



School-Based Mental Health Services Grant Fiscal Year 2024

Full Text of Announcement

I. Funding Opportunity Description:

Purpose of Program: The School-Based Mental Health Services grant program provides competitive grants to school divisions to contract with public or private community partners to provide mental health and/or substance use disorder services to students and trainings to school personnel or community stakeholders such as parents and school-based mental health advocates. These funds can enhance or scale up current school-based mental health and/or substance use disorder services by offering more flexible clinical capacity for service and programming needs that are beyond the scope of school-based personnel. These funds can also be used to enhance universal prevention supports in schools.

Summary: The Department of Behavioral Health and Developmental Services (Department) is issuing grants to school divisions under State General Funds beginning fiscal year (FY) 2024. Funding will be available through June 30, 2024.

Awards will be prioritized to school divisions that meet the application requirements.

Posting of Solicitation for Applications: **NOVEMBER 8, 2023**

Deadline for Applications: **DECEMBER 5, 2023 no later than 5:00pm.** Only complete applications will be accepted. Any information that may come after the deadline will not be reviewed.

Submission Requirement: Submit via email to Bern'Nadette Knight, PhD at bernadette.knight@dbhds.virginia.gov

II. Background:

In fiscal year 2024, the General Assembly (GA) provided funding to pilot the expansion of school-based mental health service integration through community partnerships and technical assistance to school divisions. This funding has been managed by the Office of Child and Family Services (OCFS) within the Department. In fiscal year 2024, new funding was appropriated by the GA and through Governor Youngkin's Right Help, Right Now plan for school-based mental health services. This funding builds upon initial efforts to expand school-based mental health services within the state, and includes efforts to impact the Governor's ALL In VA plan to address attendance, learning loss, and literacy as a result of the COVID-19 pandemic, particularly with respect to the link between mental health and learning. (See Appendix H for more information on ALL in VA)

It has been well described that community partnerships are an effective way to mobilize resources, increase innovation, and create more meaningful and sustainable solutions to improve health outcomes. No single sector can solve complex system challenges alone. Services within schools must be provided by a public/private community partner which may include local Community Services Boards/Behavioral Health Authorities (CSBs/BHAs), other community based private providers of mental health or substance use disorder

treatment and non-profit organizations. Applicants must offer mental health and/or substance use disorder screenings, assessments, and service interventions based on the screening and assessment results for students in the school setting. As well, school divisions must offer universal supports for mental health and substance use prevention. These services and supports must fall within the Multi-Tiered Systems of Support Framework (MTSS). ***School divisions are strongly encouraged to choose from an approved list of evidence-based practice or evidence-informed services for youth across one or more of the three tiers of this model. If you would like to use an evidence-based or evidence-informed model not listed, please attach model information (overview, target age(s), MTSS tier(s) model would support, etc.) and reason for selection along with your application.***

Applicants will be required to participate in Technical Assistance opportunities sponsored through OCFS and/or designated partners to support program implementation efforts between school divisions and community partners. Additionally, a percentage of students served annually must be students of color, LGBTQ+, migrant, refugee populations, or students of households that are experiencing socio-economic insecurities. Applicants may determine this percentage by submitting a Disparity Impact Statement or other demographic data with their application that supports the percent chosen. All services provided for this program must be trauma informed and culturally responsive.

III. Award Information:

Type of Award: Discretionary Grants

Estimated Available Funds: \$5,180,000 through June 30, 2024.

Contingent upon the availability of funds and the quality of applications, we may make additional awards in subsequent years from the list of unfunded applications from this competition. Funding cannot be used to supplant existing funds for school-based mental health and/or substance use disorder services within your division. Supplanting occurs when a state or unit of local government reduces state or local funds for an activity specifically because other funding, such as federal funds, are available (or expected to be available) to fund that same activity. When other funding is available, it must be used to supplement (not replace) existing state or local funds that have been appropriated or allocated for the same purpose. Funding also cannot be used to create school personnel positions.

Estimated Range of Awards: Up to \$400,000 per year. Budgets that request the maximum award must serve multiple schools.

Estimated Number of Awards: up to 12

Note: The Department is not bound by any estimates in this notice.

Funds must be expended by June 30, 2024

IV. Application Review Information

- 1. Applications due by 5:00 pm on DECEMBER 5 ,2023.** Applications can be submitted via email to bernnadette.knight@dbhds.virginia.gov
- 2. Selection Criteria:** The maximum score for all selection criteria is 100 points. The points assigned to each criterion are indicated in parentheses.
- 3. Selection Review:** The selection review committee will include staff from both the Department of Behavioral Health and Developmental Services and the Virginia Department of Education.

4. Review and Selection Process: We remind potential applicants that in reviewing applications in any discretionary grant competition, the Department may consider the past performance of the applicant in carrying out a previous award, such as the applicant's use of funds, achievement of project objectives, and compliance with grant conditions. The Department may also consider whether the applicant failed to submit a timely performance report or submitted a report of unacceptable quality. We also reserve the right to consider any current or past licensing violations when reviewing and selecting applicants.
5. Page limit: Application not to exceed 10 pages. Commitment letters, project budget, and option for telehealth description are not included in the page limit. A budget and justification template are included in Appendix A. All applicants must use this budget template in order to be reviewed. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each. A guide for allowable expenses is included in Appendix D.

V. Award Administration Information

1. Reporting:
 - (a) If you apply for a grant under this competition, you must ensure that you have in place the necessary processes and systems to comply with the reporting requirements.
 - (b) Equipment is a single item of tangible, nonexpendable, personal property that has a useful life of more than one year.
 - (c) At the end of your project period, you must submit a final performance report, including financial information, as directed by the Department.

FOR FURTHER INFORMATION ABOUT THIS REQUEST FOR APPLICATIONS CONTACT: Bern'Nadette Knight, PhD at bernnadette.knight@dbhds.virginia.gov

VI. Application Requirements: In its application, an applicant must describe the following:

(a) Project Services (30 points)

The applicant must describe its approach to providing school-based mental health and/or substance use disorder services. Applicants must subcontract with public/private community partners to deliver services within schools. If needed, the applicant can subcontract with multiple public/private community partners to provide services.

