League of Women Voters of the Charlottesville Area

Restudy and Amendments to Position on
Health and Family Life Education and Health Services in Public Schools

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Introduction

In 2021, League of Women Voters of the Charlottesville Area members approved a restudy for the Health and Family Life Education and Health Services position to "assess how behavioral health matters are handled in the schools; training for school personnel in recognizing crisis behavior; and the adequacy of the FLE curriculum to address positive coping skills, resilience and suicide prevention." Several members expressed concern regarding youth violence, bullying and other aggressive action; suicide and self-harm; and depression and anxiety as the reason for the restudy.

The current League position, adopted in 2013, focused on adequacy of health services and programs, including the lack of school nurses in every school, and the scope of FLE and the training and expertise of school personnel teaching the curriculum. League members proposed draft amendments to the position to add support for "a qualified health professional for each school" and insert "physical and mental" in each reference to "health" (that there be a qualified and trained director of school physical and mental health programs; that there be continued training of teachers in physical and mental health and family life curricula and issues; that experts participate in physical and mental health and family life education of students and teacher training, and increasing community and family understanding of and involvement in physical and mental health and family life education.)

The committee searched literature and gathered other information regarding youth behavioral, emotional and mental health to understand the issues that confront those providing services. In light of the changes in everyone's life and the broadly reported issues regarding mental health during the pandemic, we also explored the information on the impact of COVID on youth. We reviewed state laws and Department of Education policies and resource materials and materials on the websites of the school systems in the Charlottesville Area League jurisdictions[1]. We then interviewed representatives of the school divisions in those jurisdictions. The Committee's work has taken a longer time than anticipated. We waited to arrange interviews so we would not interfere with the school divisions' necessary priorities educating students during the pandemic. We then needed to fit into the school representatives' schedules for interviews and follow up communications.

This report summarizes the information we developed and addresses the proposed amendments. It will first discuss issues regarding student behavioral health and school behavioral health services regarding crisis behavior, including the actions of and training

[1]City of Charlottesville and Albemarle, Fluvanna, Nelson, Louisa and Greene Counties.

for school personnel. We will then discuss Family Life Education, where our focus is on the curriculum for educating students.

As delineated below, Virginia's statutory and regulatory requirements address some issues regarding behavioral health services that concerned League members and area school divisions have implemented services to address those concerns. However, the divisions face challenges regarding resources, both financial and personnel.

Regarding FLE, the state guidelines and standards of learning have numerous prescriptions for lessons for grades K-12 to help students develop skills and other personal attributes to deal with challenges they face. It is up to the school divisions to develop the curricula they use, so the actual materials very from division to division. In addition, the way in which FLE is taught and by whom varies in different jurisdictions.

In light of the facts we have found, the committee proposes alternative language to the originally drafted amendments.

The report is organized as follows:

Behavioral Health Services

Youth Behavioral Health: Data, Trends and the Impact of Covid-19

Child and adolescent mental and emotional health and well-being has been the focus of extensive study and data collection by experts in academia, government agencies, private foundations, health care professionals, and non-profit organizations. Many have concluded that mental health disorders have been and are a significant problem, with recent data showing increased prevalence of some mental health challenges. Although more attention has been given to it in recent years, concern about child and adolescent behavioral health is not a new issue.[2]

[2] See Levine, M. (2015), *Children come first? A brief history of children's mental health services*, Am J Orthopsychiatry 85(5S):22-8, which provides a brief history on the evolution of child mental health services from 1961 when modern day mental health programming began with the Joint Commission on Mental Health and Illness. School-based mental health services have their roots even earlier as described in Flaherty, L.J., Osher, D, History of School-Based Mental Health Services in the United States, in Weist, MD, Evans, SW, & Lever, NA. (Eds.) (2003) *Handbook of school mental health: Advancing practice and research.* N.Y.:Kluwer

Our review examined data and reports from a variety of public and private sources, which largely provide national statistics and trends, although some had compilations that showed or allowed the extraction of Virginia or local data. The data collection is varied and includes surveys and interviews of providers, parents, educators, and youth; reviews of injury, medical treatment, insurance, and mortality statistics; information from government benefit programs; and census data. Some studies have explored societal, family, environment, community, and individual factors that that can shape children's mental health.

Most of the data focuses on mental, emotional, developmental, or behavioral disorders and problems (e.g., ADHD, anxiety, depression and other mood disorders, suicide and self-harm, substance use, disruptive or violent behaviors, eating disorders), with very limited reports on positive mental health indicators that describe mental, emotional, and behavioral well-being for children.[3] The statistics give us a striking picture of the extent to which disorders and problems affect the nation's and Virginia's youth.

It is worth noting at the start of the discussion about the prevalence of these conditions, that mental, behavioral, and developmental disorders begin in early childhood. The CDC reports that 1 in 6 U.S. children aged 2–8 years (17.4%) had a diagnosed mental, behavioral, or developmental disorder.[4] Overall, an estimated 49.5 percent of adolescents has had a mental health disorder at some point in their lives.[5]

ADHD, anxiety problems, behavior problems, and depression are the most commonly diagnosed mental disorders in children, with different disorders prevalent in different age groups. Specifically, diagnoses of ADHD, anxiety, and depression become are more common with increased age and behavioral problems more common among children aged 6–11 years than younger or older children. Some of these conditions commonly occur together.[6]

Academic/Plenum Publishers. 11-22. The National Association of School Psychologists was founded in 1969. In 1999, the Surgeon General of the United States issued a report regarding mental health that included an extensive discussion of children and adolescent mental health. (US Dept of Health and Human Services, Mental Health: A Report of the Surgeon General, Rockville, MD: US Dept of Health and Human Services 1999.) Long-standing programs to address adolescent depression include the Adolescent Depression Awareness Program (ADAP) at Johns Hopkins University, which educates school-based professionals, high school students, and parents about the illness of depression, was started in 1999, after a number of teen suicides in Baltimore. See https://www.adapeducation.org/

[3] The Centers for Disease Control and Prevention (CDC) notes this in its Data and Statistics on Children's Mental Health, https://www.cdc.gov/childrensmentalhealth/data.html, referencing parental survey responses regarding children's showing affection, resilience, positivity, curiosity, self-control summarized in Bitsko RH, Claussen AH, Lichtstein J, et al., *Surveillance of Children's Mental Health – United States, 2013 – 2019* MMWR, , 2022 / 71(Suppl-2);1–42.

[4] Ibid., citing Cree RA, Bitsko RH, Robinson LR, et al. *Health care, family, and community factors associated with mental, behavioral, and developmental disorders and poverty among children aged 2–8 years — United States, 2016*. MMWR, 2018;67(5):1377-1383.

[5]The Office of Population Affairs of the Department of Health and Human Services, Mental Health for Adolescents, https://opa.hhs.gov/adolescent-health/mental-health-adolescents, citing U.S. Department of Health and Human Services, National Institute of Mental Health. (2021). *Mental illness.* https://www.nimh.nih.gov/ health/statistics/mental-illness.shtml

[6] See CDC, Data and Statistics on Children's Mental Health, note 2 above, for a breakdown of those disorders by age groups and co-occurrence and citing Claussen, et al. and Ghandour RM, Sherman LJ,

The data on anxiety, depression and suicide are particularly relevant to League members' concern about coping skills, resilience and suicide prevention that they expressed in supporting the restudy of FLE. They show not only the extent of the problems but also how the incidence has increased over recent years. Reports reveal that this trend has been occurring for some time but has increased since the pandemic began.

The CDC's *Youth Risk Behavior Survey Data Summary & Trends Report: 2011–2021* (YRBS), released in February 2023, provides the most recent surveillance data, as well as 10-year trends, on health behaviors and experiences[7] among high school students in the United States. It notes "nearly all indicators of poor mental health and suicidal thoughts and behaviors increased from 2011 to 2021.The percentage of students who experienced persistent feelings of sadness or hopelessness, seriously considered attempting suicide, made a suicide plan, and attempted suicide increased. The percentage of students who were injured in a suicide attempt did not change."[8]

The numbers for the ten-year period are stark[9]. The percentage of female and male students and students in each racial and ethnic group who experienced persistent feelings of sadness or hopelessness increased from 2011 to 2021, with males increasing from 21 to 29% and females from 36 to 57%. Racial and ethnic group data shows increases for Asians from 29 to 35%, Blacks 25 to 39%, Hispanics 33 to 46%, Whites 27 to 41% and Multiracial 34 to 49%.

Similarly, the percentage of high school students who seriously considered attempting suicide increased among males (13 to 14%), females (19 to 30%); among Black (13 to 22%), Hispanic (17 to 22%), White (15 to 23%) and Multiracial (22 to 24%) students. There were also increases in the number of students who actually made suicide plans (males 11 to 12%, females15 to 24%, Asians 14 to 17%, Blacks 11 to 18%, Hispanic 14 to 19%, Whites 12 to 17%, and Multiracial 17 to 20%. The number of female, Black and White students who attempted suicide also increased notably (10 to 13%, 8 to 14%, 6 to 9%, respectively) in contrast to the number of male, Hispanic, and Multiracial students whose percentages did not change (males 6-7%, Hispanic 10-11%, Multiracial 12%) and Asians whose numbers decreased 10 to 6%.

Other data show upward trends in depression, substance use disorders, and the unmet need for mental health services for youth in the years just before the pandemic in the country and in Virginia. In Mental Health America's The State of Mental Health In America

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Vladutiu CJ et al. *Prevalence and treatment of depression, anxiety, and conduct problems in U.S. children*. The Journal of Pediatrics, 2018. Published online before print October 12, 2018.

[7] The YRBS asks participating high school students questions about sexual behaviors, substance use, suicidal thoughts and behaviors, experiences such as violence and poor mental health, social determinants of health such as unstable housing, and protective factors such as school connectedness and parental monitoring. It also highlights disparities in these outcomes by sex, race and ethnicity, sexual identity, and sex of sexual contacts. Mental health is measured in the YRBS with one question addressing persistent feelings of sadness or hopelessness that affect students' abilities to participate in their daily activities and another question assessing poor mental health during the past 30 days. YRBS also includes four questions on suicidal thoughts and behaviors: seriously considering suicide, making a suicide plan, attempting suicide, and being medically treated for a suicide attempt. The full report is available at https://www.cdc.gov/healthyyouth/mental-health/index.htm

[8] Ibid., at 59.

