


Behavioral and Mental Health Supports for Students

Year-One Implementation Evaluation

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Introduction

Background

Mental and physical health are equally important components of overall health.[1] As defined by the Centers for Disease Control and Prevention (CDC), mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It helps determine how individuals handle stress, relate to others, and make healthy choices. The importance of mental health exists at all stages of life from childhood and adolescence through adulthood.[2] Recently, supporting the mental health of students in schools has become a federal recommendation focused on prioritizing three interrelated components of health: social (how individuals relate to others), behavior (how individuals act), and emotion (how individuals feel) to promote overall well-being.[3] Mental health influences how an individual thinks, feels, behaves, and interacts with others.[4] Aligning with federal recommendations, the Virginia Department of Education (VDOE) created the Office of Behavioral Health and Wellness in January 2024 aimed at helping schools address the rise in mental health and behavioral challenges facing Virginia students postpandemic.[5] Even prior to the pandemic, Virginia Beach City Public Schools (VBCPS) made student well-being a focus in the school division's strategic framework, *Compass to 2025*, with a goal to support the physical and mental health of all students and to strengthen the social-emotional skills they need to become balanced, resilient learners who are personally and socially responsible. Working towards that goal, VBCPS has created or expanded several initiatives aimed to support students' behavioral and mental health.

Mental health can change over time and is influenced by many factors. For example, in 2019, the COVID-19 pandemic resulted in drastic changes to the daily life and activities of students. During the pandemic, the proportion of emergency department visits related to mental health increased 24 percent for 5- to 11-year-olds and 31 percent for 12- to 17-year-olds between January and October 2020.[6] Additionally, 14 percent of American parents reported their child experienced increases in behavior problems between March and June of 2020.[7] As the country has entered the "postpandemic" era, schools across the country have continued to witness an unprecedented rise in mental health and behavioral challenges compared to prepandemic years. Nationally, mental health data show that the percentage of 13- to 17-year olds who had emergency department visits related to mental health increased 7 percent from the year prior to the pandemic (March 2019-February 2020) to two years later (March 2021-February 2022).[8] There was a larger increase for female adolescents, with mental health emergency department visits increasing 22 percent during this time. Through the National Alliance on Mental Illness organization, a poll of approximately 1,000 parents was conducted in November 2021, which found 44 percent of parents indicated they were very or somewhat concerned about their child's mental health.[9] In 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a national state of emergency for child and adolescent mental health.[10] Further supporting mental health concerns, as of 2022, suicide is the second leading cause of death in youth aged 10 to 14 and the third leading cause of death in those aged 15 to 24.[11] In regards to behavior, a survey conducted by the Institute of Education Sciences in May 2022 showed that 83 percent of educators surveyed agreed the pandemic negatively impacted the behavioral development of students.[12] This survey also showed that 56 percent of survey respondents indicated classroom disruptions from student misconduct have increased (influenced by the pandemic), and 48 percent indicated rowdiness outside of the classroom (e.g., hallways, lunchroom) and student acts of disrespect have increased. In addition, students have appeared less engaged in school with chronic absenteeism on the rise (e.g., missing 10% or more of the school year). According to an analysis of national attendance data, approximately 28 percent of the student population was chronically absent in 2022, which was a substantial increase from the prepandemic rate of 15 percent in 2019.[13]

Virginia Beach City Public Schools (VBCPS) are not immune to these mental health and behavioral challenges. According to a School Board presentation on April 29, 2024, there were 1,378 suicide risk assessments

conducted for VBPCS students during the 2022-2023 school year. Similar to nationwide data, the percentage of VBCPS students who were chronically absent increased since the pandemic from 9.4 percent of students who were chronically absent in 2018-2019 to 17.4 percent in 2022-2023.[14] Although remaining higher than the prepandemic year, recent data suggest a decline in this trend with 11.7 percent of students in VBCPS reported to have been chronically absent in 2023-2024. Behavior concerns for students in VBCPS also appeared to increase. Compared to a prepandemic year, there was an increase in the percent of students receiving a discipline referral at least once (from 16% in 2018-2019 to 18% in 2022-2023) and suspended at least once (from 9% in 2018-2019 to 11% in 2022-2023).[15] The severity of behaviors also increased as evidenced by an increase in disciplinary hearings, which are held for more severe incidents (i.e., long-term suspension or expulsion requests). There was an increase in disciplinary hearings from 765 during the 2017-2018 school year to 1,505 during the 2022-2023 school year.[16]

Within this context, VBCPS has multiple supports in place to address students' needs. Although this program evaluation focused on six specific initiatives, VBCPS offers other behavioral and mental health supports to all students throughout the division. For example, all schools have school counselors who provide services to students on personal and social development, and schools have access to behavior intervention specialists who work with teachers and school staff, as well as students and parents, to address student behavior.[17] Each school also implements the Student Response Team initiative where staff collaborate and use data to make decisions within a tiered system of support for students who need additional support in the areas of academics, behavior, and attendance.[18] Additionally, schools implement Positive Behavioral Interventions and Supports (PBIS), which is a framework that supports students' behavioral, academic, social, emotional, and mental health within a tiered system of support.[19] Care Solace is another service offered at no cost to all students, staff, and families that helps facilitate locating providers and scheduling mental health appointments with community-based providers. VBCPS also provides a list of mental health resources on the VBSchools website.

Along with supports available through the school counseling program and the behavior intervention specialists, VBCPS has developed or expanded the following initiatives that offer additional supports to staff, students, and parents to address students' mental health and behavior challenges: Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools, Behavior and Social Emotional (BASE) Program, Rapid Response, and Bridge Program. These six initiatives offer supports at different school levels (i.e., elementary, middle, and high) and can be viewed within a tiered continuum of behavioral and mental health services that is comprised of evidence-based practices within the Integrated Systems of Support framework. In VBCPS, Integrated Systems of Support is a tiered approach to addressing students' academic, social-emotional, and behavioral needs through data-informed decision-making, intervention, and progress monitoring. It is a fluid and data-driven framework or organization that includes three tiers to support students' educational, social, emotional, and behavioral needs. Tier 1 support includes providing support for all students within a classroom or school. Tier 1 strategies include making connections with students and establishing consistent and predictable routines. The Responsive Practices initiative supports students at the Tier 1 level. Tier 2 support generally provides targeted support for students who, based on data, are not responding to Tier 1 supports. Tier 2 supports include targeted interventions typically in a small group format. Tier 3 support generally includes intensive interventions for students, based on data, with chronic, or intense social, emotional, or behavioral needs. Tier 3 support provides intensive and individualized support.[20] The BASE Program, Rapid Response, and Bridge Program support students at the Tier 3 level. Students likely have needs that are met by supports within and across all tiers, and supports are layered. For example, a student who receives Tier 3 support should also have access to Tier 1 and 2 supports.[21,22] The Schoolwide Behavior Intervention Support Professional Learning and Communities in Schools initiatives support students at multiple tiers.