Any mental health and/or substance use disorder screenings, assessments, and interventions that applicants offer must be based on the screening and assessment results for students in the school setting. If funding will be used to support activities across multiple schools, indicate which services will be provided at each school. **Funds cannot be used for services and supports covered by Medicaid. Funds cannot be used for Therapeutic Day Treatment (TDT).**

Services must fall within the Multi-Tiered Systems of Support framework. The Multi-Tiered Systems of Supports (MTSS) is a systemic, data-driven approach that allows divisions and schools to provide targeted, evidence-based interventions to meet the needs of their students. This is done through a clearly defined process that is implemented to fidelity by all stakeholders within the school and/or division. The framework has three (3) Tiers. Tier 1 is universal, primary prevention which supports everyone- students, educators, and staff across all school settings and works to build positive

relationships between staff and students. Examples of Tier 1 services/trainings include suicide prevention, Adverse Childhood Experiences (ACES), social emotional learning programs, bullying prevention, substance abuse prevention, and mental health first aid. Tier 2 provides an added layer of targeted support that requires screening and treatment protocol. Examples of Tier 2 services include Cognitive Behavioral Intervention for Trauma in Schools (CBITS) and Youth Screening, Brief Intervention, and Referral to Treatment (YSBIRT). Tier 3 is the most intensive level providing individualized supports for academic and/or nonacademic needs. Tier 3 examples would include crisis intervention and supports, direct treatment for a diagnosed mental health or substance use disorder, and complex functional behavioral analysis and intervention planning. Applicants must list the services they will provide under designated tiers. An example of services within each Tier can be found in Appendix B and a description of selected evidence-based or informed services can be found in Appendix C.

For this funding, school divisions must provide services that fit within MTSS tiers. For purposes of the announcement, emphasis is placed on providing services that directly impact educational priorities of the Governor's ALL In VA plan: attendance, learning, and literacy. If services will be used by an external support, the application must list the community partner providing this support, services that will be provided and the funding amount that will be set aside for this partnership.

If the applicant is currently providing services within a tier, funding can be used to continue services provided no other funding source is being used to support the same service or to expand services. It is expected that most funding will be used to support the delivery of services in tiers not currently provided within your school division. Finally, the applicant must describe the evidence-based or evidence-informed intervention that will be expanded and/or a newly funded service.

Applicants shall:

1. Describe any current services provided within your school division and which tier (if any) they fall within. Describe how funds would be used to expand/enhance any current efforts within your school district through services provided by the public/private community partner. Describe if these services currently fit within the MTSS framework and if so, which tier(s). Indicate if any existing efforts are evidence-based or informed practices.
2. Describe how these funds would be used to support new services provided within your school division through public/private community partners. Describe which tiers will be used to deliver each service and your rationale for choosing these services. Describe how you will incorporate evidence-based or informed practices (EBPs) into the school based mental health efforts. If applicable, describe how this new approach will take into consideration any previous barriers. If you are seeking funding for tier 3 services, describe how you will either work with the community partner to provide this service within the school setting or refer out for services. If you are referring out for services describe the community partners, specific referral services, and funding from this award that will be used to support this. Provide a school level demographic profile of students who will be (or currently) receiving services under each tier. Also describe how services will or currently support students of color, LGBTQ+, migrant, refugee populations, or students of households that are experiencing socio-economic insecurities. If services will also include support to parents/families, please describe how this will occur.

3. Describe how the services will impact student attendance, learning capability, and/or literacy goals. Intended impacts may be at the individual student level, grade level, or overall school division's goals. Describe the integration of any mental health or substance use disorder screening, assessment, or interventions with other existing school-based programs, such as afterschool enrichment programs, learning supports, or other health related supports.
4. Describe if there is an existing Memorandum of Understanding (MOU) in place with a community provider. Describe the personnel/services/etc. provided under this MOU and how this new funding will be included in work. If you do not have a MOU in place with a community provider, describe your plan to develop this understanding and what personnel/services/will be provided. A guide to developing MOUs can be found here: www.doe.virginia.gov.docx (live.com)
5. Applicants must describe the staff from the public/private community partners providing services, how often they will be in the school setting, how referral processes will work including how soon students will receive services once identified, the screening and assessment tool or tools that will be used, how they will determine successful or unsuccessful discharge from/completion of services, and the school or schools where services will be provided. Applicants should also outline this for any current services provided by community partners within the school division.

Section Review Criteria

The Department will consider the quality of the services to be provided by the proposed project. In determining this, the Department will consider the extent to which the proposed services that focus on prevention and targeted support. The Department will also consider the extent to which the school division incorporates evidence-based or informed practices into service delivery.

(b) Trainings (25 points)

In addition to providing school-based mental and/or substance use disorder services for students, the applicant shall also provide trainings to school staff, personnel, administrators, and students as well as designated stakeholders (i.e., family, school advocates, etc.). Trainings can focus on the MTSS framework, supporting the delivery of services within MTSS tiers, specific evidence-based or informed practices, shared training between school personnel and parents, caregivers, and other family members, mental health system literacy, how to refer students for services within the community, etc. Applicants may subcontract with public/private community partners to deliver trainings, which may include train-the-trainer opportunities focused on building capacity and competency within school personnel.

Applicants shall:

1. Describe current trainings (if any) provided within your school division. Describe the purpose/goal of trainings, who receives trainings (i.e., school personnel), and who delivers the trainings.
2. Describe how these funds would be used to expand/enhance the current training efforts within your school division. Describe if these trainings currently fit within the MTSS framework and if so, which tier(s).
3. Describe how these funds would be used to support new trainings provided within your school division through public/private community partners and who would receive the trainings. Describe

your rationale for choosing these trainings and which tier services they would cover. If applicable, describe how this new approach will take into consideration any previous barriers.

Section Review Criteria

The Department will consider the quality and quantity of the trainings to be provided by the proposed project. The Department will consider the types of trainings provided by community partners and how it supports the delivery of school based mental health services within schools.

(c) Severity and magnitude of the problem (10 points)

Applicants must provide data related to the impact of mental health and substance use disorders on their students and families, rates of absenteeism, learning loss, and literacy. Applicants must describe the nature of the problem within their school division, based on information including, but not limited to, the most recent available ratios of service providers to students enrolled in the selected schools, school-level demographic/profile data, health equity data, school climate surveys, school violence/crime data, and data related to suicide rates or prevalence of mental health needs.

Applicants must describe their crisis response plan for students that are actively in crisis i.e., experiencing suicidal thoughts, threatening harm to self or others, domestic violence, homelessness, reports of child abuse/neglect.

Applicants must provide the number of students they propose to serve annually (minimum requirement is 50 youth per year) including a percentage of students of color, LGBTQ+, migrant, refugee populations, or students of households that are experiencing socio-economic insecurities.

Applicants must outline how they will work with public/private community partners to provide culturally and linguistically appropriate services for students of color, LGBTQ+ identified students, or that are from migrant, refugee, Appalachian, or socio-economically stressed populations. The Office of Minority Health defines Culturally and linguistically appropriate services as those that are respectful of and responsive to the health beliefs, practices, and needs of diverse consumers. Applicants must also outline how they will work with public/private community partners to provide trauma-informed services. SAMHSA defines trauma as events or circumstances experienced by an individual as physically or emotionally harmful or life threatening which result in adverse effects on the individuals functioning and well-being. Trauma informed services are those that are provided with an awareness of the effects of trauma on individual lives as well as delivery of services that may inadvertently be experienced as traumatic.