[9] Ibid. at 60-70 for these and more detailed statistics and charts showing the ten-year results.

for 2021, 2022 and 2023, which have statistics, largely from governmental sources, from 2017-18, 2018-19 and 2019-20, respectively,[10] show:

Youth (12-17 year-old) with at least one major depressive episode in last year was:

	United States	Virginia
2017-18	13.84% (3,449,000)	14.28% (90,000)
2018-19	15.08% (3,755,000)	15.57% (98,000)
2019-20	16.39% (4,087,000)	19.56% (124,000)

Youth (12-17 year-old) with at a severe major depressive episode

	United States	Virginia
2017-18	9.7% (2,343,000)	10.2% (62,000)
2018-19	10.6% (2,540,000)	13.0% (79,000)
2019-20	11.5% (2,782,000)	15.7% (97,000)

Youth with substance abuse disorder in last year

	United States	Virginia
2017-18	3.83% (954,000)	3.56% (22,000)
2018-19	4.08% (1,017,000)	3.71% (23,000)
2019-20	6.34% (1,584,000)	6.99% (44,000)

Access to Care

Youth with major depressive episode who did not get any mental health treatment

2017-18	59.6% (1,988,000)	53.0% (51,000)
2018-19	60.3% (2,173,000)	55.2% (58,000)
2019-20	59.8% (2,331,000)	60.2% (90,000)

Youth with major depressive episode who received some consistent care

2017-18	27.3% (614,000)	26.1% (16,000)
2018-19	27.2% (661,000)	25.0% (19,000)
2019-20	28.0% (738,000)	34.9% (33,000)

Several surveys have explored the impacts of the Covid-19 pandemic on student mental health and wellbeing. The results showed that the pandemic has exacerbated some of the challenges facing youth and schools in addressing student learning and health.

The CDC Adolescent Behaviors and Experiences Survey (ABES)[11], noted the "seismic effect on communities across the country, and [that] young people have been especially impacted by the ways in which their everyday lives have been altered. The disruptions

[10] The reports are available at https://mhanational.org/issues/state-mental-health-america. Mental Health America has online screening tools, which the organization reports were more widely used and showed increases in moderate to severe depression in youth and the steep increase in youths with suicidal ideation.
[11] Available at https://www.cdc.gov/healthyyouth/data/abes.htm.

were widespread – school buildings closed, opportunities for connecting with peers were limited, communities were dealing with loss and upheaval." It further reported that "populations that experienced more inequity before the pandemic also had greater risks during the Covid-19 pandemic related to mental health, suicide, substance use, abuse, and racism**."** It found that adolescents are "experiencing a mental health crisis" with more than a third (37%) of high school students reporting in 2021 that they experienced poor mental health during the Covid-19 pandemic, and 44% reported they persistently felt sad or hopeless during the past year.

The survey also explored the high rates of use of substances and cited other studies on adolescent mental health during the pandemic. They found increases in depression and anxiety over the course of the pandemic, including one study that found that "these symptoms were predicted by Covid-19–related worries, online learning difficulties, and increased conflict with parents" and another that showed a significant increase in emergency department visits for mental health-related reasons among 12-17 year olds (an increase from 2019 to 2020 of 31%.)

CDC noted the differing impacts on various populations: "Female students and those who identify as lesbian, gay, bisexual, other or questioning (LGBQ) are experiencing disproportionate levels of poor mental health and suicide-related behaviors. For example, in 2021, 12% of female students, more than 25% of LGB students, and 17% of other or questioning students attempted suicide during the past year compared to 5% of their male peers and 5% of their heterosexual peers, respectively."

The U.S. Department of Education Institute of Educational Sciences, which does a regular National Assessment of Educational Progress (NAEP), conducted surveys in 2021 and 2022 to get insights into learning-related issues (mental health and student behavior, learning mode, quarantine, crime and safety, after school programs, absenteeism, food and nutrition, community partnerships, mitigation strategies, parent and teacher concerns, i.e., mental health, learning recovery, staffing, summer programs, supply chains, technology) regarding the pandemic. Among the assessments findings were the following:[12]

> Public school leaders (87%) agreed or strongly agreed that the pandemic has negatively impacted student socio-emotional development. Similarly, 84% of public schools agreed or strongly agreed that students' behavioral development has been negatively impacted.
>
> Student behaviors were most frequently reported as having increased during the 2021–22 school year (compared to a typical school year before the pandemic) in part due to the COVID-19 pandemic and its lingering effects: Classroom disruptions from student misconduct (56%); acts of disrespect towards teachers and staff (48%); rowdiness outside of the classroom (49%); prohibited use of electronic devices (42%).
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> Public schools reported needing more support for student and/or staff mental health (79 %), training on supporting students' socio-emotional development (70%), hiring of more staff (60%), and training on classroom management strategies (51%).

[12] Available at https://ies.ed.gov/schoolsurvey/; https://ies.ed.gov/schoolsurvey/spp/#read-more

> Public schools across the country have seen a rise in chronic absenteeism compared to a typical school year prior to the start of the COVID-19 pandemic, with 72% reporting an increase in chronic absenteeism among their students (and 39% increase compared to 2020–21), with the 17% average percent of chronically absent students reported during the 2021-22 school year.
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> Parents (61%) and staff (80%) expressed moderate or extreme concern about meeting students' academic needs (compared to 21% of students who were concerned about their own academic needs.) Similarly, parents and staff were reported to have voiced greater levels of concern about students' developmental needs, students' physical health and safety, and social, emotional, and mental health than students.
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> Seventy percent of public schools reported that the percentage of students who have sought mental health services increased since the start of the COVID-19 pandemic and 29% reported that the percentage of staff who have sought mental health services increased since the start of the COVID-19 pandemic.

At the state level, the Joint Legislative Audit and Review Commission (JLARC) conducted a review of the impact of the COVID-19 pandemic on the state's K–12 education system, which is summarized in its report, *Pandemic Impact on Public K-12 Education in 2022.*[13] Its findings noted some of the same issues as the nationwide surveys: chronic absenteeism (a student missing 10 percent or more of school days) nearly doubled in 2021 compared with pre-pandemic rates. Twenty percent of students statewide were chronically absent in the 2021–22 school year. More students also exhibited disruptive behavior as they returned to in-person instruction, according to school staff (though quantifying the increase is difficult because of data limitations). JLARC asked school staff to rate the seriousness of fifteen issues faced by school staff, such as teacher compensation, student academic progress, lack of respect from parents, and concerns about health during the pandemic and found that student behavior problems were rated as the most serious of all fifteen issues listed.

JLARC also noted students' concerns about mental health issues, particularly among females who "reported disconcertingly high levels of mental health issues during the pandemic." Half of middle school students and 64% of high school students reported feeling nervous, anxious, or on edge; 39% of middle school and 53% of high school students reported they were not able to stop or control worrying; and 34% of middle school and 40% of high school students said they felt sad or hopeless for two weeks or more. The report focused attention on the substantial portion of students with more serious mental health concerns, i.e., 10% of middle school students and 13% of high school students who indicated that they seriously considered attempting suicide in the past 12 months and the smaller, but still significant, portion of middle school students (3 percent) and high school students (4 percent) indicated they had attempted suicide at least once. Substantially more female students than male students reported experiencing these mental health issues across all indicators.

The significant need for more to be done to address this critical situation is reflected in the Surgeon General's 2021 a "health advisory" (*Protecting Youth Mental Health: The U.S.*

[13] Available at http://jlarc.virginia.gov/landing-2022-pandemic-impact-on-k-12-education.asp

Surgeon General's Advisory 2021[14]), to raise awareness of this "urgent public health issue", noting that "challenges today's generation of young people face are unprecedented and uniquely hard to navigate. And the effect these challenges have had on their mental health is devastating." Similarly, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry and the Children's Hospital Association have jointly declared a "national state of emergency in child and adolescent mental health," in 2021 with "an urgent call to policymakers at all levels of government …[to] treat this mental health crisis like the emergency it is."[15] They followed up in 2022 with a letter to the Biden administration "asking they do more to address the mental health needs of children, specifically requesting …a National Emergency Declaration in children's mental health," which "would galvanize existing critical funding streams and support to help ensure that all children and adolescents can access the full continuum of mental and behavioral health care from promotion and prevention to early identification and treatment."[16]

Similarly, the 2023 Youth Risk Behavior Survey Report noted that the "data make it clear that young people in the U.S. are collectively experiencing a level of distress that calls on us to act." The authors note the critical role schools play, given the fact that nearly all children spend most of their day in school. They call for more support for schools "in efforts to reverse these negative trends and ensure that youth have the support they need to be healthy and thrive."[17] Many of their suggestions with for specific action to "help ensure success" deal with issues that we will explore in this report:

> **Increase school connectedness across all grades and for all youth. . . .**Schools can improve students' sense of connectedness starting with social and emotional learning programs in early grades and youth development programs in middle and high school. . . .
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> **Increase access to needed services by improving school-based services and connecting youth and families to community-based sources of care.**
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> **Implement quality health education for all grades.** Health education that is grounded in science, medically accurate, developmentally appropriate, and culturally and LGBTQ+ inclusive is effective in teaching students needed skills to understand their mental and physical health and make thoughtful health decisions. . . equipping staff with the knowledge and skills needed to deliver quality health education. Health education succeeds when parents, community partners, and young people are engaged in developing and planning health education programming in schools.

Virginia Requirements and Policies

Concerns regarding the mental, emotional and behavioral health of Virginia students have been addressed in state laws and in regulations and policies of the Virginia Department of Education. The laws and regulations establish requirements for professional staffing, licensure and training as well as guidelines for school procedures.