These behavioral and mental health supports initiatives began implementation or were expanded in VBCPS during the 2023-2024 school year. It is important to note that two initiatives (BASE Program and Rapid Response) are accessible to all elementary school students throughout the division and one initiative (Bridge Program) is accessible to all secondary students throughout the division based on referral processes. The other three initiatives (Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, and Communities in Schools) are available at select schools only. During the 2023-2024 school year, the Responsive Practices and Schoolwide Behavior Intervention Support Professional Learning initiatives provided support at select elementary schools only, while the Communities in Schools initiative provided support at select schools across the three school levels. Because initiatives were at varying stages of implementation as of 2023-2024, details regarding implementation of each initiative will be discussed within each initiative's section in this evaluation report.

Purpose of Program Evaluation

Because the selected behavioral and mental health supports for students were primarily new or expanded initiatives and operated with local resources, evaluation of Behavioral and Mental Health Supports for Students was required for at least two years by School Board Policy 6-26. On September 12, 2023, the School Board approved the Behavioral and Mental Health Supports for Students initiatives for an initial implementation evaluation to be conducted during the 2023-2024 school year. The Behavioral and Mental Health Supports for Students evaluation addressed the following six initiatives: Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools, BASE Program, Rapid Response, and Bridge Program. It was proposed that the initiatives be evaluated together because they were recently implemented or expanded, and the initiatives offered a continuum of behavioral and mental health supports and services through a tiered system that provided supports to students across all three school levels.

This year-one evaluation provides the School Board, Superintendent, and central office staff overseeing the initiatives with information about implementation and focused on each initiative's purpose, target audience and participants, program components, goal areas, perceptions of the initiative, and cost to the school division. Additionally, the evaluation includes data related to staff members' familiarity with the initiatives and general perceptions of behavioral and mental health supports for students. While this evaluation provides an initial description of the initiative-specific goals and perceptions related to those goal areas, the second year of the evaluation of behavioral and mental health supports for students during 2024-2025 will focus on collecting and analyzing outcome data related to the goals of the initiatives.

Program Goals and Objectives

Goals for the student behavioral and mental health supports initiatives were identified after discussions with the central office implementation teams overseeing the six initiatives and based on a review of program documentation. Because the initiatives varied in their focus and purpose, specific goal areas were identified for each individual initiative. These specific goal areas are described in each initiative's section of this report. Each initiative's goal areas were reviewed, and the following themes emerged across the initiatives:

- student behavior and discipline
- social and emotional learning skills
- well-being and mental health
- absenteeism
- empowering teachers and increasing capacity to address student needs and manage the classroom learning experience

While the focus of this evaluation is on the behavioral and mental health supports for students, the Office of Research and Evaluation acknowledges the growing field of research focused on the interplay between mental health and academic outcomes. When students are experiencing mental health challenges, it can interfere with their ability to pay attention in class and participate in a meaningful way.[23] Mental health challenges can negatively impact a student's problem-solving ability, standardized achievement test scores, and end-of-course grades.[24] Furthermore, if mental health challenges are not addressed, there is an increased potential for students to drop out of school.[25] While not supporting students' mental health can have negative academic outcomes, the inverse is also possible; supporting students' mental health has positive academic outcomes. For example, early detection of mental health concerns leads to improved academic achievement and reduced disruptions at school.[26] Outside of a student's home, schools are the most likely place where mental health concerns will be detected.[27] Students spend a substantial amount of their day at school providing the opportunity to identify when help may be needed and to connect students and families with supports to help meet their needs.

Evaluation Design and Methodology

Evaluation Design and Data Collection

The evaluation included mixed methodologies to address each of the evaluation questions. Quantitative data were gathered through closed-ended survey questions. Qualitative data were collected through interviews with program managers, document reviews, observations during site visits, and open-ended survey questions. Open-ended survey questions were analyzed using a Constant Comparative Method (CCM) based on grounded theory. CCM uses a systematic approach for coding that allows for patterns and themes to emerge through multiple coding iterations.[28]

The Office of Research and Evaluation evaluators used the following data collection methods:

- Interviewed central office staff who oversee implementation of each initiative to gather implementation-related information. Staff were from the departments of Teaching and Learning and School Leadership, as well as the offices of Student Support Services and Professional Growth and Innovation.
- Reviewed programmatic documents to gather implementation-related information.
- Conducted site visits at schools to observe implementation of applicable initiatives (i.e., BASE Program, Schoolwide Behavior Intervention Support Professional Learning, and Responsive Practices).
- Administered surveys to teachers and teacher assistants, administrators, other instructional staff, student support staff, and other staff who were potentially involved in the behavioral and mental health supports for students, such as nurses and security personnel.
- Administered surveys to parents of students who participated in applicable initiatives (i.e., BASE Program, Communities in Schools, Rapid Response, and Bridge Program).
- Collected staff-related demographic data from the Department of Human Resources for school-based staff working with select initiatives (i.e., BASE Program and Schoolwide Behavior Intervention Support Professional Learning).
- Obtained information regarding the students participating in the initiatives, which depending on the program, included either student demographic information or the total number of students participating in the program along with summary information.
- Collected data from the VBCPS data warehouse related to student demographic characteristics (i.e., BASE Program).

- Collected school-specific information related to goal areas and implementation-related information from central office staff who oversee the initiatives (i.e., Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools).
- Collected school-specific data reported in the Navigational Markers that related to school goal areas (i.e., Responsive Practices).
- Gathered cost data from the departments of Teaching and Learning, School Leadership, and Human Resources, as well as the offices of Transportation and Fleet Management and Professional Growth and Innovation.

Due to the sensitive nature of the Rapid Response and Bridge programs which dealt directly with student mental health concerns, no student-identifiable information was collected for students who participated in these programs. In addition, within the Communities in Schools Memorandum of Understanding (MOU) with VBCPS, it was the expectation that "students and parents have the right to expect that all volunteers and CIS staff will keep information about them confidential." Therefore, no student-identifiable information was collected for students who participated in the CIS initiative. For these three programs, only summary data were collected regarding students who participated, and survey efforts ensured confidentiality was maintained.

Document and Quantitative Data Collection

To gather implementation-related information, documentation was collected and reviewed for relevant information from each initiative. Documentation included: MOUs or Service Agreements, handbooks or playbooks, program or organization-specific websites, and additional programmatic information created or provided by staff (e.g., data monitoring files). Data from the September 30 enrollment file and the Navigational Markers (e.g., self-management and sense of belonging data) were also reviewed. Student demographic characteristics for the BASE Program were collected from the VBCPS data warehouse.

