

School-Based Mental Health in Virginia

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VDOE Key Efforts

- Improving access to school-based mental health supports
- Implementation of the Virginia Tiered Systems of Supports (VTSS)
- Next steps

Improving access to school-based mental health supports

- Advocate for adequate staffing levels of specialized instructional support staff (SISP), such as school psychologists, school social workers, school counselors, and school nurses.
- These trained professionals help infuse prevention and intervention services into the learning process and they provide essential support services to students in need.

Specialized Instructional Support Personnel

Defined in the Every Student Succeeds Act (2015), the term ‘specialized instructional support personnel’ means— “(i) *school counselors, school social workers, and school psychologists*; and “(ii) other qualified professional personnel, such as *school nurses*....involved in providing assessment, diagnosis, counseling, educational, therapeutic, and other necessary services.. as part of a comprehensive program to meet student needs.”

These professionals are considered “school-based mental health providers” as well as providers of related services under the Individuals with Disabilities Education Act (IDEA, Sec. 62, paragraph 22)

School Counselors

Senate Bill 1406:

Beginning 19-20 school year, ratios will be:

1:455 Elementary Students

1:370 Middle School Students

1:325 High School Students

House Bill 1729: School Counselors will spend 80% of their time providing direct service to students.

Current BOE proposal for Standards of Quality (SOQ):

Reaffirm the Board of Education's 2016 recommendation to provide one-full time school counselor for every 250 students.

The American School Counselor Association recommends a ratio of 1:250.

Specialized Instructional Support Personnel (SISP)

The Virginia Standards of Quality (SOQ):

No minimum staffing levels for school psychologists, social workers, and school nurses. Local school boards have the discretion to fill these positions as they deem necessary.

Current Board of Education Work:

Create their own SOQ category to increase student access to Mental Health support – Recommend **4 “Specialized Student Support Personnel” per 1000 students.**

The estimated ratios of these positions, based upon FY2015 data is:


- School psychologists: One position per 1500 to 1900 students
- School social workers: One position per approximately 1600 students
- School nurses: One position per approximately 600 students

Without adequate staffing, mental health support to students is reduced as school psychologists and school social workers spend the majority of their time with state and federal mandates related to attendance and special education.

School divisions have different needs and different resources. Collaboration with our community mental health providers is essential.

Improving Quality of School-based Mental Health

- VDOE provides professional development offerings throughout the year to school psychologists, school social workers, school counselors and school nurses.
- Annual 2-day institute (August) solely focused on mental health services in schools
 - Session offerings have included suicide prevention; mindfulness; trauma-informed practices; supporting students with anxiety and depression, restorative practices; bullying prevention; supporting at-risk students; and conducting suicide risk and threat assessments.



Virginia Tiered Systems of Supports (VTSS)

