



Maximizing school-based mental health

May 6, 2025

Study



What is the Behavioral Health Commission (BHC)?

- Established in 2021 as a new standing commission of the Virginia General Assembly
- Composed of 12 legislators
- Charged with
 - _ Improving Virginia's behavioral health services and system through research-based recommendations and oversight
 - _ Encouraging the adoption of policies that will provide Virginians with access to a full continuum of high-quality and efficient behavioral health services
 - _ Providing ongoing oversight by monitoring and evaluating established programs, services, delivery and payment structures, and the implementation of new services and initiatives

2022-2024 Appropriation Act directed the BHC to examine how to maximize school-based mental health services

- Evaluate the current reach of school-based mental health services
- Identify strategies to connect mental health clinical interventions to school settings
- Consider opportunities to align Medicaid-funded behavioral health services and school-initiated services newly eligible under the “free care rule”
- Make recommendations about strategies to implement and expand school-based mental health services

Staff conducted extensive research to inform study findings and recommendations

- Visited schools and divisions across the state
- Interviewed staff at DOE, DMAS, and DBHDS
- Analyzed data from state agencies
- Reviewed research literature on school-based mental health
- Surveyed (1) school divisions and (2) parents of children in Virginia PreK-12 public schools

In brief

- Youth are experiencing a high level of mental health challenges
- Most school divisions provide some level of mental health services for students
- Availability and types of services vary widely among schools and divisions
- Many students cannot access the more intensive services they need
- Expiration of pandemic relief funds will likely lead to the loss of services