Surveys

Staff Surveys

The Office of Research and Evaluation invited teachers and teacher assistants, administrators, other instructional staff (e.g., reading specialists, instructional technology specialists), student support staff (e.g., psychologists, school counselors, student support specialists), and other related staff who could have been involved in the initiatives (e.g., nurses, security personnel) to complete a survey regarding their perceptions of the behavioral and mental health supports for students. Staff received an email invitation with a link to participate in the online survey in April 2024. Of the staff invited to complete the survey, 25 percent of staff responded to the first substantive item following the initial demographic items (i.e., position and school level). Approximated response rates by staff group and overall number of respondents are shown in Table 1.[29] Response rates by staff group ranged from 23 percent for classroom teachers and teacher assistants to 39 percent for student support staff.

Table 1: Staff Survey Response Rates by Staff Group

Group	Overall Number of Invitations Sent	Overall Number of Respondents	Overall Response Rate
Teachers and Teacher Assistants	5,262	1,226	23%
Administrators	260	85	33%
Other Instructional Staff	797	207	26%
Student Support Staff	363	140	39%
Other Related Staff	318	90	28%
All Staff	7,000	1,748	25%

The numbers of respondents by school level are shown in Table 2. Response rates could not be calculated due to some positions not being exclusive to one school level.

Table 2: Number of Survey Responses by Staff Group and School Level

Group	Elementary	Middle	High	Total
Teachers and Teacher Assistants	480	297	451	1,226
Administrators	46	15	24	85
Other Instructional Staff	123	38	49	207
Student Support Staff	78	37	43	140
Other Related Staff	39	28	24	90
All Staff	766	415	591	1,748

Note: Staff could have selected more than one level; therefore, the individual levels do not sum to the total.

On the survey, staff were asked to indicate which of the six behavioral and mental health supports they were familiar with in the school division. Familiarity was defined on the survey as ranging from hearing or knowing about an initiative to being actively involved in implementing the initiative. Due to some initiatives being available to students or staff at certain school levels, only the initiatives that were relevant to the staff member's selected school level(s) were shown as options to choose on the survey. In addition, some initiatives only operated at select schools (i.e., Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools, Responsive Practices), whereas the other initiatives were available to students throughout the division at the specified school level (i.e., BASE Program, Rapid Response, Bridge Program). For the initiatives that only operated at select schools, these school names were listed on the survey within the descriptions of the initiatives; therefore, staff could determine whether they worked at a school where these initiatives were operating.

If staff indicated they were familiar with an initiative, they received additional questions about their level of involvement with the initiative and their perceptions of the initiative. Within survey sections about initiatives that operated at select schools only, staff were asked to indicate whether they worked at one of the schools where the initiative was operating. After answering initiative-specific questions, staff were directed to questions about general behavioral and mental health supports at their school. If staff indicated they were not familiar with any of the initiatives that are the focus of this evaluation, they were directed to the general questions about behavioral and mental health supports at their school. To improve the accuracy of the survey results, staff primary job location as of the date of the survey was included in the survey results. No other identifying information, such as name or position, was included in the results to maintain anonymity.

Parent Surveys

Parents of students who participated in initiatives that offered individualized services to referred students (i.e., Communities in Schools, BASE Program, Rapid Response, and Bridge Program) were invited to participate in a survey about the initiative. Parents were not invited to participate in a survey for Responsive Practices or Schoolwide Behavior Intervention Support Professional Learning because during 2023-2024 these initiatives focused on professional learning for staff to assist staff with classroom practices and procedures. In April 2024, parents of students who participated in the BASE Program during the 2023-2024 school year as of April 2024 received an email to participate in the survey about the BASE Program. The overall response rate for parents of students who participated in the BASE Program was 32 percent (see Table 3).

To preserve the confidentiality of the students who participated in the Rapid Response and Bridge programs to the greatest extent possible, parent email addresses of students who participated in these programs during 2023-2024 as of April 2024 were provided only to the educational data specialist in the Office of Research and Evaluation by the coordinator of counseling services. The educational data specialist securely distributed the

survey to these parents and restricted access within the survey platform to prevent access to the distribution list. For both programs, there was a parent response rate of 2 percent (see Table 3). Due to the limited number of responses for both programs (3 responses in total), parent perceptions regarding these programs were not included in the evaluation report.

For the Communities in Schools initiative, to align with the MOU and preserve confidentiality to the greatest extent possible, individual Communities in Schools site coordinators at each school were asked to email a survey invitation to parents of students who received individualized services through Communities in Schools. The approximated response rate for parents of students participating in Communities in Schools was 3 percent (see Table 3). Although the parent response rate for Communities in Schools was low, a summary of results was included in the evaluation report due to the number of respondents (N=13).

Table 3: Parent Survey Response Rates by Initiative

Initiative	Overall Number of Invitations Sent	Overall Number of Respondents	Overall Response Rate
BASE Program	31	10	32%
Rapid Response	47	1	2.1%
Bridge Program	81	2	2.4%
Communities in Schools	383*	13	3.4%*

*The Communities in Schools response rate was approximated based on the total number of students on the CIS coordinators' caseloads throughout the 2023-2024 school year (N=383).

For all stakeholders, survey agreement percentages reported in the evaluation are based on those who answered the survey item (i.e., missing responses were excluded from the percentages).

Interviews

Central office staff who oversee the six behavioral and mental health supports for students were invited to participate in interviews regarding the initiatives in March 2024. Separate interviews were held for each initiative. Central office staff were from the departments of Teaching and Learning and School Leadership, as well as the offices of Student Support Services and Professional Growth and Innovation. Interview questions focused on the purpose of the initiative, implementation history, initiative components, family engagement, goals and data collection, strengths and successes, challenges and areas for improvement, and potential future directions. During interviews, additional documentation was requested if needed.

Two additional interviews were conducted in May 2024 for the Communities in Schools initiative. One interview was held with the executive director of Communities in Schools of Hampton Roads and program director for Virginia Beach and Norfolk. Another interview was held with the six Communities in Schools site coordinators who implemented the initiative at the six schools in VBCPS during 2023-2024. For both interviews with Communities in Schools staff, several VBCPS central office staff who oversee the initiative and principals at the schools also attended. Interview questions focused on the purpose of the initiative, initiative components, family engagement, goals and data collection, strengths and successes, and challenges and areas for improvement. These interviews also focused on gathering specific details of the initiative at each individual school, including how the initiative varied across the six schools.

