Telehealth* means using telecommunication technology to deliver professional counseling services remotely to assess, diagnose, and treat behavioral health conditions. Telehealth services can include prevention, diagnosis, treatment, management, health education, linkages, referrals, and care coordination.
- Creating access to high quality mental health services through telehealth is an opportunity for local educational agencies (LEAs) to meet the growing needs of their students, especially in rural areas where transportation can be a challenge to accessing services.
- The 2024-2026 biennial budget, Item 117, requires the Superintendent of Public Instruction to enter into a statewide contract with one or more telehealth providers to provide high-quality mental health care services to public school students.
- Telehealth RFP is currently in progress, with anticipated contract award in spring of 2025.
- Additional potential resources include cell-phone free education and addictive social media toolkits to address associated mental health challenges.

Practice Two (Telehealth and Resources) Next Steps

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

1. Host a webinar with divisions who are interested in purchasing telehealth services through the standard contract. After an overview of the contract, divisions who currently work with telehealth providers will be invited to speak as panelists about providing telehealth services to students;
2. Host a webinar in collaboration with DBHDS and DMAS about developing a behavioral health MOU with an emphasis on telehealth;
3. Pending finalization of current telehealth RFP, consult with divisions who purchased telehealth services through the state-wide contract to learn more about number of students served, impact of services, and barriers to service implementation;
4. Collect data on unique resources leveraged by pilot programs for further research and evaluation, and;
5. Through program evaluation, determine impact and scalability of practice.

Practice Three: Technical Assistance

Technical assistance structures are designed to advance and continue the work currently being carried out by the Office of Behavioral Health and Student Safety (OBHSS) as well as provide more targeted and direct supports responsive to unique local and regional needs.



- VDOE OBHSS currently partners with DBHDS to provide technical assistance to schools and maintains the Virginia Career and Learning Center (CLC) which provides professional development resources and serves as a repository for available school mental health positions in the Commonwealth of Virginia.
- Only 15% of underserved locality school divisions offer Youth Mental Health First Aid for students in all schools. Providing training for at least one key staff member per school division would benefit all divisions, especially the majority of underserved localities.
- DBHDS currently administers seven professional development modules to pilot program school division teams, with focus on key learning areas such as Interconnected Systems Framework (ISF), Community Providers, and Division Community Leadership.

Practice Three (Technical Assistance) Next Steps

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

1. Identify mental health professional development needs and appropriate scale (local, regional, or state) based on outcomes determined in program evaluations.
2. Identify division mental health professional development needs and measure availability of specific supports such as Youth Mental Health First Aid by region.
3. Host a virtual summit with division mental health leaders to gather qualitative data on needed technical assistance to inform plans in collaboration with agency partners.
4. Assess data system capacity and school mental health team activity in delivery of services by divisions.
5. Through program evaluation, determine impact and scalability of practice.

Next Steps