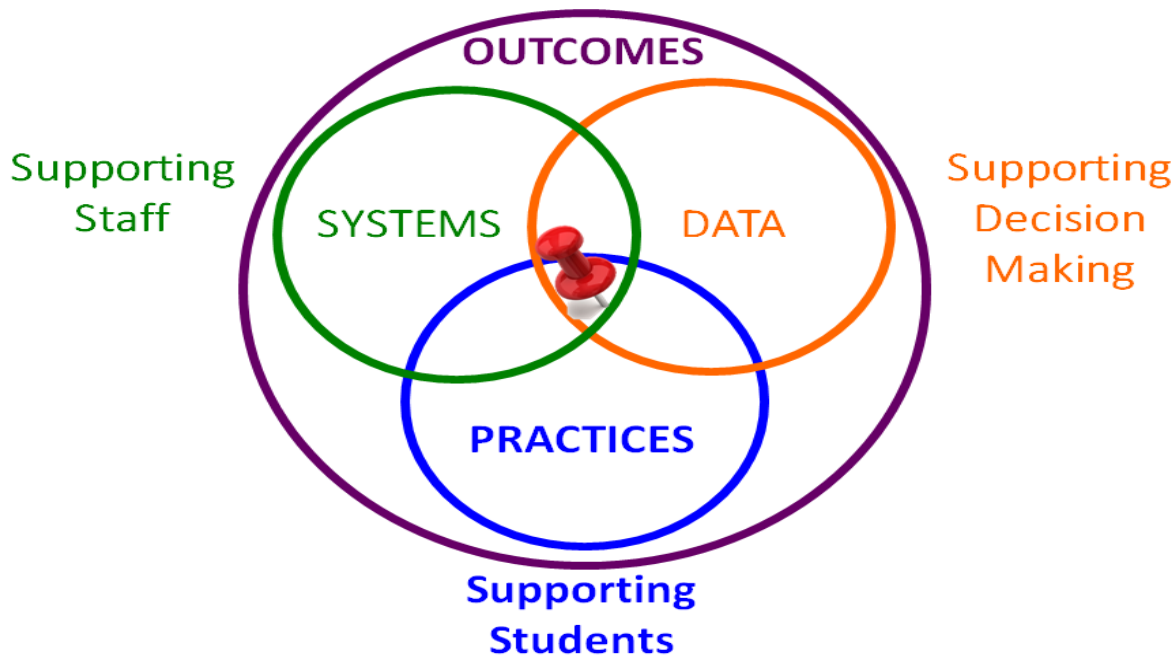
VTSS Implementation

VTSS is a data-informed decision making framework for establishing the academic, behavioral, and social–emotional supports needed for the school to be an effective learning environment for all students.

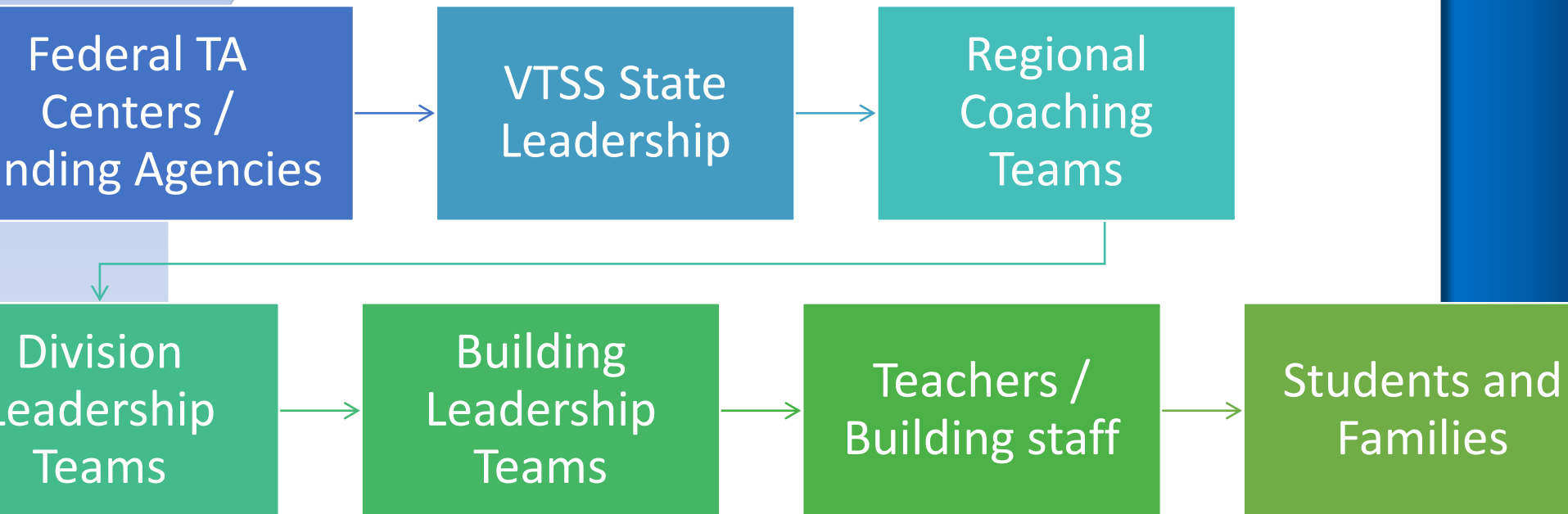
The VDOE currently works with **54** school divisions across the Commonwealth to support the successful implementation of this model through training and onsite coaching.

VTSS Implementation

Supporting Improvements in Behavioral Competence,
Academic Achievement and Social-Emotional Wellness



VTSS Cascading Model of Support



VTSS Evidence Based Practices Tool

Selection of Evidence Based Practices for Reading, Math, and Behavior:
Is it the right thing to do? Do we think we can do it the right way?