Applicants shall:

1. Provide a description of the community which the school division serves that demonstrates the need for mental health services for students including students of color, LGBTQ+, migrant, refugee populations, or students of households that are experiencing socio-economic insecurities. One way to determine disparities in communities is through a Disparity Impact Statement of the selected community. SAMHSA provides an example of a Disparity Impact Statement at this link: [disparity-impact-statement-examples_0.pdf \(samhsa.gov\)](#) Based on data in your community that may or may not include a Disparity Impact Statement, the applicant must provide the percentage of students from marginalized or socio-economically stressed families they plan to serve annually. School level

demographic/profile data can be used to provide a description of the community which the school division serves to demonstrate need.

2. Describe any pre-implementation work that has been completed to demonstrate the need in the school system and how this data/information has informed this funding request. This data can be used to provide a demographic profile of students served and if they represent students of color, LGBTQ+, migrant, refugee populations, or students of households that are experiencing socio-economic insecurities.
3. Describe the crisis response plan school divisions will use for those students who are actively in crisis.
4. Describe how the applicant will work with the community provider to ensure services are provided to students in culturally and linguistically manner.

Section Review Criteria

The Department will consider the need for the proposed project. In determining the need for the proposed project, the Department will consider the extent to which specific weaknesses, gaps, or needs in services; infrastructure; or opportunities have been identified and will be addressed by the proposed project, including the nature and magnitude of those weaknesses, gaps, or needs. Additionally, the Department will consider the applicant's description of the need to serve students from disparate, marginalized or socio-economically stressed families.

(d) School-Based Mental Health Personnel (10 points)

Applicants must describe the qualifications (education, experience, and relevant training) of project personnel at the school division who will assist with project implementation and coordination. Applicants must designate personnel from their school (working on this grant) to be a point of contact with OCFS, designated partners on the state level, and with public/private community partners.

Funding cannot be used to create school personnel positions. Additionally, applicants must describe the position and qualification (education, experience, and relevant training) for community partners (i.e., personnel at the CSBs/BHAs) who will be providing services and/trainings to schools. Community partners are encouraged to hire project personnel from populations that are similar to the student populations they plan to serve (members of populations in their communities that have traditionally been underrepresented based on socio-economic status, race, color, national origin, gender, age, or disability).

Applicants must also describe their division approval process for receiving grant funds. If an exact timeframe is unknown the applicant must provide an estimate of the timeline for approval of funds.

Applicants shall:

1. Describe personnel who will support grant coordination and implementation within the school division. Identify who will serve as a point of contact with OCFS (and designated partners) and public/private community partners.
2. Describe personnel from the community partner who will support grant service and training delivery.

3. Include the capacity of the school division to use the money appropriate through this grant. Descriptions may include timeline of approval process at the division level for approving funds for use on school-based mental services.

Section Review Criteria

The Department considers the quality of the personnel who will carry out the proposed project. In determining the quality of project personnel, the Department considers the education, experience, and relevant training of project personnel, consultants, or subcontractors. Additionally, the Department will consider the extent to which the applicant encourages partnerships from persons who are members of populations in their communities that have traditionally been underrepresented based on their socio-economic status, race, color, national origin, gender, age, or disability.

(e) Collaboration/Partnerships (15 points)

Applicants must describe the benefits of community-based partnerships with schools as it relates to addressing youth mental health and substance use disorders. Applicants must describe the existing collaborative structure in place. If entering a new partnership for this grant, applicants must describe the partnership (name of organization, if a public or private entity, etc.).

Applicants shall:

1. Describe how the goals of the pilot are better achieved through a community partnership and how the mission of the partner organization and the school division are mutually aligned in vision, purpose, and/or way to solve the problem being addressed through the intervention.
2. Describe current partnership agreements; communication structures and describe in detail how the community partner will collaborate with school-employed mental health providers, such as school counselors, school psychologists, and school social workers to implement proposed services and/or trainings. The description should include the plan for information sharing with consideration to applicable confidentiality and privacy laws. This may include information on any MOUs/MOAs/contracts with public or private mental health providers currently or plans to engage with any external providers. If this is a new partnership, describe how intended communication structures and collaboration with school-employed mental health providers, such as school counselors, school psychologists, and school social workers utilized to implement proposed services and/or trainings will occur. The Virginia Department of Education has a guidance document which can be used to help develop any MOUs/MOAs with your community partners. To access this document, click this link: www.doe.virginia.gov/docx/live.com
3. Describe how the school staff will know about the mental health and/or substance use disorder services you plan to provide and how you will educate them in identifying students that may need services.
4. Describe the role of the community partner organization in communicating externally with families and/or other stakeholders, foster broad engagement, provide data and other insights to the problem, leverage existing relationships, optimize mental health/substance use disorder resources, or enhance the capacity of schools to provide needed mental health/substance use disorder interventions.

Section Review Criteria

The Department will consider the strength of the current relationships described or the plan to engage in a new partnership collaboration between the school division and new or existing partners. The Department will review the plan for communicating with school staff and the process for identifying students in need of services. The Department shall consider how the partnership between the community and school enhances capability or capacity of the school to deliver services.

(f) Detailed project budget and other support. (10 points)

The applicant must provide a detailed project budget and narrative justification of the items included in the proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. Other support is defined as funds or resources, whether federal, non-federal, or institutional, and indirect costs. The indirect cost rate limit is 5% unless your school division has a negotiated rate. If your school division has a negotiated rate, you must provide your indirect cost rate agreement letter with your application.

Include a line-item budget for one-time costs. Funds cannot be used for vehicles, construction, and any major renovation. **Applicants must use the budget template located in Appendix A of this document. An outline of allowable costs can be found in Appendix D.** The state fiscal year begins July 1st and ends June 30th.

Section Review Criteria

The Department will consider the appropriateness of the detailed project budget in terms of reasonableness of the cost's relative to the project description and narrative justification.

(g) Data Collection Process

A critical question for the School-Based Mental Health Services Grant is whether youth who have received services and school divisions that offer interventions have significantly better outcomes at both the individual and school level. As such, all grantees will be required to collect and report certain data. Data collected will assess both educational and behavioral health outcomes.

This information will be gathered using uniform data collection tool(s) and processes outlined by the Office of Child and Family Services and/or designated partner(s). **The current tool and collection process will be provided upon award.** Data must be reported to the OCFS/designated partner quarterly. Technical assistance (TA) related to data collection and reporting will be provided. In addition, grantees will be expected to work with Office of Child and Family Services (OCFS) on the cross-site evaluation and quarterly project meetings which will synthesize findings across all grantees to assess the overall performance.