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[14] Available at https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf

[15] https://www.aacap.org/AACAP/zLatest_News/Pediatricians_CAPs_Childrens_Hospitals_Declare_National_Emergency_Childrens_Mental_Health.aspx

[16] https://www.aacap.org/AACAP/zLatest_News/Health_Organizations_Urge_Biden_Administration_to_Declare_Federal_National_Emergency.aspx

[17] YRBS p. 4.

The Code of Virginia requires that each local school board employ, at a minimum, "school counselors, one full-time equivalent position per 325 students in grades kindergarten through 12" and provides for ways to meet the staffing requirements and the assignment of counselors to schools.[18]

The Virginia Administrative Code[19] establishes specific requirements that "each school make reasonably available, with available resources, to all students" specific guidance and counseling services including "[p]ersonal/social counseling which assists a student to develop an understanding of themselves, the rights and needs of others, how to resolve conflict and to define individual goals, reflecting their interests, abilities and aptitudes. Such counseling may be provided either (i) in groups. . .in which generic issues of social development are addressed or (ii) through structured individual or small group multi-session counseling which focuses on the specific concerns of the participant . . ." (8VAC20-620-10).

The Virginia Code also sets standards for licensing for counselors. It requires that "every person seeking initial licensure or renewal of a license with an endorsement as a school counselor shall complete training in the recognition of mental health disorder and behavioral distress, including depression, trauma, violence, youth suicide, and substance abuse." (Code of Virginia § 22.1-298.1.) The Administrative Code spells out required educational and teaching or counseling experience for school counselors for kindergarten through 12th grade (8VAC20-23-670.)

Requirements for the allocation of school counselor staff time are also established by law, i.e. "each school counselor … in a public elementary or secondary school … spend at least 80 percent of his staff time during normal school hours in the direct counseling of individual students or groups of students. (Code of Virginia § 22.1-291.1:1.)

The State has also mandated professional mental health awareness training for teachers and "other relevant personnel" to be provided by school boards, for which they are authorized to contract with the Department of Behavioral Health and Developmental

[18] § 22.1-253.13:2 (last amended in 2022.) If the local school board cannot meet the staffing requirements it can employ with provisional licenses other licensed counseling professionals with "appropriate experience and training, provided that any such individual makes progress toward completing the requirements for full licensure as a school counselor during such period of employment" or, if no applications for positions are received, contract on an annual basis with another entity for the provision of school counseling services by an annual contract licensed counseling professionals with appropriate experience and training. Local school boards that employ a sufficient number of individuals to meet the staffing may assign them to schools in the division according to the area of greatest need, regardless of whether such schools are elementary, middle, or high schools. The 2023 General Assembly passed SB1043 that amends to this section to refine the roles of school counselors and to provide more flexibility in staffing for school psychologists as well as direct VDOE to work with the Department of Behavioral Health and Developmental Services (DBHDS) to develop a model Memorandum of Understanding for school-based partnerships with community-based mental health providers. At the time of writing this report, it is awaiting the governor's signature.

[19] Virginia Administrative Code contains the permanent regulations for the Commonwealth of Virginia, which have the force of law and are written and administered by state agencies as authorized by the General Assembly.

Services, a community services board, a behavioral health authority, a nonprofit organization, or other certified trainer, and be done online."[20]

Student health concerns prompted the Virginia General Assembly, in 2020, to direct the Department of Education to establish a uniform definition of social-emotional learning and to develop guidance standards for social-emotional learning for all public students in grades kindergarten through 12.[21]

Other legislative action has dealt with specific behavioral health concerns, such as suicide prevention. Among the laws and resolutions are ones directing the Board of Education to develop guidelines for licensed school personnel to identify students at risk for suicide, develop appropriate responses and referral to community services for such students, and notification of parents[22] and requiring public schools to "adopt policies for the establishment of threat assessment teams,"[23] whose duties include providing guidance to students, faculty, and staff regarding recognition of threatening or aberrant behavior that may represent a threat to the community, school, or self as well as notifying senior school administration.

In addition, as required by law[24], the Virginia Center for School and Campus Safety, developed *Threat Assessment in Virginia's Public Schools: Model Policies, Procedures, and Guidelines* to provide schools with a model policy for the establishment of threat assessment teams, including procedures for assessment and intervention procedures for students whose behavior may pose a threat to the safety of school staff or students. The policies also were required to include procedures for referrals to community services boards or health care providers for evaluation or treatment, when appropriate.

More recently, the 2021 General Assembly (SJ308) directed JLARC to review the impact of the COVID-19 pandemic on the state's K–12 education system. As discussed above, JLARC issued a report *Pandemic Impact on Public K-12 Education in 2022[25],* which included findings and recommendations regarding student behavior and mental health issues.

An important component of legislative activity has been funding for behavioral and mental health services in the schools and for children's behavioral health generally. Over the last

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[20] Code of Virginia Code § 22.1-298.6.

[21] Virginia school divisions are not required to adopt the SEL Guidance Standards. Local school boards may choose to adopt all, or portions of them.

[22] The Code of Virginia § 22.1-272.1 was enacted in 1999 and guidelines issued that year. The guidelines were revised in 2003 to provide criteria for follow up with parents after Senate Joint Resolution 148 (2000) directed the Department of Health (with VDOE 2003 and others) to develop a comprehensive youth suicide prevention plan.

[23] Code of Virginia § 22.1-79.4.

[24] Code of Virginia § 9.1-184. That section, first enacted in 2000, created the Virginia Center for School and Campus Safety (VCSCS), in the Department of Criminal Justice Services (DCJS), to focus on improving and enhancing safety by addressing topics which affect Virginia law enforcement, schools, and institutions of higher education. It is a resource and training center for information and research about national and statewide safety efforts and initiatives in K-12 schools and institutions of higher education. The model policies are available at https://www.dcjs.virginia.gov/sites/dcjs.virginia.gov/files/publications/law-enforcement/threat-assessment-model-policies-procedures-and-guidelinespdf.pdf

[25] Available at http://jlarc.virginia.gov/landing-2022-pandemic-impact-on-k-12-education.asp

three years, the General Assembly has funded specialized student support positions—counselors, social workers, and psychologists. The FY2023 funding included $2.5 million to begin supporting school-based mental health services and included language asking the newly established Behavioral Health Commission to study how schools can better integrate mental health services with sustainable funding streams such as Medicaid. The General Assembly also approved funding to establish a regional Recovery High School in Chesterfield where substance abuse recovery is incorporated into the school day.

In addition to school-based services, the legislature has provided $8.4 million annually since FY2017 to expand or enhance children's behavioral health services in all five Department of Behavioral Health and Developmental Services (DBHDS) health planning regions and keep a dedicated focus on infrastructure specific to children and youth services within DBHDS's Office of Child and Family Services. At the time of our writing this report, the General Assembly is considering the budgets proposed by the Governor, House and Senate as well as various budget amendments that would add funds for youth behavioral health both in and outside of the school systems.

The Governor's proposed budget for FY2024 includes $230 million in new funding for behavioral health services, which would add $15 million to expand the elementary, middle, and high school-based mental health program to new communities and $9 million to expand tele-behavioral health services in public schools and on college campuses.[26] It would not, however, provide additional funding specifically for children's behavioral health or Community Service Board staff. The House Appropriations and Senate Finance Committee budgets both would provide $8.4 million for targeted children's behavioral health services and salary adjustments for CSB staff ($36.5 million in the House and $58.7 million in the Senate for salary adjustments and STEP-VA, an initiative to improve community behavioral health services.) The Governor's budget's direct aid to schools is far short of the Senate and less than the House versions ($321 million versus $1 billion in the Senate and $382 million in the House) and does not provide for new funding for nurses and mental health professionals, as the Senate specifies.

In the administrative arena, the Department of Education has used its authority and followed legislative directives to implement requirements and develop standards, policies and programs affecting student behavioral health and behavioral health services. Subsequent to the law requiring counselors to spend at least 80 percent of their time on direct counseling, the Department published *Suggested Best Practices on the Provision of Direct Counseling Services.*[27]

The Department of Education also has written Standards for School Counseling[28] for academic and career counseling as well as personal/social counseling, the counseling specified in the Administrative Code (8VAC20-620-10.) The standards for personal/ social counseling establish areas in which students should develop skills and strategies to

[26] Press release from the Office of the Governor, December 14, 2022, available at https://www.governor.virginia.gov/newsroom/news-releases/2022/december/name-947166-en.html

[27] Available at https://www.doe.virginia.gov/programs-services/student-services/specialized-student-support-services/school-counseling-and-advisement

[28] Standards for School Counseling Programs in Virginia Public Schools (2004).

"acquire an understanding of, and respect for, self and others, and the skills to be responsible citizens." [29]

Pursuant to the 2020 legislative directive, VDOE developed Social Emotional Learning Guidance Standards[30]. As the introduction to the standards notes, social emotional learning is "the process through which all young people and adults acquire and apply the knowledge, skills, and attitudes to develop healthy identities, manage emotions and achieve personal and collective goals, feel and show empathy for others, establish and maintain supportive relationships, and make responsible and caring decisions." (p.8) The standards are set out for kindergarten and then for each two-years of grades one through twelve and address five areas of skill development for students: self-awareness, self-management, social awareness, relationship skills, and decision making.