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■ Background

Availability of mental health services

Resource challenges

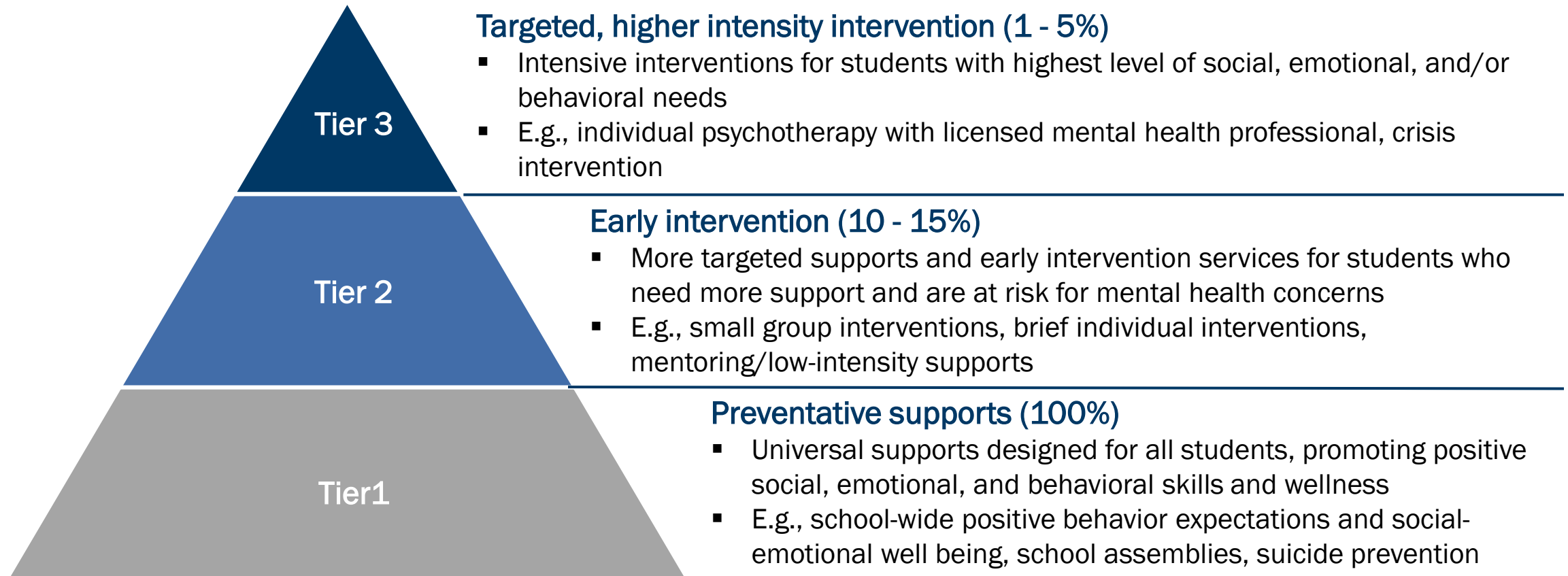
Status of study recommendations

Relevance to Commission on Youth

Characteristics of school-based mental health services

- Mental health services or supports provided in a school setting
- Can be offered by school staff or external providers
- Subject to some baseline requirements but few laws
 - _ Mental health awareness training for school staff
 - _ Mental health education for students in 9th and 10th grade
 - _ SOQ requirements and funding for some positions
- Variation in type and quantity of services across the state
 - _ Depends on local funding, student needs

Services structured as a Multi-Tiered System of Supports (MTSS)



Source: BHC staff analysis of MTSS models from DBHDS, National Center for School Mental Health

Serious mental health concerns reported by Virginia students

- 40% of high school students in Virginia reported feeling depressed (so sad or hopeless almost every day for at least two weeks in a row that they stopped doing their usual activities)
- 13% of high school students reported considering suicide in the past year
- School staff believe that anxiety and depression have gotten more prevalent and more severe among students since the pandemic

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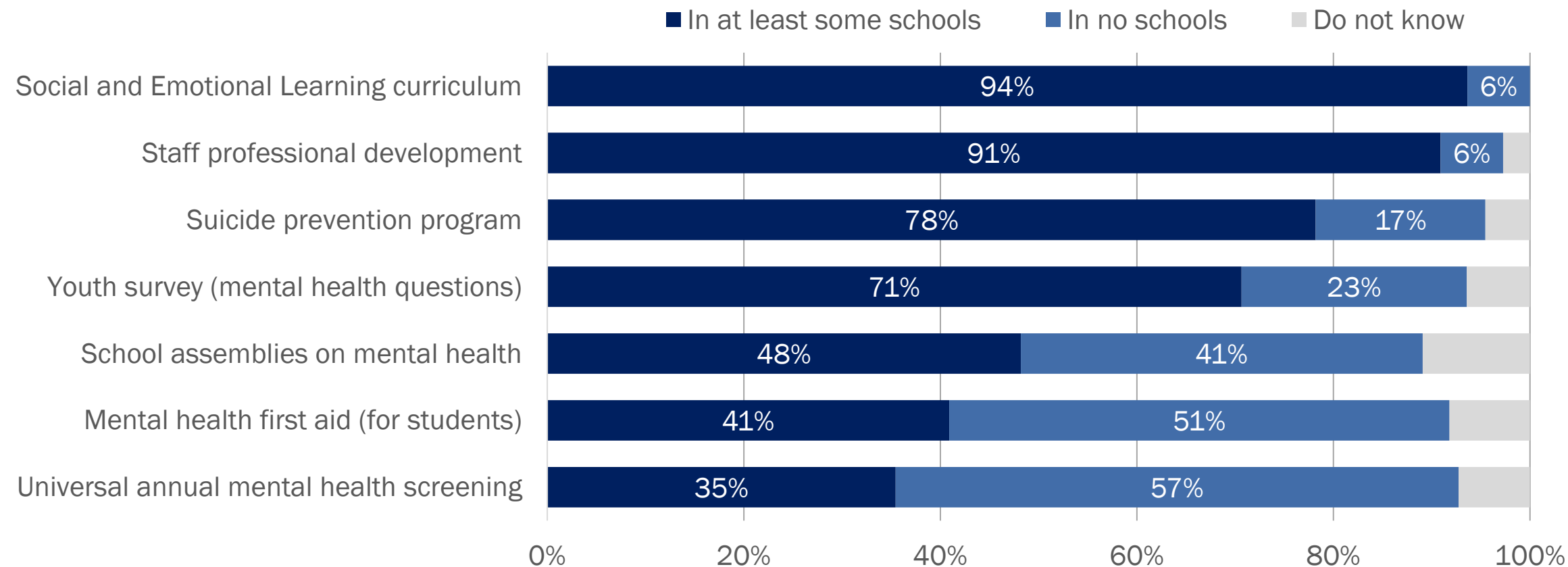
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Most students had access to Tier 1 services, but many students who need higher-level support cannot receive it at school