Collected data must include training efforts and deidentified student information. In addition to data collection and performance measurement requirements outlined in this application; grantees shall report performance measures based on participation of the grant such as the following:

1. Number of organizations collaborating/coordinating/sharing resources with other organizations because of the grant.

2. Number of people in the school system trained in behavioral health related practices/activities because of the grant. This shall include staff, personnel, and administration.
3. Number of parents or family members who participated in trainings on behavioral health related topics (i.e. system literacy, MHFA, etc.)
4. Number of trainings conducted, including the number of student trainings conducted and the training delivery methods used (i.e., webinars, in person assemblies, etc.).
5. Number of students screened for mental health or related interventions.
6. Number of students referred for mental health or related services.
7. Number of students identified with chronic absenteeism who receive services provided through the grant and impact on attendance based on interventions provided.
8. Number of students who were identified for mental health and or substance use interventions that were also referred to receive additional educational supports.
9. Number of students newly identified for a 504 or IEP due to a mental health or substance use disorder.
10. What successes and roadblocks are noted in school-based mental health implementation?
11. Parent/caregiver/student satisfaction with services provided.
12. Community partner feedback survey

Funding from this announcement can be used to support data collection within the school division and with community partners. Up to 10% of your award can be used to support data collection and management. This can include (but not limited to) assessments used to collect student data, support for collection of data across your school division and/or software to assist in analyzing data to understand outcomes.

Appendix A: Budget and Justification Template

The purpose of this template is to help you determine costs for your pilot project. In the personnel and training sections, please specify which Tier(s) of service funding will be used.

A. Personnel: Outline information on the community-based provider (public or private), including in-kind costs for this position who work is tied to the pilot project.

Position	Name	Organization	Annual Salary/Rate	Level of Effort	Cost
Behavioral Health Provider	To be selected	ABC Corporation	\$64,890	10%	\$6,489
Trainer	To be selected	ABC Corporation	\$46,276	100%	\$46,276
Project lead	To be selected	ABC Corporation	In-kind cost	20%	\$0
Screeener	To be selected	ABC Corporation	\$30,550	100%	\$30,550
				Total	\$83,315

Sample justification for personnel costs: Describe the role and responsibilities for each position. Please indicate which Tier(s) of service (Tier 1, 2, and/or 3) each person or provider will provide support.

1. The Behavioral Health provider will deliver Tier 2 substance use prevention services to 100 students in grades 6-8.
2. The trainer will provide Suicide for Prevention training to 50 school staff as a part of Tier 2 services.
3. The project lead will provide oversight and serve as the contact person to the Department of Behavioral Health and Developmental Services.
4. The screener will conduct all school-based screenings.

B. Fringe Benefits: List all components of fringe benefits rate (note: Please use this section for any fringe calculation that need to be made for your community partners. Funding cannot be used to support personnel hired by the school.)

Trainer fringe calculation:

Component	Rate	Wage	Cost
FICA	7.65%	\$46,276	\$3540
Workers Compensation	2.5%	\$46,276	\$1157
Insurance	10.5%	\$46,276	\$4859
		Total	\$9556

Screening fringe calculation:

Component	Rate	Wage	Cost
FICA	7.65%	\$30,550	\$2337
Workers Compensation	2.5%	\$30,550	\$764
Insurance	10.5%	\$30,550	\$3208
		Total	\$6309

Total: Trainer Fringe + Screening Fringe = \$15,865

Sample Justification for Fringe Benefits: Fringe benefits reflects current rate for agency.

C. Training Materials/Curriculum: Use this section to indicate materials/curriculum that will be used to train school staff and/or community based mental health providers to deliver mental health, substance use services. Evidence-based practice (EBP), or evidence-informed materials should be used for training purposes.

Name of training to be conducted during the project

Item/Name of Training or Curriculum	Rate	Cost
Curriculum- Signs of Suicide for Middle School	3 licenses X \$500	\$1,500
Curriculum- Signs of Suicide for School Staff	3 licenses X \$800	\$2,400
Youth Mental Health First Aide training for all staff	6 days of training at \$1000 per day	\$6,000
	Total	\$9,900

Sample justification for training costs: Describe the training, target population (school staff, students, etc.) and service Tier(s).

1. Purchase of 1 annual building license of Signs of Suicide Curriculum for grades 6-8 to provide Tier 3 services.
2. Purchase of 1 annual building license of Signs of Suicide training for staff (i.e., teachers, counselors, administrative staff) to identify signs of suicide in middle school students (grades 6-8) to provide Tier 3 services.

D. Supplies and Equipment: Supplies are items costing less than \$5,000 per unit (federal definition), often having one-time use. Equipment is a single item of tangible, nonexpendable, personal property that has a useful life of more than one year. The justification must include an explanation of the type of supplies and equipment to be purchased and how it relates back to meeting the project objectives. **Funding cannot be used to purchase vehicles as equipment, likewise, supplies cannot be used for major structural renovation (i.e., building, office, etc.).**

Provide the following information for the narrative and justification:

1. Items – list supplies by type, e.g., office supplies, postage, laptop computers.
2. Calculation – describe the basis for the cost, specifically the unit cost of each item, number needed and total amount.
3. Supply Cost – provide the total cost of the supply items to be charged to the award during the budget period.

Item(s)	Calculation	Supply Cost
(1) General office supplies	\$50/mo. x 12 mo.	\$600
(2) Laptop Computers	2 x \$900	\$1,800
Printer	\$300	\$300
Copies	8000 copies x .10/copy	\$800
Furniture	\$1000	\$1000
	Total	\$4,500

Sample Justification for Supplies and Equipment: Briefly describe how supplies and equipment will be used to carry out grant activities.

1. Office supplies (copies and postage) are needed for general operation of the project.
2. The laptop computers and printer are needed for both project work and presentations for Project Director.
3. The furniture includes a desk and desk chair for the screener.

E. Administrative/Indirect Costs: Administrative/Indirect Costs, also known as “facilities” and “administration” are defined as those costs incurred for common or joint objectives which cannot be readily identified with an individual program but are necessary for the operations of the organization. “Facilities” is defined as depreciation on buildings, equipment and capital improvement, interest on debt associated with certain buildings, equipment and capital improvements, and operations and maintenance expenses. “Administration” is defined as general administration and general expenses such as the director's office, accounting, personnel, and all other types of expenditures not listed specifically under one of the subcategories of “Facilities.”

For this grant, DBHDS is using a base administrative rate of **5.0%**.

Note: If your district has a set administrative/indirect cost rate, we ask you indicate this on the worksheet and use that set rate.