The Department's "Prevention Strategies and Programs" address areas that critically affect mental and emotional health, i.e., alcohol, drug and tobacco use; child abuse and neglect; bullying prevention; suicide prevention; and human trafficking. These include information, intervention guidance and links to resources for school personnel, parents and students as well as links to screening and treatment programs and the *Guidelines for the Prevention of Sexual Misconduct and Abuse in Virginia Public Schools, Model Policy to Address Bullying in Virginia's Public Schools*, and *Suicide Prevention Guidelines for Virginia Public Schools* that the Board of Education has adopted.[31]

VDOE has sought funding successfully to add to the General Assembly's appropriations for student behavioral and mental health services. Virginia has been awarded $24.3 million under the federal Mental Health Services Grant program since 2019 to expand mental health services for students and to recruit and retain credentialed school-based mental health service providers in more than 20 high-needs school divisions. A new five-year, $15 million grant award was announced in January 2023 to expand behavioral and mental health services for students in seven school divisions.[32]

The Department has also implemented programs for professional development and career opportunities for school counselors, school social workers, school psychologists, and other licensed school mental health professionals through the Virginia Career and Learning Center for School Mental Health Professionals. The Learning Center offers on-demand access to video courses and conference presentations as well as other resources on a variety of topics and for different professional groups.[33]

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[29] The standards regarding personal/social counseling delineate specific skills for students at various grade levels, including ones affecting relationships with others, responsibility, self-discipline, help-seeking (grades K-3); decision-making and problem-solving, dangers of substance use and abuse, managing peer pressure, and handling conflict (grades 4-5 and similarly 6-8); and understanding rules, laws, safety, and the protection of individual rights, using family, peer, school, community resources, communication and conflict resolution skills, problem-solving and decision-making skills to make safe and healthy choices (grades 9-12).

[30] Available at https://www.doe.virginia.gov/home/showpublisheddocument/34289/ 638053053652230000. The Department provides additional information on implementing the standards and other resources at https://www.doe.virginia.gov/programs-services/student-services/integrated-student-supports/social-emotional-learning-sel.

[31] See https://www.doe.virginia.gov/programs-services/student-services/prevention-strategies-programs

[32] Press release available at https://www.doe.virginia.gov/Home/Components/News/News/260/227

[33] See https://vastudentservices-clc.org/

Behavioral Health in LWV-CVA Public Schools

The focus of this part of the study, as noted above, was to (1) assess how behavioral health matters are handled in the schools and (2) the training for school personnel in recognizing crisis behavior. We decided we needed to learn about any policies regarding how behavioral issues should be handled; the nature and extent of problematic behaviors; how those problems are handled; the training of the personnel involved; and any issues of concern to the school divisions regarding the services that are being provided. We gathered information from the school divisions' websites, other public reports, and interviews with representatives of the six school divisions in the League's jurisdiction and others who have worked with the divisions to address student needs.

School System Website Information

We looked at the school systems' websites to find information about counseling or other behavioral health services and programs; the counseling personnel whom we would want to contact; and any policies regarding the services. The websites varied both in the amount and type of information and the ease with which information could be found. We rechecked the websites to make sure we learned of any revisions or additional information that were made during the course of the study. While some of the web sites have been updated, the Charlottesville and Albemarle County school systems' web sites consistently have more extensive information and are easier to navigate.

On the Charlottesville City Schools' home page (http://charlottesvilleschools.org/), there is a link to a page for counseling services that describes counseling and has a list of the school mental health professionals (counselors, psychologists and social workers) assigned to the city's schools with their contact information; links to the counseling services at each school; a list of community-based crisis support contacts; a link to a form to contact the school counselors; a link to an outside company with whom the city partners to provide mental health services; and other information and resources regarding counseling. Under "Programs," in addition to links to the Counseling Programs, there are links to the Virginia Tiered Systems of Support (VTSS) and, within that framework, Positive Behavioral Interventions and Supports (PBIS) (evidence-based programs to "help every student be successful in academics and behavior") and Social and Emotional Learning (SEL).

A search on the website for "social and emotional learning" brings up a page on which the school system notes since 2015, SEL has been added to regular classroom curriculum to teach specific behaviors, such as the ability to recognize and regulate emotions, recognizing "that social and emotional skills are a key element of mental wellness" (http://charlottesvilleschools.org/social-emotional-learning/.) The website then lays out SEL Curriculum and Practices, including the implementation in different schools, as well as teaching resources for the curriculum (with links to nationally recognized and local

resources); how SEL and mental health are part of the school system's commitment to wellness;[34] and SEL resources for families.

Similarly, the Albemarle County Public School's website home page (https://www.k12albemarle.org/) has a section "Our Departments," which included links to a page for "School Counseling", which provides information about the mission and philosophy of the counseling program, links to each school's counseling webpage, and links to pamphlets regarding elementary, middle and high school counseling programs. It also has a "quick link" link to information about bullying and bullying prevention. There is also a link to "Professional Development" with ways to search for courses and conferences. In addition to links about departments, a search for "counseling" also brings up information about "annual notifications" for parents that includes information about notifications regarding counseling programs, eating disorders awareness, wellness policy, and the Youth Risk Behavior Survey.

A search for "mental health" led us to information about a $500,000 grant received in 2020 to expand student mental health programs and services over the next two years, which was being used to fund a division-wide program to broaden support for students in crisis; mental health first aid training for employees who work directly with students; hiring a mental health professional to coordinate the work of school counselors, school psychologists, and community partners in how best to address the mental health needs of students in all grade levels; and contracting with an outside mental health agency to deliver direct mental health services to students and their families in schools.

The websites of the other school divisions in the Charlottesville area, have more limited information regarding counseling and/or counseling staff and, to the extent that they have the information, it is not as easy to find. For example, a search on the Fluvanna County Schools home page for "counseling" did not produce results. There is a link to "staff," which includes an alphabetical list of all staff from top administrators to the custodians and to find the guidance counselors, one needs to scroll through the entire list. A search for "wellness" led us to the FCPS Health and Wellness page which had limited information about Family Life Education (see p.22 below) and linked to a back to school check list, information about Cover Virginia (insurance), and the division's 2020 wellness policy assessment.[35] The latter noted that staffing of counseling, psychological, and social services in relation to the required ratios was "partially in place" and that the educational resources for families that address specified parenting strategies was also "partially in place."

We found more information on counselors and the counseling program when we looked at the websites for Fluvanna Middle School and Fluvanna County High School (but none on the sites for the elementary schools or Abrams Academy.) The middle school website (https://sites.google.com/apps.fluco.org/fmscounseling/) lists the three school counselors, their contact information, hours and the grade levels they serve as well as descriptions of

[34]http://charlottesvilleschools.org/wellness/ where there are links to the Wellness Policy; strategic plan; systems of positive support; and counselors, social workers and psychologists (including bullying prevention and peer mediation.
[35] https://drive.google.com/file/d/1-oLWIxktMTXm6LIhP-HPoxp6PPlvVg0Z/view. For additional discussion about SEL in area schools, see p.28.

counseling and the services provided by the school's counselors. The page also has information calling attention to youth suicide and the importance of recognizing signs of depression and where to get help and explaining the school's Second Step Program for students to "address multiple aspects of their social and emotional success."[36]

The high school web site (https://fluco.org/fluvanna-county-high-school/) similarly has information about the counseling staff, a form for making a counseling appointment, and "social and emotional support" information and links to other resources on cyberbullies, teen suicide; social and emotional wellness considerations for parents and caregivers; and a Hospice of the Piedmont program for families dealing with the loss of a loved one.

Our Nelson County Public Schools' web site search for "counseling" brought us to a page with information about the counseling staff as well as boxes to link to the counseling services for each school. At the time of writing this report, the elementary school's links did not provide information on the school's services.[37] Sections on the page for the middle school and high school provide information about the counseling departments at the schools and statements about their visions and missions. The high school adds a list of their services and programs and a toll free number for 24/7 counseling assistance from the "VA COPES warmline". The boxes with that information have links to other pages for the middle school and high school counseling programs, but they provide little additional information about the services.

Greene County Public Schools' website (https://www.greenecountyschools.com/) has a "quick link" on its home page for *Mental Health and Wellness Resources* (in English and Spanish), which connects to a letter to parents and guardians with information about local and national organizations, including crisis hotlines; ways to report bullying or unkindness; and links to pages about the middle and high school counseling centers. Those pages have lists of the counselors (and, for the high school, their contact information) and resource lists. The middle school has forms to make an appointment with a counselor and to report bullying as well as a link to a page for *Student Needs Assessment* that notes that students will be required to "fill out this needs assessment with their counselors during the first month of school" but does not delineate or link to the assessment.

When we looked at the web pages for each school and searched for additional information about relevant county school programs, such as for SEL, we only found a purported link regarding SEL on the high school home page but the link brought up a security warning.

Louisa County Public Schools' information regarding behavioral health personnel and services is relatively easy to find on its website (https://lcps.k12.va.us/.) Searches for "counseling" brings up a menu that included School Counseling Programs and Services, Mental Health Support, Psychological Services, and Pupil Personnel Services. Similarly, under the header for "Departments," a drop down menu has links to those pages as well

[36] The program helps groups of 5th, 6th and 7th graders develop "skills, behaviors, and attitudes" such as "cultivat[ing] a growth mindset, develop goals, actively listen, empathize, disagree respectfully, consider others' perspectives, practice being assertive rather than aggressive and how to manage their emotions" and "experience how to communicate effectively in a relaxed and enjoyable environment.

[37] Rockfish Elementary School Guidance indicated a link to "VDOE School Counseling Links" but connected to a blank page and bullying prevention program from a private organization, the Committee for Children. Other boxes for Guidance or School Counseling show links to additional pages each of which required a log in.

as a page for School Social Work Services and School Health Services. At each link, there is a list of the personnel and their contact information and a description of the services. It notes that the Guidance & Counseling Programs "promote optimal learning, emotional well-being, positive relationships…" and that counselors and teachers cover leadership, decision-making, and bullying prevention "to encourage good choices and healthy relationships." It also delineates "basic school counselor responsibilities" regarding behavioral issues to include counseling to students and support for parents, assisting with behavioral management and training when needed, providing support for teachers with regard to students and their emotional issues, providing crisis intervention and threat evaluation.

We were particularly interested that mental health support noted the school system's collaboration with the Region 10 Community Services Board to have specialized Region 10 mental health staff available on the school campuses full-time in order to support students with mental health concerns; the support for school counselors by "crisis counselors" who assess safety and risk in students and are liaisons for students in crisis with families and outside agencies including law enforcement and medical professionals; and "mental health counselors" who deliver prevention services on a referral basis for students who are at-risk and coordinate with parents and families to seek out community resources for ongoing positive behavior and mental health.