Site Visits

The Office of Research and Evaluation staff program evaluators conducted site visits at select schools between March and May 2024 to observe implementation of select initiatives that had classroom-based aspects of their initiative (e.g., Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, BASE Program). One of the schools visited was also a Communities in Schools site. Central office staff overseeing the

initiatives assisted in identifying the schools that would be best to observe including schools at differing phases of implementation. The purpose of these visits was to enable program evaluators to see the programs in operation to provide context for reviewing other documentation and data.

Evaluation Questions

Evaluation questions were created by the program evaluators after discussions with the central office implementation teams for the six initiatives and aligned with the content of the interview questions. These evaluation questions were used for each of the six initiatives included in this evaluation report, and the presentation of the information was organized by the primary tier of the services for students during 2023-2024 (e.g., Tiers 1, 2, and/or 3).

The evaluation report has three primary sections noted below along with applicable evaluation questions established for the implementation evaluation.

1. Familiarity with Behavioral and Mental Health Supports for Students
    - To what extent were staff aware of the six behavioral and mental health supports for students?
2. Selected Behavioral and Mental Health Support for Students
    - What was the purpose and overview of the initiative, including the initiative location, implementation history, and oversight of the initiative?
    - Who was the target audience and/or participants for the initiative?
    - What were the components of the initiative, including how the initiative operates, professional learning related to the initiative, and family engagement efforts?
    - What were the initiative's goals and objectives and what baseline results were available related to the goals and objectives?
    - What were the general perceptions of the initiative, including areas of strengths and challenges?
    - What were the costs to the school division for the initiative, as well as future plans?
3. General Perceptions of Behavioral and Mental Health Supports for Students
    - What were the perceptions of staff regarding supports for student behavior and mental health available in the school division more generally?

Evaluation Results and Discussion

Familiarity with Behavioral and Mental Health Supports for Students

This section of the evaluation report focused on the school-based staff awareness of the six behavioral and mental health supports for students that were included in this evaluation. It is important that staff throughout the division or who work at the schools that operate these initiatives have awareness of these initiatives to ensure that students are provided these supports when needed. On the survey, staff were asked to indicate which of the six behavioral and mental health supports they were familiar with. Familiarity was defined as ranging from hearing or knowing about an initiative to being actively involved in implementing the initiative. Data for this staff survey item were analyzed to gauge the staff awareness of the initiatives.

For the initiatives available to students throughout the division at a specified school level (i.e., BASE Program, Rapid Response, Bridge Program), survey data were analyzed for all staff at that specified school level. Because the BASE and Rapid Response programs were available to students throughout the division at the elementary school level, survey data for elementary school staff were analyzed. The percentages of elementary school staff who indicated they were familiar with these two initiatives are shown in Table 4. Overall, 43 percent of elementary school staff indicated they were familiar with the BASE Program

and 28 percent were familiar with Rapid Response. Because the Bridge program was available to students throughout the division at the secondary level, survey data for secondary school staff were analyzed. The percentages of secondary staff who indicated they were familiar with the Bridge Program are shown in Table 4. Overall, 16 percent of secondary staff indicated they were familiar with the Bridge Program.

When further examining the familiarity with the initiatives by staff group, results showed most elementary school administrators (78%-85%) and student support staff (72%-86%) indicated they were familiar with the BASE and Rapid Response programs (see Table 4). Lower percentages of elementary school teachers/teacher assistants (19%-36%), other instructional staff (15%-29%) and other related staff (31%-44%) indicated they were familiar with these elementary school programs. Similarly, most student support staff at the secondary level (78%) and approximately half of secondary administrators (54%) were familiar with the Bridge program. Lower percentages of secondary teachers/teacher assistants (9%), other instructional staff (7%), and other related staff (24%) were familiar with the program. It is important to note that completing the referrals for some of the programs is designated to certain staff groups, but it is important for all staff to be made aware of the resources available to students through these initiatives because other staff members can play a role in initiating early steps.

Table 4: Percentages of Staff Familiar With Divisionwide Initiatives by Staff Group

Group	Administrators	Student Support Staff	Teachers and Teacher Assistants	Other Instructional Staff	Other Related Staff	Total Group
Elementary						
BASE Program	78%	86%	36%	29%	44%	43%
Rapid Response	85%	72%	19%	15%	31%	28%
Secondary						
Bridge Program	54%	78%	9%	7%	24%	16%

For the initiatives that only operated at select schools (i.e., Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools), survey data were analyzed only for staff at the select schools. The percentages of staff who were familiar with the three school-specific initiatives were approximated based on staffs' primary job location as of the date of the survey. Nearly all staff who worked at the select schools operating the Schoolwide Behavior Intervention Support Professional Learning (97%) and Responsive Practices (93%) initiatives indicated they were familiar with the initiative. A lower percentage of staff who worked at the select schools operating Communities in Schools (66%) indicated they were familiar with the initiative.

In summary, high percentages of student support staff at all school levels (72%-86%) and elementary school administrators (78%-85%) were familiar with the divisionwide behavioral and mental health supports initiatives at their respective levels; however, notably lower percentages of teachers at all levels (9%-36%) and secondary administrators (54%) indicated they were familiar. Additionally, lower percentages of staff at schools that operated the Communities in Schools initiative (66%) indicated they were familiar with Communities in Schools although it is a schoolwide initiative offering supports to students across the school community. Teachers may not be the official individuals referring the students to these programs, especially in the cases of the Rapid Response and Bridge programs, but it is important that teachers have awareness of these programs because teachers interact with students daily and should be aware of the types of initiatives that are available to support students' behavioral and mental health.

Selected Behavioral and Mental Health Supports for Students

This section of the evaluation report focused on the details related to the six behavioral and mental health supports for students that were included in this evaluation. For each initiative, information is provided about the initiative's purpose, target audience and participants, program components, goal areas, perceptions of the initiative, and cost to the school division.

The initiatives were organized based on the tier the initiatives focused on within the continuum of behavioral and mental health services within VBCPS' Integrated Systems of Support. The Responsive Practices initiative is presented first as it supports students at the Tier 1 level. The Schoolwide Behavior Intervention Support Professional Learning and Communities in Schools initiatives are presented next as they include multiple components that support students at more than one tier (e.g., Tiers 1, 2, and 3). Finally, the BASE Program, Rapid Response, and Bridge Program are presented last as they support students at the Tier 3 level.

Responsive Practices

Purpose and Overview

The Responsive Practices initiative within VBCPS is rooted in the Responsive Classroom philosophy. Responsive Classroom is a student-centered, social and emotional learning approach to teaching and discipline.[30] It operates as a Tier 1 support comprised of a set of practices designed to create safe, joyful, and engaging classrooms and school communities for both students and teachers. There are four key domains of Responsive Classroom, which include engaging academics, positive community, effective management, and developmentally responsive teaching. In addition, there are several classroom practices and strategies that are the core of the Responsive Classroom approach to integrating and building academic and social-emotional skills, which are morning meeting, establishing rules, logical consequences, and guided discovery. Within VBCPS, historically, the primary Responsive Classroom practice adopted was morning meetings. According to Responsive Classroom, morning meetings involve a classroom gathering at the beginning of each day to greet and share with each other, engage in a group activity, and read the teacher's morning message.