Sample for calculating indirect rate:

Administrative rate used for pilot: 5.0% *(Update this percentage only if your district has a set rate)*

Pilot Costs (Calculated from Sections A-D of budget)	Administrative Costs (calculated using rate from Section E)	Grand Total
\$113,580	\$5,679	\$119,259


Sample justification:

1. We are using an indirect cost rate of 2.5% for this pilot.

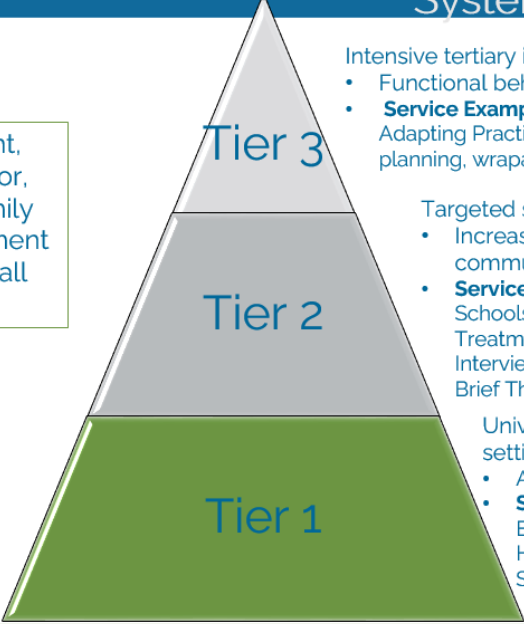
F. Summary of Grant Costs: Use this section to list all costs associated with the pilot from each section.

Total Request	
Budget Section	Budget Section Total
A. Personnel	\$83,315
B. Fringe	\$15,875
C. Training Materials	\$9,900
D. Supplies and Equipment	\$4,500
Total	\$113,580
E. Administrative Costs (<i>calculated here using 5.0% rate; use your rate if mandated by the district</i>)	\$5,679
Grand Total	\$119,259

Appendix B: Multi-Tiered Systems of Support Service Examples

DBHDS 

Services Provided Under Multi-Tiered Systems of Supports



Student, educator, and family engagement across all tiers.

Tier 3

Intensive tertiary intervention (1-5%)

- Functional behavioral assessments and intervention planning
- **Service Examples:** Crisis Assessment and Intervention, Managing and Adapting Practice, Comprehensive mental health and special education planning, wraparound supports.

Tier 2

Targeted secondary intervention (10-15%)

- Increasing access to academic support and school/family communication
- **Service Examples:** Cognitive Behavioral Intervention for Trauma in Schools (CBITS), Youth Screening, Brief Intervention, and Referral to Treatment (YSBIRT), Behavioral wellness coaches, Motivational Interviewing (MI), Dialectical Behavioral Therapy (DBT), Solutions Focused Brief Therapy (SFBT)

Tier 1

Universal primary Intervention supports everyone across all school settings (includes teachers, school personnel and students)

- Assessing and improving school climate and staff well being
- **Service Examples:** Botvin Life Skills Training, Adverse Childhood Experiences (ACEs) Training, SAFE TALK (suicide prevention), Mental Health First Aid, substance use prevention/awareness trainings, SOS Signs of Suicide Program, MindUP, Character Strong

Source: National Center for School Mental Health (NCSMH, 2020). School Mental Health Quality Guide: Mental Health Promotion Services and Supports (Tier 1)

National Center for School Mental Health (NCSMH, 2020). School Mental Health Quality Guide: Early Intervention and Treatment Services and Supports.

Virginia Department of Behavioral Health & Developmental Services

Slide 3

Appendix C: List of Evidenced Based or Informed Practices

Evidence-informed or evidence-based practices. Suggested brief evidence-based interventions include Motivational Interviewing, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), the Cognitive Behavioral Intervention for Trauma in Schools Program (CBITS) the Supports for Students Exposed to Trauma (SSET) Program, the Adolescent Community Reinforcement Approach (A-CRA), and the Youth Screening, Brief Intervention, and Referral to Treatment (Y-SBIRT). Additionally, for students and families with complex needs that require a flexible, multi-system, coordinated planning approach, Intensive Care Coordination using High Fidelity Wraparound (HFW) and peer supporters (Family Support Partners and/or Youth Support Partners) is recommended. If you choose an evidence-informed or evidence-based practice that is not listed here and you describe how it is appropriate for the population you plan to serve, then your application will still receive priority points.

Adolescent Community Reinforcement Approach (A-CRA) is a behavioral treatment that can be used for youth ages 12 to 18 years old with substance use disorders. The Adolescent Community Reinforcement Approach seeks to increase the family, social, and educational/vocational reinforcement to support recovery. The approach includes guidelines for three types of sessions: youth alone, parents/caregivers alone, and youth and parents/caregivers together. According to the youth needs and self-assessment of happiness in multiple life areas, clinicians choose from a variety of procedures that address, for example, problem-solving skills to cope with day-to-day stressors, communication skills, and active participation in positive social and recreational activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. For more information, click on this link: <https://www.chestnut.org/ebtx/treatments-and-research/treatments/a-cra/>

BEST in CLASS is a classroom-based intervention designed to help early childhood teachers master effective instructional strategies for preventing and ameliorating problem behavior in young children at risk for EBDs through a teacher training and performance-based coaching model. BEST in CLASS target areas are: 1) Behavior Outcomes (disruptive behavior, engagement, problem behaviors, externalizing, internalizing) and 2) Social-emotional development (conflict, positive interaction, negative interaction; social skills, student teacher closeness and conflict and teacher interaction). For more information, click this link: [Reducing child problem behaviors and improving teacher-child interactions and relationships A randomized controlled trial of BEST in CLASS](#)

Blues Program (Cognitive Behavioral Group) is a school-based prevention program for adolescents with depressive symptoms or adolescents who are at risk of onset of major depression. The program is delivered by 1 or 2 Facilitators who are familiar with cognitive behavioral methods of prevention and treating depression. The program is delivered to groups of 4-8 adolescents, in one-hour sessions over 6 weeks with home practice assignments included. Group sessions include: building group rapport, increasing participant involvement in pleasant activities, learning and practicing cognitive restructuring techniques, and developing response plans in future life stressors. Please note, if a youth's assessment reveals current major depression and/or serious suicidal ideation, he/she should be referred for appropriate treatment. For more information, click this link: [The Blues Program | EPIS \(psu.edu\)](#)

Bullying Prevention: Defined in the Code of Virginia § 22.1-276.01, “Bullying” means any aggressive and unwanted behavior that is intended to harm, intimidate, or humiliate the victim; involves a real or perceived power imbalance between the aggressor or aggressors and victim; and is repeated over time or causes severe emotional trauma. "Bullying" includes cyber bullying. "Bullying" does not include ordinary teasing, horseplay, argument, or peer conflict. For more information, click this link: [Bullying Prevention | Virginia Department of Education](#)

Character Strong provides research-based Pre-K through 12th grade social & emotional learning curricula and professional learning services that positively impact lives. It includes components of 1) character development which involves developing thoughtful, healthy, and kind people; and 2) social- emotional learning competencies which include self-awareness, self-management, social awareness, relationship skills, and responsible decision making.