Interviews with Key Personnel

As noted, the web site information generally allowed us to identify people in each school system to interview. In order to ensure that all interviews would cover the same basic issues we developed questions that would be the starting point for our interviews. The questions were in four areas:

- The behaviors that were being seen that would lead a teacher or other personnel to raise concerns about a student's mental/emotional wellbeing; school policies on identifying or addressing mental/emotional issues; steps for teachers or others to take if they recognize a student whose behavior might warrant action and what expectations there are for action (such as contacting a parent, calling the issue to the attention of a school administrator, consulting with or referring the student to a guidance counselor or other mental health professional

- The availability and identity of mental health professionals in the school or community for consultation or referral of a student and, if we knew of the mental health professionals from the web site information, what their roles are

- The training teachers, administrators and other personnel receive regarding identifying or addressing emotional/mental/behavioral health issues

- Current or likely proposals for programs, training or funding to address behavioral or mental/emotional health issues

We also agreed to invite interviewees to add anything else they wanted to add that would help us understand these issues and identify any other people they suggested we contact.

The different districts approach identifying behavioral issues in distinct ways. Charlottesville City Schools and Albemarle County Public Schools use systematic data gathering to identify potential problems to proactively address needs in addition to dealing with problematic behavior as it arises. The data gathering includes the use by both school systems of periodic teacher social-emotional assessments using the eight question Devereux Student Assessment (DESSA). In addition, Albemarle uses a student self-assessment in the 9th grade while Charlottesville has parents complete the assessment. At the time of our interview in 2022, Albemarle was considering conducting a parent survey to see if the parents view their children's SEL needs the same as the teachers or students' self-assessments and establishing centralized data regarding behaviors that are observed.

Albemarle County Public Schools has also implemented school climate surveys, currently using the Panorama Survey, to assess how comfortable students are and develop policies based on the data and how the results compare to national ones. The survey focuses on the sense of belonging, school safety, the value of school, rigorous expectations, school climate, and cultural awareness. Secondary students complete all six topics and elementary students topics one through five.[38]

While Fluvanna County Public Schools have not conducted any surveys or used questionnaires to assess students social and emotional status and needs, it has a "quick tip" section on the Fluvanna County School Division website that any student can use to self-report or report a mental health concern about others. Parents and community members can also tell the county school administration of their concerns.

Louisa County Public Schools have no uniform student mental health screening but every student is seen briefly by a counselor at the beginning and end of the school year in what are called "Minute Meetings."

Greene County Public Schools also have not conducted surveys or uniform screening but are using a technology program to monitor internet searches and student email and devices to identify students who may need emotional help. The program is set up to pick up "inappropriate subject titles", especially related to security, such as possible suicidality, aggressive or bully threats or being bullied, distress in a student and similar concerns and to send alerts to a school team. The team reviews the alerts, assesses the level of concern about the problem and learns more about what the problem might be, then sends a text to the principal as needed. The principal decides on the type of referral needed, if any. In addition, school counselors send out a weekly survey to teachers and students where a teacher may indicate a concern about students or students can indicate emotional status, questions, and needs they may have.

[38]The 2021 results showed that only 41% of middle and high school student indicated that they do not feel part of the school community; 48% feel that school was interesting, important and useful; and 50% feel positive about the school and learning climate. For complete 2021 results see https://www.k12albemarle.org/our-departments/accountability/panorama-surveys#divresults

Louisa County Public Schools largely identifies issues by observation of behaviors but gets some information that raises awareness of potential problems from its *Anonymous Alerts* app that students can use to report bullying or through its counseling request form.

Similarly, Nelson County Public Schools rely on teacher and other personnel observations. In addition, they receive information through their partnership with law enforcement and first responders (through the Virginia Department of Criminal Justice Services' *Handle with Care* program, https://handlewithcareva.org/) so that the school resource officer notifies the administration or the school behavioral specialist if there is a potential problem.

Across the jurisdictions, teachers and counselors are seeing behavior indicative of students needing attention, whether counseling in the schools or more significant mental health services. Throughout the area, educators reported students show signs of depression and anxiety, noting that they become concerned when they see changes in appearance, participation/performance, personality, higher rate of absenteeism; concerning statements or drawings that may describe suicidal ideation or harm to others; or actual self-harm. Other behaviors of concern are bullying and other aggressive behavior, obstinance, initiating arguments with peers or teachers, sudden changes in mood, and hypersensitivity. A couple of interviewees noted that the behaviors vary through the various grades, with high schoolers withdrawing from activities and school progress (drop in grades), or sleeping in class as indications that something is wrong, and early elementary children showing changed behaviors such as running, hiding, acting out in class, showing signs of anxiety for their age (picking fingers, biting nails, nervous expressions), or eating inedible things.

Some of the mental health concerns stem from individual circumstances and experience such as family issues, their own or family members' illness, death of family and friends, economic loss, job loss, feelings of isolation, all of which may have been exacerbated by the pandemic. Others may be related to their return to school. One interviewee noted that kids need to relearn socialization. Another spoke of how, especially in the middle and high schools, teachers and counselors are seeing students' low frustration tolerance more than isolated mental health issues. They have seen some difficulties for students returning to full days in schools as well as skills deficits causing frustration, with students shutting down, saying "I can't do this," "why waste my time," and verbal escalation. The situation has meant a balancing between filling gaps (and providing social, emotional support) and teaching (without lowering academic expectations.)

In all school systems, when teachers or others identify students who are demonstrating need for potential behavioral intervention, they take their concern to either a school counselor or to other mental health professionals (e.g. the student services department, student assistance team or student intervention team) designated to evaluate the need for services.[39] The latter teams, in various jurisdictions, depending on the issues, might involve counselors, teachers, administrators, a psychologist, nurse or behavioral specialist. The team might recommend monitoring the student or set up time for the student with a school counselor or psychologist. Parents are consulted as needed to address the issue (for example, how to support the student in developing calming skills) and to help them navigate the mental health care system.

[39] In most school divisions, in the elementary grades, the teacher and counselor are the ones involved.

Some of the school systems have looked beyond the classroom teachers to identify students who may need services. For example, in Albemarle County, the Coordinator of Mental Health and Wellness works with the Coordinator of School Safety, first responders and the coordinator of the Jefferson Crisis Intervention Team to address the needs of students who have been observed with violent or disruptive behavior. Fluvanna County Public Schools' student services counselor meets with law enforcement outside at the community level to be aware of students who have been connected with problems related to legal issues and student services gives progress reports on behavior that is observed in the schools to provide support so that the student stays out of the juvenile criminal justice system.

As noted in our discussion of the web sites, the Charlottesville City Schools use the Virginia Tiered System of Support (VTSS) as part of their efforts to help students develop academic and behavioral skills to succeed, noting the interrelationship between academics, behavior, and mental wellness. This system provides support to all students and more targeted support to those who need it. Tier 1 supports focus on prevention for all students to develop skills such as prosocial consciousness, self-management, social awareness, using classroom instruction or other materials and the teacher providing positive behavioral support. Tier 2 is more targeted and provides small group support and friendship groups as help (for about 10-15% of the students). Tier 3 is for those who have more need for support (about 5%), who are referred for services outside of school by community partner. Outside services are seen as better than having services in school where students would go have to go to therapy and then transition to being back in class with their peers, which might be difficult.

Albemarle County also has targeted counseling for small groups to address mental health issues affecting students when there is a need across the school (e.g. lack of organizational skills or struggles with kindness). The school counselor would meet with groups of 3-6 students. If there is a less widespread issue, such as self-harm, they work with regional partners (such as the Region 10 Community Service Board (CSB)).

One area of concern that was noted repeatedly is the sufficiency of professional staff. As discussed above, the Code of Virginia requires that all schools have school counselors. Some also have psychologists and social workers. Interviewees noted the challenge of attracting mental health professionals to school positions, particularly in rural areas, and mentioned that school employment generally might not pay as well as the private sector.

Some of the school systems have used special funding to enhance their services. Charlottesville City Schools received foundation grant funding about three years ago to provide in-school mental health services to replace its reliance on community partners (such as Elk Hill, Region 10, the National Counseling Group) for outpatient counseling. When that funding ran out, it used funds from the American Rescue Plan to create additional positions. Albemarle County has also expanded its in-house service capacity, hiring 23 mental health professionals for the 2022 and 2023 school years with CARES (Coronavirus Aid, Relief, and Economic Security) Act funding. Even when districts have approved positions for psychologists, filling those positions may be difficult. During our study, Fluvanna County Public Schools had an unfilled vacancy for a high school psychologist.

The local school systems have varied relationships with Region 10 CSB and other outside professionals for services beyond what the schools can provide and to consult regarding individual cases. Several interviewees noted that cuts in funding for the CSB and changes in Medicaid coverage for Region 10 services have left gaps in services that are available for students. (Representatives of the Albemarle County and Nelson County Public Schools mentioned the therapeutic day treatment that Region 10 previously provided but that is no longer available.) In addition, because of the demand for services, there are significant delays—as much as a month—in getting appointments with providers.

Given the central role that teachers play in identifying students in need of behavioral health services, we inquired about the training teachers receive, particularly because the state mandates that teachers have "mental health awareness training." Some of the districts provide special training for their counselors and teachers or professional training days while others rely on the teachers watching available online videos or other programs as they choose.

In Charlottesville, teachers are given a professional learning day to do the online training developed by the state. For counselors, the Mental Wellness Facilitator, who is a LCSW and provides supervision for all counseling and clinical services, meets with new hires and advises them. In addition, the school system is participating in a program with the Virginia Partnership for School Mental Health (VPSMH) to expand support for school mental health services that includes professional development for school counselors, nurses, social workers, psychologists; tele-mentoring; and research support to participating school districts.[40] The training includes online teaching modules and virtual mental health mentoring with faculty at the universities in which participants discuss the topics covered in the modules, cases from their schools, issues on which they develop collaboration, and recommended resources and support. The consultation sessions use a mentoring model called Project ECHO (Extension for Community Healthcare Outcomes) and are intended both to enhance skills of the participants using evidence-based services and to create relationships among mental health professionals around the state who can continue their collaboration outside of the program sessions.