The Responsive Practices initiative in VBCPS is overseen by the Office of Professional Growth and Innovation (PGI) within the Department of School Leadership. Two PGI professional learning specialists provide ongoing support and coaching for school staff implementing the initiative. According to PGI staff, this initiative supports students' behavioral and mental health through student-centered academic teaching, as well as taking a proactive approach to creating conditions where students can use prosocial behaviors, understand expectations, and develop positive relationships with teachers. The practices also aim to create safe and engaging classrooms, provide a school community, and foster student self-management skills.

In 2019, PGI created the Academy, which involved providing support and coaching to a small group of teachers to implement aspects of Responsive Practices within their classrooms, including morning meetings. School administrators could apply to have select teachers participate in the academy. A small group of teachers completed the final cycle of the academy during the 2023-2024 school year. According to PGI staff, the teachers who attended this academy throughout the past few years could have then provided information to other teachers at their individual schools regarding Responsive Practices.

PGI has also provided professional learning to school counselors and other student support services staff regarding Responsive Practices. PGI staff have also partnered with the Department of Teaching and Learning to strengthen academic connections within morning meetings. In addition, PGI supports divisionwide professional learning offered through Frontline around Responsive Classroom practices more generally. According to PGI staff, many schools throughout the division have staff who implement morning meetings to some extent.[31]

Beginning in the 2023-2024 school year, the support provided by PGI regarding Responsive Practices shifted from working with individual teachers through the academy to a whole-school approach due to the need to better support teachers managing student behavior challenges. The focus of this evaluation is on this whole-school approach to Responsive Practices. During the 2023-2024 school year, the Responsive Practices initiative was implemented with all teachers and students at two schools, Brookwood and White Oaks elementary schools. These two schools were selected by DOSL and PGI staff because the schools were diverse based on different geographic areas, different levels of readiness across the teachers and principals based on previous experience with Responsive Practices, and principal willingness.[32] PGI staff indicated the purposes of the initiative for 2023-2024 varied based on the school. The focus of the Responsive Practices initiative at Brookwood was to increase social-emotional skills, including increasing positive behaviors. At White Oaks, the focus was to increase student sense of belonging due to the high percentage of military-connected students enrolled at the school. When staff at Brookwood and White Oaks were surveyed, all staff (100%) who were involved with the initiative agreed they understood the purpose of the Responsive Practices initiative at their school.

Target Audience/Participants

The participants of professional learning and ongoing support related to the Responsive Practices initiative were staff at Brookwood and White Oaks elementary schools, which primarily included teachers and teacher assistants during 2023-2024. In addition, the Responsive Practices initiative supported students at the Tier 1 level. Therefore, all students at Brookwood and White Oaks were supported by this initiative.

Survey Respondents

On the Behavioral and Mental Health Supports for Students survey, a total of 437 staff indicated they were familiar with the Responsive Practices initiative. As noted above, the focus of this evaluation is on the school-wide approach to the Responsive Practices initiative at Brookwood and White Oaks. There were 35 respondents who indicated they worked at these two schools implementing the initiative, whereas 314 staff indicated they did not work at one of these schools. Although not the focus of this evaluation, perceptions of the 314 staff who indicated they were familiar with Responsive Practices but did not work at one of the two schools are provided in Appendix A. It is possible that these staff previously received professional learning related to Responsive Practices (e.g., morning meeting) through another method as noted in the history above (e.g., the Academy).

Of those 35 respondents at the schools implementing the initiative, 31 staff members further indicated they were involved with the initiative and/or indicated they had participated in the professional learning. The perceptions for these 31 staff members were included in this report. Of those who were familiar and involved with the Responsive Practices initiative, the majority were classroom teachers or teacher assistants (77%). The remaining respondents were other instructional staff (16%), administrators (3%), and student support staff (3%).

Initiative Components

In preparation for the implementation of the Responsive Practices initiative, school administrators at the two schools selected the Responsive Practice(s) they felt would best meet their school's goals. At Brookwood, morning meeting was selected as the primary practice for classroom teachers to implement in their classrooms. Morning meetings involve everyone in the classroom gathering in a circle at the beginning of each day and proceeding through the four morning meeting components: greeting, sharing, group activity, and teacher's morning message.[33] At White Oaks, according to PGI staff, teachers were already implementing morning meetings in their daily routine. For the 2023-2024 school year, White Oaks teachers could choose

between focusing on either teacher language or interactive modeling in their classroom. Teacher language involves the intentional use of language to enable students to engage in their learning and develop the academic, social, and emotional skills they need to be successful in and out of school.[34] Interactive modeling involves an explicit practice for teaching procedures and routines, such as those for entering and exiting the room, as well as academic and social skills, such as engaging with the text or giving and accepting feedback.[35] According to PGI staff, some teachers at White Oaks also used two other practices: energizers, which are short, playful, whole-group activities that are used as breaks in lessons, and closing circle, which involves a short gathering at the end of the day that promotes reflection and celebration through participation in a brief activity.

When staff at Brookwood and White Oaks were surveyed, the majority of staff (74%) who were involved with the initiative indicated they focused on morning meetings in their classroom or school during the 2023-2024 school year (see Table 5). The majority of staff who indicated their focus was morning meeting (70%) were staff at Brookwood. Approximately 39 percent of staff involved in Responsive Practices indicated their focus area during 2023-2024 was teacher language and 26 percent indicated their focus area was interactive modeling. White Oaks staff composed the majority of staff who indicated their focus was teacher language (83%) and interactive modeling (75%). Only 3 percent of staff indicated they did not have a focus area during 2023-2024.

Table 5: Responsive Practices Staff Focus Areas

Survey Item	Morning Meeting	Teacher Language	Interactive Modeling	None
Which of the following area(s) did you focus on during the 2023-2024 school year in your classroom/school? (N=31)	74%	39%	26%	3%

Morning Meetings

Morning meetings involve the classroom gathering in a circle at the beginning of each day and proceeding through the greeting, sharing, group activity, and teacher's morning message. The greeting involves students and teachers greeting one another by name, and sharing involves students sharing information about events in their lives, including opportunities for students to make empathetic comments and ask questions.[36] The group activity involves everyone participating in a brief, lively activity that fosters cohesion and practicing social and academic skills. During an observation of a morning meeting at a site visit, the students engaged in a game of charades with groups of students as different teams. The teacher's morning message involves the students reading and interacting with a short message written by the teacher, including information to help students focus on their schoolwork for the week. During a classroom observation, the teacher read her message, which was written as a formal letter and visible to the students on the board. Students actively followed the words while the teacher read, and students identified the punctuation marks by using different hand or body movements for each punctuation. The overall purposes of morning meetings are to set the tone for respectful and engaged learning in a climate of trust; build positive community by fulfilling students' need to belong, feel significant, and have fun; model and practice social-emotional skills; and review or practice academic skills or content in a way that gets students interested in learning.