Note: Their website indicates this program is research based.

For more information, click this link: [Character Strong](#)

Cognitive Behavioral Intervention for Trauma in Schools Program (CBITS) is a school-based cognitive behavioral therapy program that involves both group and individual interventions. It has been used with students in the 5th through 12th grades that have experienced or witnessed traumatic life events. The program generally consists of group sessions of 6-8 students each for one hour per week for ten weeks. It can also be modified to work with students experiencing crisis as a result of the COVID-19 pandemic. For more information, click this link:

[Learn More – CBITS – The Center For Safe and Resilient Schools and Workplaces \(traumaawareschools.org\)](#)

Dialectical Behavioral Therapy is a type of talk therapy. It's based on cognitive behavioral therapy but is specially adapted for people who experience emotions very intensely.

Dialectical means combining opposite ideas. DBT focuses on helping people accepting the reality of their lives and their behaviors, as well as helping them learn to change their lives, including their unhelpful behaviors.

For more information, click these links: [Dialectical Behavior Therapy \(DBT\): What It Is & Purpose \(clevelandclinic.org\)](#)

[Evidence-Based Practices - Partners Health Management - Provider Knowledge Base \(partnersbhm.org\)](#)

Early Risers is a multi-year prevention program for elementary school children demonstrating early aggressive and disruptive behavior. The intervention model includes two child-focused components and two parent/family components. The Child Skills component is designed to teach skills that enhance children's emotional and behavioral self-regulation, positive peer relationships, and academic success. The Child School Support component aims to identify areas of difficulty in the classroom and creates individualized plans to address those difficulties during the course of normal school activities. The Parent Skills component is delivered in “family night” group sessions and is intended to promote parents' abilities to support their children's healthy development by teaching skills that address positive parent-child relations, effective discipline practices, and parent involvement in school. The Family Support component is delivered via home visits to identify basic needs and health concerns and then implement plans designed to assist families in achieving and maintaining healthy lifestyles. For more information, click this link: [Early Risers \(ed.gov\)](#)

High Fidelity Wraparound is a team-based, collaborative planning process for developing and implementing individualized care plans for children with behavioral health challenges, and their families. Team meetings may occur in the school setting if this meets the youth and family's needs. High Fidelity Wraparound is an evidence-based process driven by ten principles, four phases and a theory of change. The process has four

goals: To meet the stated needs (not services) prioritized by the youth and family, to improve the youth/family's ability and confidence to manage their own services and supports, to develop or strengthen the youth/family's natural support system over time, and to integrate the work of all child-serving systems and natural supports into one streamlined plan. **Since it is a care planning process, High Fidelity Wraparound can be practiced in conjunction with service interventions based on the family's needs and preferences.** For more information, click these links: [FidelityWrapAroundCOE \(virginia.gov\)](https://www.fidelitywraparound.org/) and [VWIC | Virginia Wraparound Implementation Center](https://www.vwic.org/)

MindUP: Based firmly in neuroscience, MindUP teaches the skills and knowledge children need to regulate their stress and emotion, form positive relationships, and act with kindness and compassion. For more information, click this link: [MindUP | Social-Emotional Learning \(SEL\) Program for Children](https://www.mindup.org/)

Motivational Interviewing: The Title IV-E Prevention Services Clearinghouse describes Motivational Interviewing as a clinical process to help individuals identify reasons to change behavior and reinforces behavior changes are possible. It can be used with individuals or in a group setting with a range of target populations and for a variety of problems. Sessions are typically delivered over one to three sessions lasting 30 to 50 minutes and are often used prior to or in conjunction with other treatment services. For more information, click on this link: [Welcome to the Motivational Interviewing Website! | Motivational Interviewing Network of Trainers \(MINT\)](https://www.mintnetwork.org/)

Multisystemic Therapy (MST) is an evidenced based intensive treatment process that focuses on diagnosed behavioral health disorders and on environmental systems (family, school, peer groups, culture, neighborhood and community) that contribute to, or influence an individual's involvement, or potential involvement in the juvenile justice system. The target age range is youth 12-17 but youth of other ages can be receive the service if medically necessary. The therapeutic modality uses family strengths to promote positive coping activities, works with the caregivers to reinforce positive behaviors, and reduce negative behavior, and helps the family increase accountability and problem solving. Beneficiaries accepting MST receive assessment and home based treatment that strives to change how the individuals, who are at risk of out-of-home placement, or who are returning home from an out of home placement, function in their natural settings to promote positive social behavior while decreasing anti-social behavior. For more information, click this link: [About Our Juvenile Treatment Programs | MST Services](https://www.mstservices.org/)

Project Towards No Drug Abuse is an effective, interactive classroom-based substance abuse prevention program that is based on more than two decades of successful research at the University of Southern California. Project TND focuses on three factors that predict tobacco, alcohol, and other drug use, violence-related behaviors, and other problem behaviors among youth, including: 1) Motivation factors (i.e., students' attitudes, beliefs, expectations, and desires regarding drug use); 2) Skills (effective communication, social self-control, and coping skills); and 3) Decision-making (i.e., how to make decisions that lead to health-promoting behaviors). For more information, click this link: [About – TND \(usc.edu\)](https://www.usc.edu/tnd/)

Social Emotional Learning (SEL) Guidance Standards. The Virginia Social Emotional (SEL) Guidance Standards (PDF) are now available to all Virginia school divisions. While the 2020 General Assembly required the VDOE to develop the guidance standards for SEL, Virginia school divisions are not required to adopt them. Local school boards may choose to adopt all, or portions of, the Virginia SEL Guidance Standards as part of their own local policies, and/or use them as guidance as they implement SEL programming based on the needs of their

community. For more information, click on this link: [Social Emotional Learning \(SEL\) Guidance Standards | Virginia Department of Education](#)

Solution Focused Brief Therapy: Solution Focused Brief Therapy is a short-term, goal-focused, therapeutic approach which incorporates positive psychology principles and practices, and which helps clients change by constructing solutions rather than focusing on problems. In the most basic sense, SFBT is a hope friendly, positive emotion eliciting, future oriented vehicle for formulating, motivating, achieving and sustaining desired behavioral change: For more information, click this link: [What is Solution-Focused Therapy · Solution-Focused Therapy Institute \(solutionfocused.net\)](#)