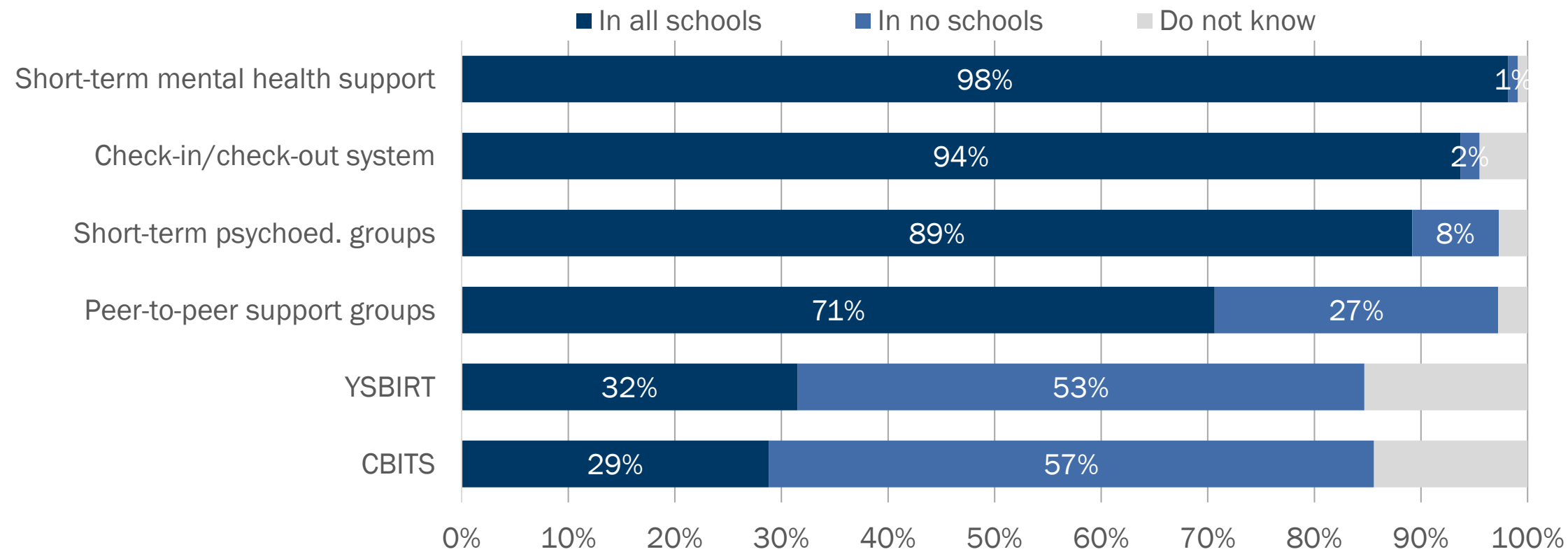
- 77% of Virginia public school students receive some Tier 1 mental health services in their school
- Most school divisions provide Tier 1 services to at least some students
- 54-55% of students who require Tier 2 and 3 services are able to receive those services at school
- Higher levels of service usually require more staff time and may require community-based providers
- Because these students have higher levels of need, there may be more serious consequences to lack of services