In Albemarle County, in addition to the statutorily required training, grant funding has been used to provide Youth Mental Health First Aid training for staff (approximately 10% at the time of our 2022 interview.) That training is an early intervention public education program, which teaches adults how to recognize the signs and symptoms that suggest a potential mental health challenge; how to listen nonjudgmentally and give reassurance to a youth who may be experiencing a mental health challenge; and how to refer a person to appropriate professional support and services. The trained staff will then provide training for students. In addition, there is training regarding trauma informed care services, led by school counselors but, again, not all staff receive the training. At the time of our

[40] VPSMH is a partnership between the Virginia Department of Education, the University of Virginia, school divisions, and university training programs across the Commonwealth. See https://education.virginia.edu/research-initiatives/research-centers-labs/youth-nex/youth-nex-projects/educational-systems-middle-school/virginia-partnership-school-mental-health-vpsmh. Charlottesville is one of six districts participating in the project, which is in its fourth year. The other districts are Waynesboro, Staunton, Buckingham, Roanoke and Hampton. A new grant will allow the partnership to expand to other counties but none of the other counties are in the Charlottesville area.

conversation, the Mental Health Coordinator indicated that he wants to increase the number significantly and was also encouraging all school employees to attend an upcoming virtual conference on Creating Trauma Sensitive Schools.

The Albemarle County Public School personnel also receive training to serve in their role as mandatory reporters of abuse and neglect; to do CPS training; and to deal with threat assessments using the Singer model to disrupt violent behavior and risks of self-harm, suicide and suicidal ideation. Administrators, counselors, SEL coaches, school psychologists and other professionals are trained in this and how to interview and talk to students and parents.

In Louisa, teachers watch the state required video modules on their own. In addition, counselors have programs for teachers, as needed, and see teachers individually when they have expressed high stress and anxiety.

Greene County Public School teachers receive in-service education at the beginning of the year on how to identify and handle mental health issues and have ongoing availability of psychologist and counselors for questions or discussion.

Fluvanna County Public Schools rely on the online training and resources regarding mental health needs of students. The school system also provides training for teachers on the policy for reporting to the Department of Social Services, steps to take if security issues are noted, and use of the Hot Line for students. In addition, the county's Licensed Professional Counselor at the high school sends out a monthly Mental Health newsletter for staff and teachers as a resource in mental health care for themselves and students. If an individual teacher does not take action regarding problem behavior and there is a pattern of not taking action with problem behavior, the teacher is counseled.

Nelson County teachers are given entry-level training regarding mental health issues but the Director of Student Services spoke of the need for more support for teachers and new teachers' training. Some of the programs in place deal with safety care (regarding de-escalation) and *Handle with Care* if there is a trauma or community issue.[41] In addition, the school system is forming partnerships with community organizations (Nelson Wellness Alliance, Region 10, DSS) and other school divisions.

In response to our open-ended questions about other issues to consider, we repeatedly heard about the need for more funding and personnel to deal with behavioral health concerns; the concern for the mental health of teachers, counselors and other staff; and the cost of mental health care for youth as well as staff.

The personnel needs include staff to help with the educational process (teachers, counselors) and psychologists as well as more mental health service support by entities other than the school systems. Regarding the recruitment and retention of teachers, counselors, and psychologists, pay is an issue, particularly for psychologists. In addition, the range of duties that school counselors have in addition to addressing mental health issues (e.g., preparing testing, calling parents to set up routine meetings) has caused

[41] See https://handlewithcareva.org/handle-with-care.php for descriptions of the training for teachers, counselors and others under the *Handle with Care* program.

qualified professionals to leave schools. Many education school graduate students who earn PhD degrees also have chosen to go into academia and not positions in school systems. We should note that the shortage of mental health providers for youth and, especially, for school-based providers is an issue faced by communities not only in our area nor is it a new issue in the profession.[42]

As to outside resources to augment the services that school personnel provide, as we noted above, representatives in several locations cited the cuts to Region 10, changes in Medicaid coverage for mental health services and, especially, the cuts to the Therapeutic Day Treatment Program.

We heard from interviewees some suggestions to consider and local efforts to address these problems. Regarding funding, some districts are seeking grants to add staff (often not just mental health personnel but also other specialists in other academic fields) as well as to enhance the support provided by Region 10 staff for the schools. However, such funds are temporary solutions since grant funding is of limited duration.

Concerning licensure requirements, there are requirements for school counselors but not other school mental health professionals. One school representative suggested that licensure for other school mental health professionals to establish a baseline of training (such as a MA/MS in a certain field) might expand the number of professionals who could qualify for school positions. Another suggestion was to create incentives for professionals to become school psychologists.

The Virginia Partnership for School Mental Health's work includes a focus on increasing the number of people who provide services. In addition to training school employees with an eye to their retention, the VPSMH involves graduate students to encourage them to seek employment in schools after graduation. The Partnership connects Virginia universities with the school divisions in their program to have graduate students placed with the professionals who have been in the program. Their grant includes funding for the supervisor and the students for taking the placement in the division and a bonus for graduates if they take a job in the division. Since the beginning of the program, students from UVA, JMU and ODU have taken jobs either where they did their internships or in

[42]The CDC has compiled data regarding the number of mental health professionals, which shows the significant variation in providers in different locations of the country and, in the compilation for Virginia, the differences among counties overall and in the Charlottesville area. The surveys noted above (at p.5) delineate the high numbers of youth who need but do not receive mental health services and, of those who get services, the low number who receive care consistently. Some of that is attributed to the availability of providers and the insurance coverage for such services. The Surgeon General's 1999 report on mental health noted the "dearth of trained clinical child psychiatrists, appropriately trained clinical child psychologists, [and] social workers" adding that the "burden" (is on pediatricians, family physicians, and other gatekeepers (such as school counselors and primary child care workers) to identify children for referral and treatment decisions. These gatekeepers are unlikely to have the time and specialized training to do an evaluation requiring several hours. Their responsibility often is to "triage" cases, that is, refer children who need further evaluation to specialists." (Ibid. p138.) Some communities and medical schools are trying to address the problem with increased training for family medicine practitioners and residents in behavioral health. *Can family medicine improve America's mental health?* The Washington Post, Feb.21, 2023, A1.

other high need divisions in Virginia. At least two graduates have taken jobs in Charlottesville.

Family Life Education

The second part of our study focused on Family Life Education and "the adequacy of the FLE curriculum to address positive coping skills, resilience and suicide prevention." Since many of the skills that concerned League members are addressed in the schools' other health promotion efforts, such as Social Emotional Learning, we have included information about the broader issue of schools' promotion of mental health competence. As with the part of the study regarding behavioral health services, we looked at state requirements, the schools' web sites, and interviewed some representatives of the school divisions.

Virginia Requirements and Guidelines for FLE

The Code of Virginia establishes requirements regarding physical and health education (§ 22.1-207) and, under that section, requirements for Family Life Education (FLE) (§ 22.1-207.1). The broader section on physical and health education mandates that mental health is to be included,[43] but it does not require any specific topics and merely states that "such health instruction may include an age-appropriate program of instruction on the safe use of and risks of abuse of prescription drugs." (Emphasis added.)

The section of the Code regarding FLE (§ 22.1-207.1) further mandates the Board of Education to "develop Standards of Learning and curriculum guidelines for a comprehensive, sequential family life education curriculum in grades kindergarten through 12" and specifies that the curriculum guidelines include age-appropriate instruction in specific areas, regarding relationships, human sexuality and reproduction, and "mental health education and awareness."[44] It further requires that the "instruction shall be designed to promote parental involvement, foster positive self-concepts, and provide mechanisms for coping with peer pressure and the stresses of modern living according to the students' developmental stages and abilities." (Emphasis added.) The Board is also to "establish requirements for appropriate training for teachers of family life education"

[43] "Such health instruction shall incorporate standards that recognize the multiple dimensions of health by including mental health and the relationship of physical and mental health so as to enhance student understanding, attitudes, and behavior that promote health, well-being, and human dignity."

[44] The enumerated topics are "family living and community relationships; the benefits, challenges, responsibilities, and value of marriage for men, women, children, and communities; the value of family relationships; abstinence education; the value of postponing sexual activity; the benefits of adoption as a positive choice in the event of an unwanted pregnancy; human sexuality; human reproduction; the prevention of human trafficking, including the human trafficking of children; dating violence, the characteristics of abusive relationships, steps to take to deter sexual assault, the availability of counseling and legal resources, and, in the event of such sexual assault, the importance of immediate medical attention and advice, as well as the requirements of the law; the etiology, prevention, and effects of sexually transmitted diseases; and mental health education and awareness." Code of Virginia § 22.1-207.1(B). The phrase regarding mental health education and awareness was added in 2008.

(§ 22.1-207.1(C) and school boards are mandated to review its FLE curricula at least once every seven years (§ 22.1-207.1(D)).

Section 22.1-207.1:1 requires additional subjects to be covered by curricula and Standards of Learning (SOL), including the prevention of dating violence, abusive relationships, domestic abuse, sexual harassment, including sexual harassment using electronic means, sexual violence, and human trafficking; the law and meaning of consent; importance of the personal privacy and personal boundaries of other individuals and tools for a student to use to ensure that he respects the personal privacy and personal boundaries of other individuals; child abduction, abuse, and sexual exploitation. The statute also notes that the curriculum "shall incorporate age-appropriate elements of effective and evidence-based programs" on the subjects.

The legislation gives parents the right to review the complete family life curricula, including all supplemental materials, and specifies what material and how it is to be made available, and gives parents the right to remove their children from all or part of the FLE instruction (known as the "opt-out" provision) (22.1-207.2.) A separate section requires school boards to develop and implement policies that ensure that parents have the right to review any audio-visual materials that contain graphic sexual or violent content used in any anti-bullying or suicide prevention program and the right to excuse their children from participating in the part of such program utilizing such material. (§ 22.1-207.2:1)

The Department of Education has written the required Standards of Learning for FLE, which spell out the issues to be covered in the "comprehensive and sequential curriculum" for each grade (K-12), including descriptions of ways teachers and other adults at school can put the standards in their teaching or interaction with students and how parents can reinforce that learning. The guidelines also delineate the implementation of programs, training for teachers, and community involvement.[45] Several of the SOLs, starting in kindergarten and continuing high school address attributes that contribute to "positive coping skills, resilience and suicide prevention," the concerns of the study.