As a reminder, prior to the 2023-2024 school year, morning meeting was selected at Brookwood as the primary practice for classroom teachers to implement in their classrooms, while teachers were already implementing morning meetings in their daily routine at White Oaks.

Staff members who indicated their focus was on morning meetings were provided additional survey items about their practices. Overall, the majority of staff who focused on morning meetings also indicated they started every morning with a morning meeting (see Table 6). Only 9 percent of staff indicated they started

some of their days with a morning meeting and another 9 percent indicated they had not started as of the time of the survey.

Table 6: Staff Reported Frequency of Morning Meetings

Survey Item	Every Morning	Some Mornings	Have Not Started
How many mornings a week do you start school with a morning meeting? (N=23)	83%	9%	9%

Teacher Language

Teacher language is the professional use of words, phrases, and pace to enable students to engage in active, interested learning; be contributing members of a positive learning community; and develop positive behaviors.[37] There are five general expectations that guide this practice.[38] The first guideline is to be direct and genuine, which includes providing comments as statements that are clear and specific without sarcasm, as well as communicating intentions with actions or body language. During an observation in the classroom, when a teacher needed to redirect a student who was distracted with a stuffed animal, she moved it away from the student and said, "Let's move it here." The second guideline is to convey faith in children's abilities and intentions, which includes praising specific behaviors but avoiding naming individual students as examples, as well as allowing equal opportunities for students to share. For example, a teacher was observed praising her students by saying, "Give your brain a kiss" and encouraging a student by saying, "Say it with confidence."

The third guideline is focusing on action, which includes not using judgmental language and describing specific behaviors instead of abstract concepts. The fourth guideline is keeping it brief, which involves using concise language with explanations kept to one to two sentences, allowing for students to recall expectations, and avoiding threats or warnings. During observations of teachers in the classroom, teachers provided clear directions when transitioning to a new activity without repeating themselves. The final guideline is to know when to be silent, which involves providing directions one time and providing support if needed, allowing sufficient wait time before calling on students, using a slow and steady pace of speech, allowing students to speak as frequently as the teacher, and not repeating students' comments for the purpose of confirmation.

As a reminder, for the 2023-2024 school year, White Oaks teachers could choose between focusing on either teacher language or interactive modeling in their classroom.

Interactive Modeling

Interactive modeling is a process that explicitly teaches students an academic or social skill, routine, or procedure.[39] Interactive modeling involves seven steps for elementary-aged students. The first step is to briefly state what you will model and the reason. The second step is to model the behavior exactly as you expect students to do it without describing what you're doing. The third step is to ask students what they noticed followed by inviting one or more students to model the same way. The next step is to ask students what they noticed when observing the students modeling the behavior. The sixth step is to have all students model the behavior while observing and coaching. The final step is to provide feedback while naming specific, positive actions and redirecting if needed. During classroom observations, a teacher modeled for students how they should leave and enter the classroom quietly and in an organized way when other staff came to get them for other services during class time.

As noted, teachers at White Oaks could choose this practice as their focus for the 2023-2024 school year. In addition, at Brookwood, interactive modeling was used for one week in fall 2023 with the assistance of PGI staff to teach the students how to behave in the cafeteria, which involved the assistance of cafeteria staff, custodians, and teachers.

Professional Learning and Support

In preparation for the 2023-2024 school year, building administrators identified three to four staff members in their buildings who would serve as members of their Responsive Practices team, which included staff who would lead the implementation of the initiative at each school. Across the schools, the teams included administrators, general education and special education teachers, and specialists (e.g., reading specialist). For a review of the professional learning and support offered during 2023-2024 see Table 7.

Six members of the Responsive Practices teams attended a 4-day training with the Responsive Classroom organization during the summer of 2023. In addition, all school staff received a training regarding Responsive Classroom practices in their buildings prior to the school year. At White Oaks, optional choice sessions related to the practices of energizers and closing circles were also offered prior to the school year.

Ongoing professional learning opportunities were offered to teachers and teacher assistants quarterly throughout the school year. PGI staff noted that one adjustment made during implementation was the timing of professional learning opportunities for teachers. In the beginning of the year, the opportunities were scheduled in the mornings before the school day, but this was adjusted to be offered at other points during the school day (e.g., during collaboration meetings) based on teacher feedback. In addition, a Canvas course focused on learning about morning meetings was created by PGI staff, which has lessons focused on understanding each of the four components of the morning meeting, as well as getting started with hosting morning meetings and planning tips and tools.

The two PGI professional learning specialists also offered ongoing support and coaching for teachers and teacher assistants throughout the school year on a monthly basis. This involved attending planning meetings to review student social-emotional learning survey data as well as holding learning walks to observe teachers engaging in the practices and providing debriefings with the administration. The Responsive Practices team members at each school also participated in providing feedback during the learning walks and ongoing coaching to other school staff. The team members also communicated with PGI staff to ensure all staff needs were being met. Additionally, at Brookwood, the instructional technology specialist (ITS) provided teacher support to add science-related content to teachers' morning meetings.

PGI also monitored implementation through surveys at the beginning, middle, and end of the year. The beginning and end-of-year surveys asked staff questions about their knowledge of the practices, as well as perceptions about their skill levels and feedback, while the mid-year survey asked Responsive Practices team members about their perceptions of the implementation, such as strengths and areas of support.

Table 7: Responsive Practices Professional Learning Opportunities

Professional Learning and Support	Target Audience
4-day Responsive Classroom in-person training	Responsive Practices team members
PGI quarterly professional learning	Teachers and teacher assistants
Morning meeting Canvas course	All staff
PGI monthly support and coaching	Teachers and teacher assistants
Learning walks/observations	Responsive Practices teams
Responsive Practices teams support	Teachers and teacher assistants
PGI survey monitoring	Teachers and teacher assistants

When surveyed about professional learning on the Behavioral and Mental Health Supports initiative survey, 93 percent of staff involved with the initiative agreed the professional learning received on Responsive Practices

provided them with the necessary knowledge and tools to use responsive practices in their classroom or school (see Table 8).