SOS Signs of suicide program: SOS Signs of Suicide (SOS) is a universal, school-based prevention program designed for middle school (ages 11-13) and high school (ages 13-17) students. The goals of this program are:

- Decrease suicide and suicide attempts by increasing student knowledge and adaptive attitudes about depression
- Encourage personal help-seeking and/or help-seeking on behalf of a friend
- Reduce the stigma of mental illness and acknowledge the importance of seeking help or treatment
- Engage parents and school staff as partners in prevention through “gatekeeper” education
- Encourage schools to develop community-based partnerships to support student mental health

For more information, click this link: [SOS Signs of Suicide Middle School and High School Prevention Programs – Suicide Prevention Resource Center \(sprc.org\)](#)

Substance Use Prevention: The use of tobacco, alcohol, or drugs can have significant and long-term health and academic consequences for children and adolescents. Research has shown that environmental strategies – community norms, shared values, and public messages that promote healthy, drug-free living – make a substantial difference in keeping youth better protected from the negative influences of alcohol, tobacco, and drug use. Schools are uniquely positioned to provide programs and services that promote student health and remove barriers to learning. They provide an ideal setting for education, prevention, and early interventions of alcohol, tobacco, and substance use. For more information, click this link: [Alcohol, Drug & Tobacco Use | Virginia Department of Education](#)

Suicide Prevention Guidelines for Virginia Public Schools (PDF), adopted by the Board of Education in June 2020, provides information to assist local school boards in revising policies to help prevent suicide and procedures to intervene when suicidal threats are present, and how to manage the crisis response when a death by suicide occurs in the school community. For more, click these links: [Suicide Prevention | Virginia Department of Education](#)
[Suicide Prevention Guidelines For Virginia Public Schools](#)

Supports for Students Exposed to Trauma Program is based on the Cognitive Behavioral Intervention for Trauma in Schools Program but can be implemented by non-clinical staff. It is a ten session hourly once per week group intervention for students aged 10 through 16. For more information, click these links: [Learn More – SSET – The Center For Safe and Resilient Schools and Workplaces \(traumaawareschools.org\)](#)
https://www.rand.org/content/dam/rand/pubs/technical_reports/2009/RAND_TR675.pdf

Trauma Focused Cognitive Behavioral Therapy is a short-term treatment of between 12-25 sessions, 60–90-minute sessions each, divided approximately equally between youth and parent/caregiver. For more information, click this link: [Trauma-Focused Cognitive Behavioral Therapy | The National Child Traumatic Stress Network \(nctsn.org\)](#)

Youth Screening, Brief Intervention, and Referral to Treatment (YSBIRT) is an evidence-based practice to prevent and reduce risky substance use among adolescents ages 12 to 18. The practice can be provided in the school setting and involves screening for determining the youth's risk of substance use or needs related to a substance use disorder, brief intervention to raise awareness if at risk of substance use or set goals for change, and referral to treatment if the youth is at a very high risk of substance use. For information, click this link: <https://www.ysbirt.org/>

Appendix D: School-Based Mental Health Allowable/Unallowable Costs Guidance

Overview

This document provides an overview of what is considered allowable and unallowable costs to implement school-based mental health services. Allowable costs are defined as costs, that in general, can be funded with state general dollars as long as they fit within a framework of responsible stewardship of public funds. Current budget language calls for the Department of Behavioral Health and Developmental Services (DBHDS) to provide funding to school divisions in the form of (i) technical assistance to school divisions seeking guidance on integrating mental health services; and (ii) grants to school divisions to contract for community-based mental health services for students from public or private community-based providers. These funds **can enhance the current school-based mental health services** by offering more flexible **clinical capacity for service and programming needs** that are beyond the scope of school-based personnel. The funds can also be used to **continue new programs and interventions supported** by federal recovery funds. This guidance document provides an overview of allowable and unallowable costs related to item (ii) of the budget language, grants provided from DBHDS to school divisions. Costs must be completed within the period of the contract with either DBHDS or the community partner.



If you are unsure of something being an allowable or unallowable cost, please contact your program manager at DBHDS- Bern'Nadette Knight at bernnadette.knight@dbhds.virginia.gov before proceeding with any purchase.

Examples of Allowable Costs

Category	Definition	Examples
Advertising and Public Relations	Costs associated with advertising positions, program progress/updates, training, and general information regarding school-based mental health services.	<ul style="list-style-type: none"> • Advertisement used for recruitment of community partners to provide services within schools/division. • Costs of help wanted advertising that describes the specific position, services provided related to school-based mental health training, service delivery and/or program implementation. • Program outreach by the schools/division or community partners to meet requirements of school-based mental health services outlined in any contractual agreement. • Reports, newsletters, or other communication used to give program overview, share program outcomes, updates, etc. • Communications used in community relations dedicated to maintaining or fostering relations with the community. • Flyers used to advertise community events and/or training related to school-based mental health and community partnerships. • Printing costs associated with producing hardcopy materials. • Postage associated with media used to disseminate information related to school-based mental health services by either the school or community partner.
Program Infrastructure	Costs that are specifically associated with school-based mental health activity. Activities that are directly tied to service development/implementation/sustainability.	<ul style="list-style-type: none"> • Cost to hire staff through a community partner to provide school-based mental health services. • Hardware such as computers, laptops, webcams used to provide mental health services, training and/or outreach to students, school staff/personnel and/or community partners. Program software that is used directly to carry out school-based mental health activities with students, school staff/personnel or with community partners. Funding can be used to provide repair and maintenance to computer hardware and software used for school-based mental health services. • Costs incurred for materials, supplies, and fabricated parts necessary to carry out school-based mental health services (I.e., calming rooms).
Training/Professional Development	Costs that are associated with developing, enhancing, or maintaining skills, knowledge,	<ul style="list-style-type: none"> • Registration costs for training (virtual and in-person) for Mental Health professionals