For example, standards in several grades help students

- Develop positive self-image and self-awareness ("experience success and positive feelings about self" (K.1, 1.1)[46], in connection with the student recognizing "that everyone has strengths and weaknesses and that all persons need to be accepted and appreciated as worthwhile," the "emphasis is on daily experiences in which children receive the message that they are worthwhile" (2.1); express what he or she likes about himself or herself to continue developing a positive self-image (3.2); "develop awareness and acceptance of his or her strengths and weaknesses," includes accepting personal responsibility for successes and failures, taking pride in successes, understanding that mistakes can result in positive learning toward success next time (4.5); learning about stages in mental and emotional

[45] https://www.doe.virginia.gov/testing/sol/standards_docs/family_life/index.shtml] The guidelines provide for flexibility in the way local school boards FLE programs to have the instruction go from K-10 or K-12 and to have the grades designed for the SOL objectives be "reassigned" within grades K-6 and "reassigned one grade level , up or down, for grades 7-12 (Ibid., at 11).

[46] The numbers refer to the grade (K-12) and the standard.

development to increase the student's self-understanding and self-acceptance (8.1); "determine how maturation affects adolescents" emphasizing its relationship to self-image, self-esteem, physiological changes, identification of human needs, constructive responses to emotions, positive mental health practices, the decision-making process, sources of values, and self-discipline (10.1); evaluate one's strengths and weaknesses in relation to personal, educational, and career goals (11.1.))

- Become aware of their interactions with others (develop respect from and for others (K.2, 1.2); understand the effects of others' behavior on himself or herself" and vice-versa (K.3, 1.3); the need to take responsibility for the effects of his or her behavior on others (2.4); behavior that enables him or her to gain friends or to lose friends (3.9); the importance of contributing to a constructive group activity, individual contributions and responsibility, opportunities for leadership (5.8); learn of personal characteristics that can contribute to happiness for self and others (6.7); relationships in the family and personal interactions; communication skills; ways of meeting emotional, physical, and intellectual needs (7.1); relationships with friends, healthy and unhealthy relationships, respect for the privacy and boundaries for self and others (7.13, 8.4); role of peers and peer groups (7.14); their attitudes concerning expectations of self and interpersonal relationships (10.2); values, morals, and ethics essential to the growth and maintenance of positive human relationships (10.3); types of adjustments and sources of conflict in interpersonal relationships, conflict resolution (12.3.))

- Learn to understand and express feelings and how to deal with them ("ways in which family members show love, affection, respect, and appreciation for each other" (K.6), "identify 'feeling good' and 'feeling bad.'"(K.10); "express his or her feelings of happiness, sadness, and anger to the teacher" and dealing appropriately with their feelings (1.8); "become aware of appropriate behavior to use in dealing with his or her feelings" and that each person can control his or her own behavior and the ways feelings are expressed (1.9); demonstrate appropriate ways of dealing with pleasant and unpleasant feelings (2.5); become aware of the changes occurring in family life that affect daily living and produce strong feelings (3.3); learning about healthy coping strategies for dealing with feelings (produced by changes in the family 3.4); basic human emotions (positive and negative) and effective ways of dealing with them "to manage appropriate responses to these feelings and to avoid self-destructive or abusive behavior by using positive mental health practices" (4.4)).

- Understand the impacts of commercials and media on emotions and decisions (including beginning to understand how the media affects mental health issues such as self- esteem or body image (2.8); mental health issues such as self-image, and alcohol, tobacco and other drug use (3.12); messages related to sexuality and gender stereotyping and how the media affects mental health issues related to sexuality (5.10,6.11, 7.5, 8.6); identity and how the media can influence how people see themselves (6.11); positive and negative effects of mass media on and the development to individuals--children, adolescents, and adults how these messages affect mental health issues (11.4)).

- Reduce risk-taking behavior and harm (use and abuse of drugs and other substances, the motivation for use, ways of dealing with one's needs and feelings without the use of drugs or other substances, dangers of use (4.8, 4.9, 5.13, 6.10, 9.8); sexual behavior and conscious decision-making, saying “no” " to premarital, abusive, and inappropriate sexual relationships (7.4) including managing peer pressure and their own sexual feelings (8.7, 9.6, 11.3); safety issues regarding the Internet (7.6); sexual assault and harassment, rape, etc. using assertive skills, conflict resolution, avoidance of risk situations, and referral services in the community (9.7)).

- Resist undesired social behavior or activity and dealing with threatening or uncomfortable situations (skill in saying "no" to behavior or activity that he/she perceives as wrong for him/herself (5.11); regarding inappropriate/unwanted sexual relationships (7.4)); and recognizing the threats, methods of self-protection and recognition and reporting of threats (5.12)).

- Develop decision-making skills in problem-solving and in determining the possible outcomes of his or her decisions (6.13); the need to think through decisions and how decisions impact their lives as well as the lives of others, and to take responsibility for the decisions they make (8.3); gathering information and applying it to decision-making (9.4); steps in decision-making process as they relate to personal, social, and peer pressures and to media messages (10.4)).

- Develop the coping skills needed to deal with stress, including positive physical and mental techniques for coping with stress (8.8) and sources of stress related to changing relationships in the home, school, and community (8.9); prevention and management of stress and crisis situations which affect family life, preventing and/or coping with various types of violence and abuse and ability to seek mental health services as needed when coping with violence (12.8, 12.9).

- Identify discrimination and its consequences, including effects on mental health (9.13).

Several of the standards note that “positive mental health practices” will be used (e.g., 1.8, 1.9, 2.4, 3.3, 3.9, 4.4, 6.13, 7.14, 11.5, 12.3.)

The guidelines address teacher training: “Those individuals selected by the localities to teach the local Family Life Education program shall participate in the training program sponsored by the Department of Education. The training program shall include training in instructional elements to support the various curriculum components.“ They also allow the involvement of “[m]edical and mental health professionals. . ., where appropriate, to help teach the content of the Family Life Education curriculum and to serve as a resource to students and to parents.” Ibid., at 13.

Local Implementation of FLE

In addition to identifying the topics in the SOLs that deal with the concerns on which we are focused (positive coping skills, resilience and suicide prevention), we again sought

information from the divisions' web sites and interviews about how the local school divisions implement them including local curricula and how and by whom the topics are addressed.

As with behavioral health issues and services, the websites varied on the information regarding FLE. Charlottesville and Albemarle County school systems again had the most complete information regarding FLE curricula, which was also easier to find using simple searches. On the Charlottesville site, a search for "Family Life Education curriculum" brought up options that included "Health and Physical Education." The page to which that links describes the overall goals of health and PE and links to pages for "the scope and sequence of the family life curriculum" and the "Family Life Resource List" for each grade.[47]

A simple search on the Albemarle County Public Schools' website for "Family Life Education curriculum" gets to a page with a link to the *Family Life Education Curriculum Revised for 2022-23 School Year for grades K through 10*, with indications of the corresponding SOL. In addition, a search for "Family Life Education" brings up a page with links to the curricula for grades 4 through 10 that includes descriptions of some of the objectives for the grade and lesson outlines and other materials for teachers to use for those objectives (not all of the ones which are the concerns of the study.)

On Fluvanna County Public Schools' website, a search for "Family Life Education" brings up a link to a page "FCPS Health and Wellness" (while a search for "Family Life Education curriculum" does not find any match.) The Health and Wellness page leads to opt-out forms for each grade that include a listing of the SOLs for that grade but no further information about the curriculum.

Searches on the web sites for "Family Life Education curriculum," "Family Life Education", or "FLE" on the Nelson County and Louisa County Public Schools did not produce results about the programs.

Similar searches on the Greene County Public Schools' site brought up links to general instruction information about FLE, parental review and opt-out as well as a link to the William Monroe Middle School site with a section Parent and Student Handbook 2021-2022, which contains similar general information about the program and the opt-out form in English and Spanish. Just as we found information regarding health services by searching the individual Greene County schools, a search on the William Monroe High School website led to a page with a link to the 9th and 10th grade FLE curriculum. It delineates the lessons' topics, corresponding SOLs, knowledge and skills, instructional materials, key terms, assessment opportunities, and parent/student activity (if any).

Our interviews added information about the development of the curricula, periodic reviews (generally more frequent than the statutorily required time), and involvement of task forces or health and wellness committees with diverse members that generally include members of the community, teachers, nurses, food services, mental health professionals, school

[47] The former has links to the SOLs and an overview of the lessons by grade, including the topics, instructional activities and some of the instructional materials, while the latter has recommended books, internet resources, DVDs, community and other sources of information.

board members, and parents. Several representatives mentioned the sensitivity to family concerns and to "not step on families' toes."

Most schools implement FLE in the early grades by incorporating the SOLs into regular classroom instruction and activities and the counseling programs. In the later elementary grades and middle and high school, FLE is generally part of the health programs and taught by physical education teachers with school counselors or other mental health staff. While some school divisions had outside experts participate in FLE teaching before the Covid pandemic, at the time of our interviews, FLE was being taught by school personnel.

The school divisions take different approaches to FLE teacher training, with most relying on the state's online workshops. The Charlottesville City Schools has done its own training recently to implement the newly revised (2022) curriculum.

While FLE SOLs and local curriculum include topics that help build positive coping skills and resilience and, thereby contribute to suicide prevention, we also decided to examine other educational efforts to enhance emotional wellbeing and build those skills. As discussed above (p.11), VDOE has developed Social Emotional Learning Guidance Standards which address skill development in self-awareness, self-management, social awareness, relationship skills, and decision making. The YRBS noted the importance of SEL in early grades and development programs in middle and high school for increasing "school connectedness" to improve student mental health.