Table 8: Staff Perceptions of Responsive Practices Professional Learning

Survey Item	Percent Agreement
The professional learning I received on Responsive Practices provided me with the necessary knowledge and tools to use responsive practices in my classroom/school. (N=30)	93%

In addition, when surveyed about the areas in which they received professional learning, nearly all staff (94%) indicated they received professional learning related to morning meetings. As shown in Table 9, approximately half of staff indicated they participated in professional learning related to teacher language (55%), energizers (55%), or interactive modeling (45%). A slightly lower percentage of staff indicated they participated in professional learning related to closing circles (35%).

Table 9: Percentages of Staff Who Received Responsive Practices Professional Learning by Topic

Survey Item	Morning Meeting	Teacher Language	Interactive Modeling	Energizers	Closing Circle	Other
Which of the following Responsive Practices have you received professional learning on? (N=31)	94%	55%	45%	55%	35%	3%

Regarding support received, 97 percent of staff involved with the initiative indicated they worked with PGI during the implementation. When surveyed about the resources and support provided by PGI, 97 percent of staff who indicated they worked with PGI also agreed that PGI staff provided them with helpful resources and support for implementation.

Initiative Goals

PGI staff indicated that the goals of the Responsive Practices initiative for 2023-2024 varied based on the school. The purpose of the Responsive Practices initiative at Brookwood Elementary School was to increase students' social-emotional skills, including increasing positive behaviors. More specifically, according to Brookwood's Responsive Classroom School Support planning documents, the goal was identified as building the capacity of staff at Brookwood to increase the students' positive behaviors and provide opportunities for students to build and reflect on their self-management skills. Additional criteria of success were identified as all classroom teachers beginning each day with a morning meeting and improvement in agreement on a student SEL survey item related to self-management. At White Oaks Elementary School, the purpose of the Responsive Practices initiative was to increase student sense of belonging due to their high percentage of transient military population. More specifically, according to White Oaks' Responsive Classroom School Support planning documents, the goal was identified as building the capacity and confidence of teachers to effectively use teacher language or interactive modeling to positively support students.

Baseline staff survey data were analyzed for these goal areas for staff who reported focusing on a particular aspect of Responsive Practices (e.g., morning meeting, teacher language, interactive modeling).[40] Goals for morning meetings were related to increasing students' positive behaviors and self-management skills. Overall, 85 percent of staff who indicated morning meetings was their focus area agreed that morning meetings as part of Responsive Practices helped build their capacity to increase students' positive behaviors, and 80 percent agreed that morning meetings helped increase students' positive behaviors (see Table 10). In addition, 70 percent of staff agreed that morning meetings helped develop their students' self-management skills.

Table 10: Staff Perceptions of Morning Meetings

Survey Items	Percent Agreement
Morning meetings as part of Responsive Practices have helped build my capacity to increase students' positive behaviors. (N=20)	85%
Morning meetings as part of Responsive Practices have helped increase students' positive behaviors. (N=20)	80%
Morning meetings as part of Responsive Practices have helped develop my students' self-management skills. (N=20)	70%

Note: When limited to only staff who worked at the school with morning meeting as their specific goal area (N=14), agreement percentages were 86, 79, and 64 percent, respectively.

Additional school-specific data were examined from the self-management items on the student SEL survey from 2023-2024 as reported in the Navigational Markers. This measure provided an aggregated rating across the self-management items (i.e., dividing total number of agreement responses across all items within the competency). In 2023-2024, 72 percent of student responses to the self-management items were agreement responses.

Goals for teacher language and interactive modeling were related to teacher confidence in these practices, as well as improving students' sense of belonging. As shown in Table 11, all staff who indicated their focus was teacher language (100%) agreed they were confident in their ability to effectively use teacher language to support students, and that teacher language helped improve students' sense of belonging. Additionally, all staff who indicated their focus was interactive modeling (100%) agreed they were confident in their ability to effectively use interactive modeling to support students, and 71 percent agreed interactive modeling helped improve students' sense of belonging.

Table 11: Staff Perceptions of Teacher Language and Interactive Modeling

Survey Items	Percent Agreement
I am confident in my ability to effectively use teacher language to support students. (N=12)	100%
Teacher language has helped improve students' sense of belonging. (N=12)	100%
I am confident in my ability to effectively use interactive modeling to support students. (N=7)	100%
Interactive modeling has helped improve students' sense of belonging. (N=7)	71%

Note: When limited to only staff who worked at the school with teacher language (N=10), agreement percentages remained the same (100%). When limited to only staff who worked at the school with interactive modeling (N=5), agreement percentages were 100 and 80, respectively.

Additional school-specific data were examined from students' reported sense of belonging from 2023-2024 as reported in the Navigational Markers. In 2023-2024, 79 percent of students reported a sense of belonging at their school. On the Behavioral and Mental Health Supports for Students survey, when staff who were involved with the initiative were surveyed generally about Responsive Practices helping to improve student behavior and creating a safer classroom, 64 percent agreed implementing Responsive Practices helped in these areas.

General Perceptions

Through open-ended survey items, school-based staff had the opportunity to provide comments regarding what worked well and what could make Responsive Practices more beneficial. Overall, 13 staff members made a comment related to what worked well, which was 42 percent of staff who responded to the Responsive Practices portion of the survey and were involved at one of the schools operating the initiative. Themes from staff regarding what worked well included reference to morning meetings in general, students responding well to the practices (e.g., being engaged, learning), building positive relationships or community, and providing teachers with a different perspective. Overall, 9 staff members made a comment related to improvement areas, which was 29 percent of staff who responded to the Responsive Practices portion of the survey and were involved at one of the schools operating the initiative. The primary themes from staff regarding

improvement areas focused on more staff buy-in and consistency in practices. Some comments focused on behavior management, such as the need to consistently implement consequences, student accountability, or general acknowledgement that this is one tool that should be used with others.

During an interview, PGI staff had the opportunity to provide comments regarding their perceptions of usefulness for meeting student and staff needs. PGI staff noted that the implementation of the Responsive Practices initiative met the teachers' needs due to the flexibility in support and professional learning offered to staff. PGI staff also noted the Responsive Practices teams were highly involved with the implementation, which helped meet teachers' needs through modeling and supporting their colleagues through implementation. During the interview, PGI staff were also asked about the successes and what worked well in addition to challenges and areas for improvement. Noted successes included the building administrators supporting the work, providing school staff ongoing support and professional learning throughout the year, and the ability to adjust and be flexible based on teachers' needs. In addition, PGI staff indicated the ability to provide this professional learning and support internally worked well. The innerworkings of the Responsive Practices teams at each school were also viewed as a success, including the ability to have peer to peer help and a gradual release of support from PGI to the schools' Responsive Practices team.