Most divisions offer at least one type of Tier 1 services



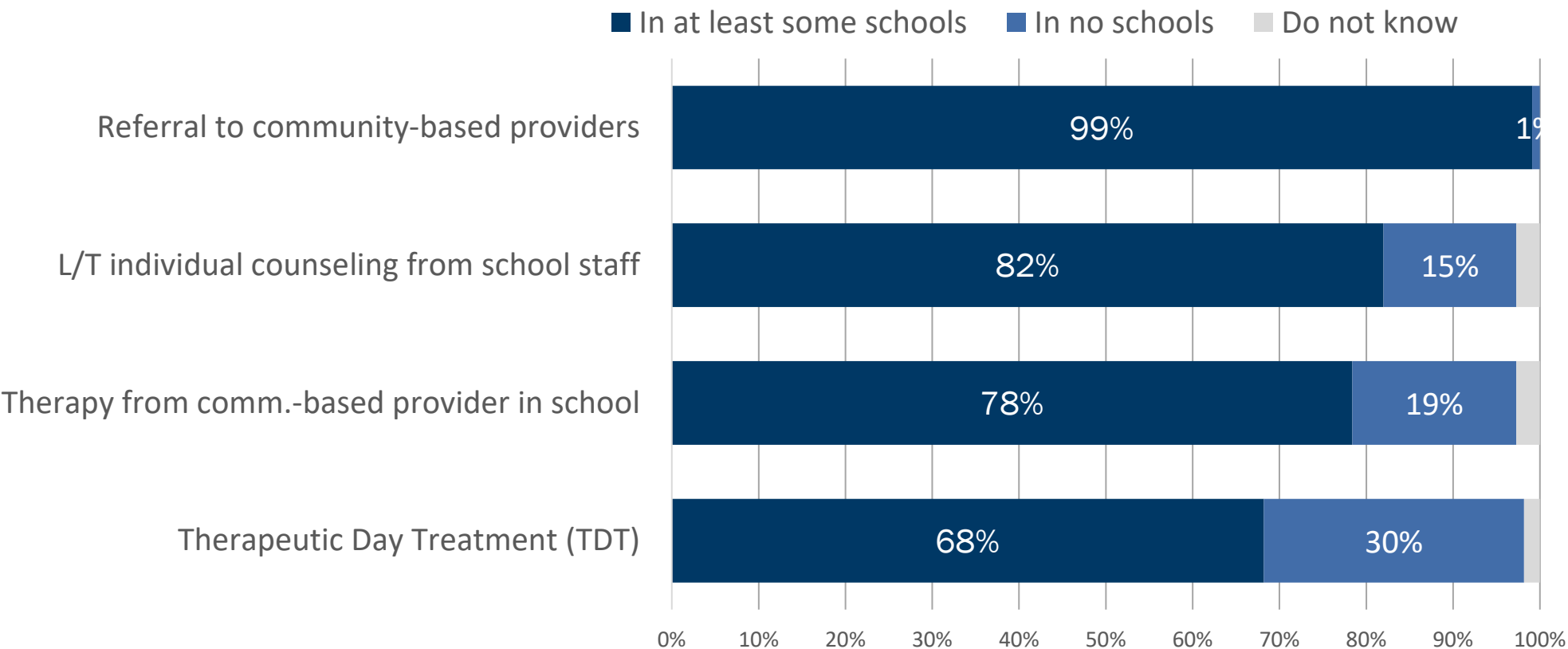
Source: BHC staff analysis of division survey data
Note: 111 out of 131 divisions (85%) responded to the survey

Support from school staff is the most common Tier 2 service



Source: BHC staff analysis of division survey data
Note: YSBIRT= Youth Screening, Brief Intervention and Referral to Treatment; CBITS= Cognitive Behavioral Intervention for Trauma in Schools; 111 out of 131 divisions (85%) responded to the survey

Referrals and school support are most common Tier 3 services



Source: BHC staff analysis of division survey data
Note: Schools also reported using Behavioral Intervention Plans, but these are not considered a mental health service in the context of this study; 111 out of 131 divisions (85%) responded to the survey

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Staffing resource challenges due to hiring difficulties and competing demands on time

- 49% of divisions have trouble filling school psychologist positions
- 41% of divisions have trouble filling school counselor positions
 - _ Reflects broader trends in behavioral health staffing
- Competing demands on school mental health staff
 - _ Special education and evaluations for school psychologists
 - _ Academic testing and coordinating 504 plans for school counselors