DATA	PRACTICES	SYSTEMS
NEED	EVIDENCE	RESOURCES
•Do we have data that supports the need?	Is there research to support its use?	Is there time and money for adequate training?
Have we considered parent and community support?	Is there research to support its use with a particular population?	Is the technology department able to support the EBP if needed?
Will this EBP support a school improvement or continuous improvement goal?	Is the effect size sufficient?	Is there time and money for adequate coaching?
Is there data specific to the EBP that can serve as a component of progress monitoring?	Is it cost-effective or is there something less expensive that yields similar results?	READINESS
•Can the data be communicated to students (feedback) and parents?	Is there a fidelity checklist or tool?	•Does the leadership team support the EBP?
Is there a system in place to evaluate the data to determine outcomes?	FIT	•Did the leadership team obtain buy-in?
	•Are there competing initiatives?	•Have committed staff members to been selected to implement?
	•Is there clarity about where the initiative fits in the tiered system?	CAPACITY
	•Is there sufficient time in the schedule for the EBP?	Has the coach or expert on the EBP been identified as a primary assistant and communicator?
		<small>*Is the EPB easily replicated ?</small>

VTSS Teaming & Collaboration

- Mental Wellness
- Trauma Enhancements
- Project AWARE

Mental Wellness

VTSS Mental Wellness TFI Companion Guide

Criteria Scale: NI = Not Implementing, PI = Partially Implementing, FI = Fully Implementing

TIER ONE

Subscale: Teams

Feature	Mental Wellness/Health Enhancements	What does that look like?	Possible Data Sources	Criteria
1.1 Team Composition Tier 1 team includes a Tier 1 systems coordinator, a school	Tier I team includes community partner(s) with expertise in mental health and wellness.	Role and function of community partners related to Tier 1 implementation are explicitly stated in MOU.	Memorandum Of Understanding (MOU) with	NI = no community partner has been identified

VTSS Trauma Enhancement

VTSS divisions and school leadership teams are offered a three-day professional learning opportunity designed to enhance their VTSS Tier 1 implementation with trauma-sensitive practices. This session focuses on:

- Foundational understanding of the prevalence of trauma
- Evaluating the impact trauma may have on an educational community
- Universal strategies to work with all students in a trauma sensitive manner
- Anchored to the Tiered Systems of Support
- Professional Learning
- Self-Care
- Family, Student, Community Engagement

Project AWARE

Implementation of a comprehensive mental health framework in collaboration with community partners.



Piloted in 3 school divisions:
Montgomery, Pulaski and Fairfax.

Allowed over 9,700 students in three project sites to be linked with a mental health or related service, resource, or support since start of implementation.

Developed a Quick Reference Grid of Information Sharing Laws in Virginia for better school-community collaboration.



Project AWARE Highlights



↑ 295%

There was a **295%** increase in number of evidence-based programs offered in Project AWARE schools from 2015-16 to 2016-17 (20 to 79).



↑ 41%

There was a **41%** increase in the number of Student Assistance Program (SAP) team members from 2015-16 to 2016-17.

AWARE Evidence Based Practices

Youth Mental Health First Aid (YMHFA) is an evidence-based training curriculum designed to teach school staff, caregivers, and other caring adults how to help a youth who is experiencing a mental health challenge or is in crisis. YMHFA is an 8 hour public education program which introduces participants to the unique risk factors and warning signs of mental health problems in adolescents, builds understanding of the importance of early intervention, and teaches individuals how to help an adolescent in crisis or experiencing a mental health challenge. YMHFA uses role-playing and simulations to demonstrate how to assess a mental health crisis; select interventions and provide initial help; and connect young people to professional, peer, social, and self-help care.

AWARE Evidence Based Practice

Youth Mental Health First Aid (YMHFA)

Evidence-based training for school personnel and other adults to detect and respond to mental health or addictions challenge in children, youth, and young adults. Since 2015:

- **5,200** teachers / educators trained
- **60** school divisions
- **30** new YMHFA Trainers

AWARE Evidence Based Practice



A behavior change model that integrates several evidence-based models and techniques, game mechanics, and learning principles. Through simulations, users enter a virtual environment and engage in role-play conversations with emotionally-responsive virtual humans. Through practice and receiving personalized feedback, users learn and assess their competency to lead similar conversations in real life.

- ***At-Risk for PK-12 Educators:*** A suite of products to teach PK-12 educators about mental health and suicide prevention which supports improved student wellness and school safety.
- ***Friend2Friend:*** A game-based simulation for adolescents that builds awareness, knowledge, and skills about mental health while reducing stigma. It prepares youth to recognize signs of distress, reach out to a friend they are concerned about, and help identify a trusted adult for support.

Next Steps for VDOE

- *Suicide Prevention Guidelines* Revision-Fall 2019
- Revised *Health Education Standards of Learning* to add mental health standards for grades K-10
- Partnership with the Collaborative for Academic, Social and Emotional Learning (CASEL) to expand social emotional learning (SEL) for all Virginia students

Questions?

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