The Department's *Prevention Strategies and Programs* also specifically addresses suicide prevention with information and resources for school personnel, parents and students on the topic and has adopted *Suicide Prevention Guidelines for Virginia Public Schools* and training for school staff in suicide prevention. It has partnered with the Virginia Department of Health to raise awareness about the warning signs of suicide, how to access help during a crisis, and lethal means restriction for their Suicide Prevention Month Educational Campaign in September. The campaign has included the development of an electronic toolkit with materials related to the campaign[48].

We asked some school representatives about SEL and other efforts to promote mental health skills. As discussed briefly above, the Charlottesville City School system focused on social and emotional learning before the state legislation directed VDOE to develop standards. Its website notes that its counselors teach social and emotional skills when they visit classrooms, work with small groups or individuals, host clubs, and organize activities. The school division has been adding SEL to its regular classroom curriculum since 2015 to teach specific behaviors, such as the ability to recognize and regulate emotions, using nationally recognized and local resources, for which there are links on the web site. Since the 2020-21 school year, it has made social-emotional learning instruction available to all students, pre-kindergarten through 12th grade.[49]

[48]The *RecognizeTalkAct Suicide Prevention Toolkit* includes educational materials and print-ready social media communication templates that schools can use, available at https://www.vdh.virginia.gov/suicide-prevention/

[49] http://charlottesvilleschools.org/social-emotional-learning/

When we asked about training regarding SEL, we learned that support for teachers includes adult SEL for which they have an educators' toolkit "Transforming Education".[50]

Albemarle County Public Schools reports on its web site that its implementation of SEL included the hiring in 2021 of additional social and emotional learning coaches in every school. In its *State of the Division 2021-22*, the school system listed the goal to "Support the physical and mental health of our students, staff and families," with the stated Objective 2.2, Strategy 1, of *Learning for All,* stating "ACPS will adopt, implement and measure the effectiveness of a Social-Emotional Learning curriculum, including Responsive Classroom and Developmental Designs, in grades K-12." It reports that in the 2021-22 school year, it "[a]dopted and outlined Social-Emotional Learning (SEL) Curriculum at all grade levels; [i]mplemented SEL Curriculum at all grade levels, and [i]mplemented and began using the DESSA tool as a measure of need."[51]

Other school systems are assessing how to implement the relatively new state guidelines. The representative of the Louisa County Public Schools told us that teachers and counselors are reviewing the guidelines and the curriculum to see where current curriculum includes the SEL standards and that much of SEL is covered in the current curriculum. Other mental health promotion education in the county includes regularly schooled guidance lessons, generally done by the school counselors and integrated into the teachers' lesson plans. In the elementary grades, topics focus on character development and social skills and in the secondary level, anti-bullying and social skills. Targeted groups receive small group support on executive functioning and emotional regulation skills.

Fluvanna County Public Schools has also undertaken a "pilot program" regarding the new SEL standards to determine what parts of the standards are already in the curriculum. As noted above, the County high school's counseling team has developed a resource list, largely for parents and caregivers, regarding "Social/Emotional Support" that includes information on cyberbullying, teen suicide (what parents should know; recommendations for the home; suicide prevention assistance for parents and caregivers); and social and emotional wellness considerations for parents and caregivers.)[52]

In Greene County, all students receive a fifteen-minute advisory period every day where a topic such as mental health support and best practices is included at least once a week. Students have the opportunity to bring any personal concerns to a counselor during this time.

Issues Going Forward

While this study focused on the current state of behavioral health services and FLE in the area schools to update our earlier position, we have become aware of issues relating to the subject that go beyond the scope of our inquiry that we want to mention.

On the legislative front, this year, SB818 was introduced in the General Assembly and passed (as amended as SB818S1) by the Senate that would have required each public

[50] https://transformingeducation.org/resources/sel-for-educators-toolkit/]
[51] https://www.k12albemarle.org/our-division/state-of-the-division/learning-for-all/objective-2-2.
[52] http://flucoschoolcounseling.weebly.com/socialemotional-support.html.

elementary, middle, and high school to provide at each grade level, in addition to health instruction, an additional age-appropriate course of instruction on mental health.[53] In the House, it was referred to the Committee on Education but was not reported out. We recommend that the League follow legislative proposals in the 2024 to see if this or similar bills are introduced.

Social and Emotional Learning also become a focus of criticism in many states, including Virginia. We have seen reports of parents and community members fighting the teaching of SEL, with accounts noting that it is because social-emotional learning has become linked with other "culture war" issues, such as critical race theory and gender equity.[54] The NPR account tells of questions being raised, starting in 2021, with the Virginia Beach City Schools on this issue and how tense school board meetings have become. Again, we recommend that our League monitor the local situation for similar criticism.

We have learned of efforts of school districts elsewhere to expand behavioral health services to meet their students' needs. Some of these might enhance programs and services in our area. Montgomery County, Maryland, boosted funding last year to expand services to have wellness centers at county high schools, that offer medical care, mental health and social services to students and their families. The director of that program noted the services for families and that these centers should also help elementary and middle schoolers.[55]

In Colorado, *IMatterColorado.org* offers six free mental health consultations for every student in the state, with the promise of confidentiality. Similarly, the *SafeUT app* allows any Utah student to immediately, and anonymously, contact a mental health professional. Children can also report friends struggling with suicidal thoughts or who might bring guns to school.[56]

In other communities, schools are using remote health care, with some contracting with private companies and others working with local providers or non-profit organizations. Prince George's County, Maryland, cited the reduction in absenteeism as an incentive to

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[53] The bill would have directed the Board of Education to develop mental health curriculum guidelines for an age-appropriate, sequential mental health curriculum for each grade level and requires such curriculum guidelines to include instruction on (i) understanding general themes of mental health and wellness, (ii) recognizing symptoms of common mental health challenges, (iii) promoting mental health wellness, (iv) seeking assistance for mental health concerns and challenges, (v) promoting awareness of the prevalence of mental health challenges and the importance of overcoming common mental health stigmas, (vi) understanding the importance of mental health to a student's physical, academic, and overall well-being, and (vii) understanding, at such grade levels as the Board deems appropriate, age-appropriate instruction on the connection between mental health and substance use disorders.

[54] See, for example, *Conservatives push back on "social emotional learning"*, The Washington Post, April 7, 2022, A6; *How social-emotional learning became a frontline in the battle against CRT*, on NPR's *All Things Considered,* Sept. 26, 2002, at https://www.npr.org/2022/09/26/1124082878/how-social-emotional-learning-became-a-frontline-in-the-battle-against-crt

[55] *Funds for student mental health care,* The Washington Post*,* April 21, 2022.

[56] See *America's teens are in crisis. States are racing to respond,* The Washington Post editorial, April 1, 2023.

use telehealth, noting that if appointments are at school, students are able to return to class and miss less instruction.[57]

Alternative approaches to behavioral health have also been used by schools to help students develop coping strategies when they returned to school after the pandemic shut-down. For example, Paint Branch High School in Burtonsville, Maryland, is using mindfulness and recess programs to help students deal with their stress and readjustment.[58]

Recommended Position Update

At the program planning meeting, the members suggested amended language, which we reviewed in light of the goals and the information from the study. We recommend some edits and additions to the proposed language and to the original text, indicated below with additions underscored and deletions stricken through.

First, we questioned the need to add "physical and mental" before each reference to health and, instead, suggest that the modified description be in the introductory line of the position.

The current position supports "a full time health professional," language that was drafted when many schools did not have a school nurse on their staffs. In addition, calling for a "full time" mental health professional does not fulfill the current needs in the schools. As discussed above, state law requires school counselors and establishes the ratio of counselors to students. Many schools have additional counselors, social workers and school psychologists and still have unmet needs while others would like to add school psychologists to their counseling staffs. We suggest indicating our support for "sufficient professional staffing and funding," to address the desire to add additional counselors, school psychologists or other personnel, and the added costs that would entail for the school districts.

We also recommend adding language to support funding for "community health resources" to be able to address the added services that the community service board or area non-profit organizations might provide to meet current needs. As several school district representatives noted, cutbacks in Region 10's funding and changes in Medicaid coverage have limited students' access to behavioral health services in the area.

In light of the addition of the state requirements for SEL, the current varied levels of SEL implementation in the different school districts, and the potential for challenges to SEL, we recommend that SEL be added to both the title of the position and in the text. As with our recommendation that we not repeat "physical and mental" numerous times before each reference to health, we recommend editing the text to use "health, social emotional learning, and family life education" in the introductory language.

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[57] *Schools turn to telehealth counseling as student mental health needs soar*, The Washington Post, Dec. 11, 2022, A10.

[58] *Paint Branch educators bring mindfulness to the classroom,* The Washington Post, Feb. 5, 2023, C1.

As to the curriculum for FLE, just as we specified the inclusion of comprehensive sexuality education in the current position to ensure that it is part of the program, we suggest adding "instruction regarding positive coping skills, resilience, violence and suicide prevention" to address these particular concerns.

In conclusion, we recommend that the League of Women Voters of the Charlottesville area adopt the following update position:

> **Health, Social Emotional Learning, and Family Life Education and Health Services in Area Public Schools**
>
> Action: Support of the following physical and behavioral health services and programs: a dedicated health facility which conforms to state and national guidelines; sufficient professional staff and funding ~~a full time health professional~~ for each school ~~health facility~~; school advisory boards which include health professionals, parents and community members; a qualified and trained director of school health programs; funding for community health resources to assist school health services and programs; and health, social emotional learning, and family life education in our area schools which includes: regular periodic review of curriculum to ensure updating with new information or materials and to meet needs that are identified; more age-appropriate comprehensive sexuality education, instruction regarding positive coping skills, resilience, violence and suicide prevention; continued training of teachers in ~~health, and family life~~ curricula and issues; use of experts to participate in ~~health and family life~~ education of students and teacher training, identifying additional resource materials and making them available to students, parents and teachers; increasing community and family understanding of and involvement in ~~health and family life education~~ such programs.