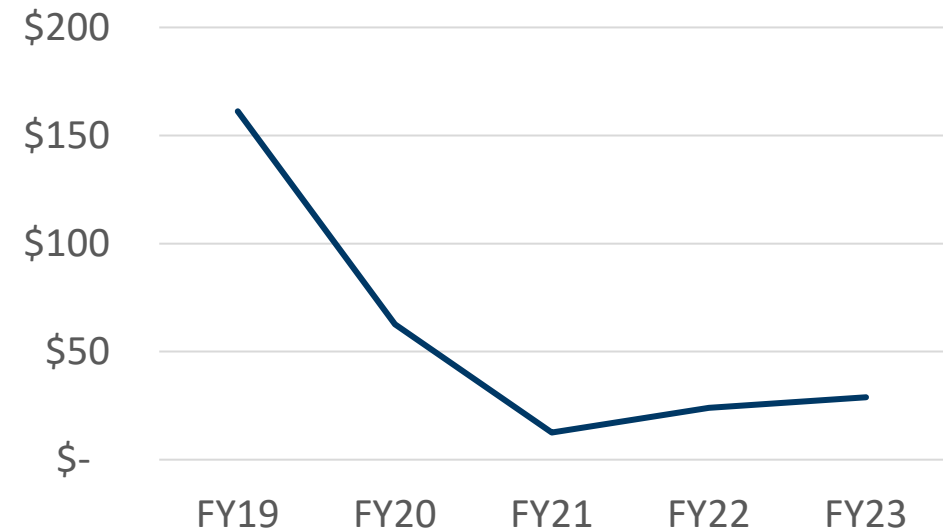
Local funding for school-based mental health varies and state funding is limited

- Not all localities fund school-based mental health, and those that do fund it at different levels
- Limited state funding sources
 - SOQs provide some state funding for school counselors, social workers, and psychologists
 - Pilot program established in 2022 but ended in 2024

Medicaid spending on a major school-based service has declined

- State spending on TDT was significant, but utilization declined sharply since FY2019
 - \$132m reduction (~82%)
- Created gap in services and funding
- DMAS has concept for replacing or enhancing TDT
 - Long term solution, 3+ years until implementation

Medicaid expenditures on Therapeutic Day Treatment delivered in schools (\$M)



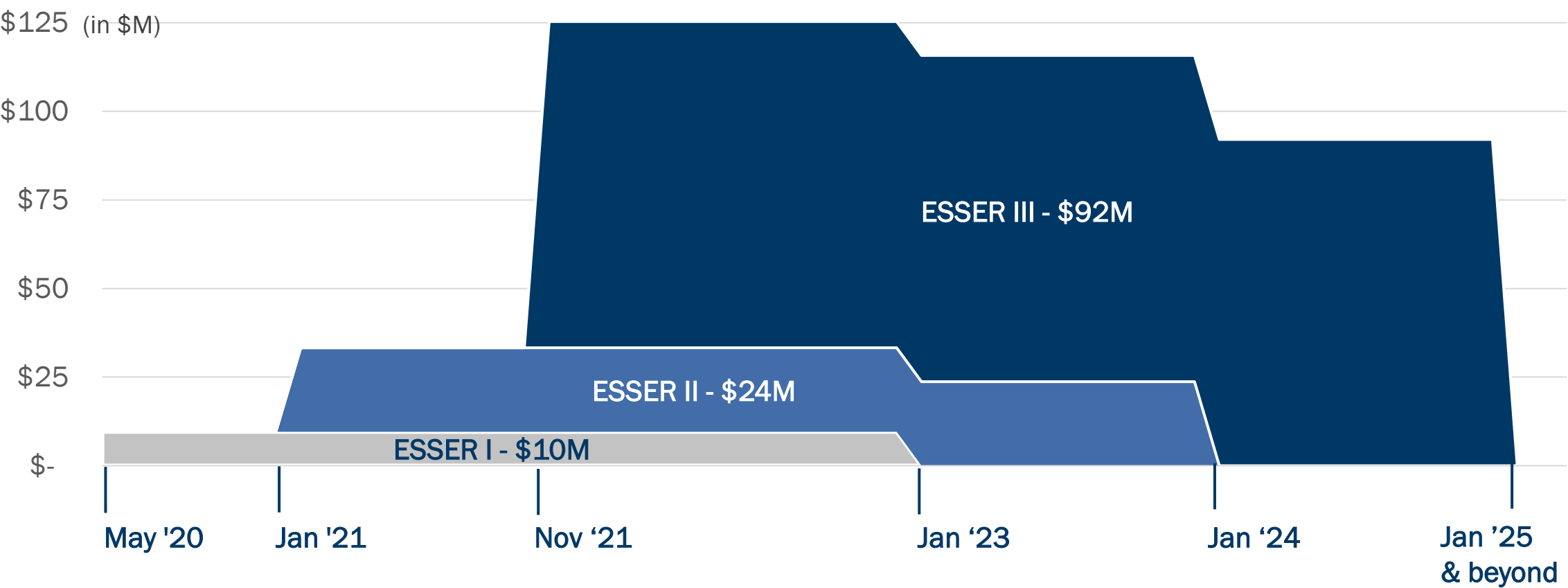
Schools could access additional Medicaid funding for school-based services but will require resources to capture new funding stream