Category	Definition	Examples
	competencies to effectively carry out school-based mental health services.	<p>providing services, school staff/personnel, community members and/or youth/family support. <i>It is strongly encouraged that schools/community partners use virtual attendance options where feasible and advance registration for the event. Examples include:</i></p> <ul style="list-style-type: none"> ○ Increasing staff/personnel knowledge of the mental health system for referrals ○ Suicide prevention training for school staff/personnel <ul style="list-style-type: none"> • Licensing (and renewal) fees for Mental Health professionals providing school-based mental health services. • Training materials such as manuals, guides, curriculum that will be used to alongside trainings, webinars, seminars, etc. pertaining to school-based mental health.
Travel/Lodging	Costs associated with transportation, lodging, and related activities for staff/community partners performing school-based mental health services. Travel must provide a direct benefit to school-based mental health service delivery/implementation. Reasons for travel shall clearly state how it will directly be tied to school-based mental health services before approval.	<ul style="list-style-type: none"> • Mileage incurred by the school and/or the community partner that is directly related to school-based mental health program/service delivery for students, and/or family. It is strongly recommended that mileage follow the rates set forth by our school/division or federal rates which can be found here: IRS mileage rates for 2023. • Domestic travel (utilizing aircraft, train, and/or bus) that is performed to attend a conference, workshop, seminar, related to school-based mental health. <i>It is strongly encouraged to use advantage or discount fares for airline, rail, or other forms of travel through advance purchase.</i> • Lodging costs associated with in person attendance to conferences, workshops, etc. One night deposit for direct bill payments on hotel/motel rooms for travel related to school-based mental health activities. <i>It is required that lodging, travel and meals follow the per diem rates set forth by your school district/division or the state per-diem rates which can be found here: Per Diem Rates GSA</i>
Meals	Cost allowances/stipends for school staff/personnel and/or community partners to purchase food while participating in activities directly related to school-based mental health services.	<ul style="list-style-type: none"> • Meals used as an integral and necessary part of a meeting, training, conference, workshop etc., hosted by a school/division, and/or community partner. • Meals that are consumed while traveling for attendance to conferences, trainings, etc. • <i>It is strongly encouraged that meals follow the per diem rates set forth by your</i>

Category	Definition	Examples
		<i>school district/division or the state per-diem rates which can be found here: Per Diem Rates GSA</i>

Examples of Unallowable Costs

The following is a list of expenditures that are not allowed for use in the implementation of school-based mental health services by school and community partners. This list is subject to change.

- Advertising for general school and community partner services
- Alcoholic beverages
- Bad debt write-offs
- Charitable contributions or donations
- Decorative items for private offices
- First class/business class air/rail (or other purchased transportation) travel
- Gifts, prizes, and awards
- Goods or services for personal use
- Lobbying
- Major building renovation
- Membership in civic, social, community organization or county clubs
- Renovations or vehicle purchases
- Faculty and exempt staff salary in excess of base rates paid by community partners
- Selling or marketing products or services of a community partner

Appendix E: Sample School Staff/Community Partner Survey

THIS IS AN EXAMPLE OF QUESTIONS. FOR REVIEW PURPOSES ONLY.

School Staff Survey	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I value having mental health services available in the school building.					
I am satisfied with the support provided to students through the mental health services.					
There is a clear process in place to refer students in need of mental health services to a mental health provider.					
I am more mindful of student mental health needs.					
I am more aware of mental health services available in the school setting.					
I am able to communicate with the mental health provider easily when needed.					

Open Ended Questions:

Please provide additional feedback to any rating above here:

Please provide additional any additional thought/comments/feedback here:

Appendix F: Sample Student Survey

THIS IS AN EXAMPLE OF QUESTIONS. FOR REVIEW PURPOSES ONLY.

Student Survey	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I got school mental health services that were helpful to me.					
Staff spoke to me in a way that I understood.					
I felt safe in the places I received school mental health services.					
I could get school mental health services when I needed them.					
Because of school mental health services					
I am better able to cope when faced with challenges.					
I am doing better in school.					
I am more hopeful.					

Open Ended Questions:

Please provide additional feedback to any rating above here:

Please provide additional any additional thought/comments/feedback here:

Appendix G: Sample Parent/Caregiver Survey

THIS IS AN EXAMPLE OF QUESTIONS. FOR REVIEW PURPOSES ONLY.

Parent/Caregiver Survey	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I am satisfied with the support my child received from the school mental health services.					
Mental health services staff communicated with me in a way that was easy to understand.					
During my discussions with the mental health staff, I felt safe to say everything I thought was important.					
It was easy for my child to get mental health services at the school.					
Since receiving school mental health services					
My child is more interested in going to school.					
My child's relationship with the teacher (or teachers) has improved.					
My child's relationships with other students have improved.					
My child's grades have improved.					

Open Ended Questions:

Please provide additional feedback to any rating above here:

Please provide additional any additional thought/comments/feedback here:

Appendix H: ALL in VA Plan

Governor Youngkin is taking action to ensure students get the academic support they need to recover from learning loss. The ALL IN VA plan is a three-pronged approach to accelerate learning loss recovery, addressing: Attendance, Literacy, and Learning.

1. **ATTENDANCE:** Launch a Chronic Absenteeism Task Force - #AttendanceMattersVA.

- Convene a student attendance task force of educators, business members, transportation and health experts, community partners, and families who will quickly develop recommendations for school divisions to reduce chronic absenteeism, including barriers related to transportation and health.
- Reducing chronic absenteeism playbook. VDOE will create a resource guide to support local school divisions in increasing school attendance in addition to the resources provided through the #AttendanceMattersVA initiative.

2. **LITERACY:** Accelerate the Expansion of the Virginia Literacy Act through Grade 8.

- Hire and Train Grade 4-8 Reading Specialists. School divisions will utilize additional funding to hire Grade 4 through 8 reading specialists, and the Virginia Literacy Partnership will provide training to ensure middle grade reading teachers have instructional support.
- Provide high-quality instructional materials. VDOE will ensure educators have the best tools and high-quality instructional materials from the approved VLA list.
- Ongoing professional support. Include professional development and implementation support for those school divisions that use these high-quality instructional materials to deliver effective science of reading instruction.
- Statewide support networks. VDOE will establish regional networks of support to provide ongoing support to help school divisions accelerate ahead of 2024-2025 implementation.

3. **LEARNING:** Invest in an intensive statewide tutoring initiative to support educators and school divisions as students begin to accelerate their learning to pre-pandemic levels of academic achievement.

- All In Tutoring Playbook. VDOE will provide proven models of high dosage academic tutoring that help facilitate school division's ability accelerate learning recovery.
- High dosage tutoring. Students will receive 3 to 5 hours of tutoring per week. Students who are at risk (received a score of low proficient on their 2023 SOL) receive tutoring for 18 weeks, while students who are not proficient receive tutoring for up to 36 weeks.
- Small-group ratios with trained tutors. Students will be tutored in groups with a 1:10 ratio led by current teachers, retired or part-time teachers, and/or trained tutors.
- Flexible tutoring time for maximum results. Tutoring can occur before or after school, during the school day, or during school breaks including summer depending on the needs in the school and the community.
- Personalized sessions guided by standardized recommendations. Tutoring will entail personalized sessions that will be guided by digital tools used across all participating school divisions.
- Content provided at no cost. Digital content, tutor resources, and progress monitoring tools will be provided to local school divisions in both math and literacy

More information on ALL in VA can be found here:

- [Governor Glenn Youngkin | Governor.Virginia.gov](#)
- [ALL-In-Virginia.pdf](#)
- [All-in-VA-deck_VDOE.pdf \(virginia.gov\)](#)