- Previously, divisions could bill Medicaid under limited circumstances
- “Free care rule” reversal allows divisions to be reimbursed for health expenditures (physical and behavioral) on Medicaid-enrolled students regardless of IEP status
- School implementation of “free care” rule will require time and expertise
 - _ Staff time for increased billing and administrative burdens
 - _ New staff positions for some schools
- Divisions that don’t currently bill Medicaid will need infrastructure to participate
- DOE currently provides technical assistance, but capacities are limited

Federal pandemic relief funds supported school mental health services between 2020 and 2025 but have now expired

- Pandemic relief funds provided divisions with an influx of \$123M for mental health services starting in 2020
- Funding was flexible; divisions were able to prioritize their students' needs
- Different uses in different schools:
 - _ SEL curricula
 - _ Mental health screening tools
 - _ Hiring staff
 - _ Partnerships with external providers

Federal pandemic relief funding expired as of January 2025



New program needed to maintain school-based mental health services in Virginia

- Some state funding will likely be necessary to mitigate the loss or maintain current level of service
 - _ Should be flexible and reliable
- No state structure or flexible funding mechanism currently available
- New program could guide funding distribution and help ensure positive outcomes
 - _ Provide divisions with guidance on effective school-based mental health programs
 - _ Develop outcome measures and accountability mechanism

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■ **Status of study recommendations**

Relevance to Commission on Youth

Four of the five BHC recommendations have not been fully implemented

Recommendations adopted by the BHC

	Outcome
Include \$7.5M in budget each year to support the School-Based Mental Health Integration Pilot for 2 additional years	 Not implemented. Funding reallocated to school clinics.
Include funding in DMAS budget to commission a review of Therapeutic Day Treatment	 Implemented. Part of BHR.
Include language in budget directing DMAS to pass through additional administrative funds to DOE for 1 FTE that would assist school divisions with billing the Medicaid program	 Not implemented.
Include language in budget directing DOE to work with DBHDS and DMAS on designing a program to deliver flexible funds to divisions for maintaining school-based mental health services, and technical assistance and evaluation capabilities to build out their mental health services.	 Implemented. Resulted in presentation that did not fulfill requirements.
Include one-time funding in the budget to help divisions maintain mental health services after the final expiration of ESSER funds, until permanent funding mechanism exists	 Not implemented.

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■ **Relevance to Commission on Youth**

BHC study findings and recommendations can inform several aspects of HJR 441

- Provides foundational data and information
- Offers recommendations for strengthening state support
 - Restore funding for pilot program, which involved partnership with mental health service providers
 - Create a program with state support to schools and divisions, and a permanent funding mechanism
- Does not address certain aspects of HJR 441:
 - Public awareness campaigns
 - Training and professional development
 - Curriculum development