Although administrator support was mentioned as a success, PGI staff noted that a challenge was changes in building administrators at both schools during the 2023-2024 school year. Due to the previous administration leading and planning the work initially, there was a need to rebuild relationships and connect the new administrators with the previous principal's vision. Regarding things that could improve the implementation, PGI staff commented on potentially collaborating with others who work more directly with behavior issues to ensure that consistent language is used throughout the building. In addition, PGI staff noted learning walks should occur earlier in the year because observing could facilitate learning for teachers.

Cost and Future Plans

The cost to VBCPS for implementation of Responsive Practices during 2023-2024 was collected from PGI. As shown in Table 12, costs were related to Responsive Practices team members attending a 4-day professional learning opportunity, Responsive Classroom books purchased for all teachers and teacher assistants at the two schools (220 books), and local travel costs for PGI staff to support school implementation. The costs for the professional learning totaled $10,732. The professional learning costs for the six attendees included the cost of registration for the 4-day course, hotel, travel, and food. The costs for the 220 Responsive Classroom books totaled $7,311. Local travel to schools for PGI staff to support responsive practices implementation totaled $326. The total cost for the 2023-2024 school year was $18,369.

Table 12: Cost for Responsive Practices in 2023-2024

Cost Categories	Costs in 2023-2024
Professional Learning	$10,732
Materials	$7,311
Local Travel	$326
Total Cost	**$18,369**

As of October 2024, it was determined that there will not be a continuation or expansion of the current Responsive Practices initiative due to budget constraints and the needs of schools as they navigate the impact of the Virginia Literacy Act (VLA) and new curricular standards.[41] Brookwood and White Oaks have experienced changes in administration, and the school's goals for social-emotional learning supports and interventions have shifted. PGI staff will continue to support Brookwood, White Oaks, and additional schools that have requested professional learning related to Responsive Practices; this will occur outside the originally planned initiative.

According to PGI staff, having staff members at a new school attend Responsive Practices in-person training and purchasing books for all teachers and teacher assistants would be too costly at this time. PGI staff discussed that potential future directions for the initiative may include implementing the Responsive Practices initiative at schools that are implementing the Schoolwide Behavior Intervention Support Professional Learning initiative. One elementary school currently implementing the Schoolwide Behavior Intervention Support Professional Learning initiative has partnered with PGI for more intensive support specifically focused on morning meetings. PGI staff noted they will be working with the behavior intervention specialist at this school to ensure there is alignment across the initiatives.

Schoolwide Behavior Intervention Support Professional Learning

Purpose and Overview

The Schoolwide Behavior Intervention Support Professional Learning is grounded in the concepts of Behavior Intervention Support Team (BIST). BIST was created by the Cornerstones of Care organization and is based on the idea that students' challenging or disruptive behaviors are rooted in traumatic experiences.[42] According to the Cornerstones of Care BIST website, BIST empowers educators to partner with students to develop emotional awareness and positive coping skills, which includes holding students accountable for their actions and teaching them skills.[43] As part of BIST, students can learn replacement or missing skills to reduce disruptive behaviors. VBCPS began piloting the Schoolwide Behavior Intervention Support Professional Learning initiative by providing professional learning to staff at five elementary schools during the 2023-2024 school year: Diamond Springs, Newtown, Parkway, Thalia, and Bettie F. Williams. These schools were selected by DOSL staff after review of academic and behavioral data and discussion with the school principals.[44] The purpose of adopting the Schoolwide Behavior Intervention Support Professional Learning initiative in VBCPS schools was to reduce the number of negative behaviors that impact instruction and academic performance, as well as provide an additional layer of support for the schools implementing the initiative.[45] During 2023-2024, the primary focus of the initiative was professional learning for staff. The implementation during the first year was flexible, and building principals determined the level and timelines of professional learning their staff participated in and concepts of BIST that would be implemented at their schools during 2023-2024.

The Schoolwide Behavior Intervention Support Professional Learning initiative in VBCPS is overseen by staff in the departments of School Leadership and Teaching and Learning, especially the Office of Student Support Services. In particular, the coordinator of behavior intervention, who works in the Office of Student Support Services, provides oversight of the behavior intervention specialists (BISs) who work at the five elementary schools implementing Schoolwide Behavior Intervention Support Professional Learning (along with other schools across the division). Together, the coordinator and BISs at these schools internally monitor aspects of BIST being implemented across the five schools. The BISs also work closely with the building administrators to lead the Schoolwide Behavior Intervention Support Professional Learning implementation at each individual school. In planning for the 2023-2024 school year, the school principals could select staff to be part of their school's Vision Team, which included school staff members who led the implementation of the Schoolwide Behavior Intervention Support Professional Learning initiative at the schools in addition to the BIS. According to data monitored internally by the coordinator of behavior intervention and BISs, three of the five schools implementing the Schoolwide Behavior Intervention Support Professional Learning initiative (60%) established a Vision Team as of June 2024. While VBCPS has historically had BIS positions, one additional position established exclusively for the Schoolwide Behavior Intervention Support Professional Learning initiative by converting existing allocations was the behavior intervention support team teacher assistant (BIST TA). With guidance and assistance from the BIS, the BIST TAs oversaw the focus room, which is a room separate from the classroom where students can go to practice replacement skills, calm down, prepare an apology, or create a plan to make better choices.[46] During 2023-2024, all five schools employed a BIST TA to assist with

implementation, and all schools provided training and oversight of the BIST TA according to data monitored internally by the coordinator of behavior intervention and BISs.

Target Audience/Participants

The participants of the Schoolwide Behavior Intervention Support Professional Learning initiative during 2023-2024 were the teachers and staff at Diamond Springs, Newtown, Parkway, Thalia, and Williams. Professional learning opportunities were offered to teachers and staff prior to and during the 2023-2024 school year, although building principals determined the professional learning opportunities in which their staff participated. In addition, all five schools had a BIST TA who worked exclusively to implement the Schoolwide Behavior Intervention Support Professional Learning initiative. As noted, these BIST TAs oversaw the focus room within each school and were classified as general assistants. During discussions with the coordinator of behavior intervention, there would likely be some difficulties with retaining staff in the BIST TA position after the 2023-2024 school year. These difficulties may have been due to the job requirements of extensive training and working with students with disruptive behavior. To assist with hiring and retaining staff in these positions, according to DOSL staff, a stipend was created for the BIST TA position as an incentive that is received at the end of the school year. According to data monitored internally by the coordinator of behavior intervention and BISs, four of the five BIST TAs (80%) employed during 2023-2024 returned for the 2024-2025 school year.

The various supports provided through the Schoolwide Behavior Intervention Support Professional Learning initiative were also available to students at these schools at multiple tiers, including Tiers 1, 2, and 3. Therefore, during the 2023-2024 school year, all students throughout the five schools could have participated in the Tier 1 aspects of this initiative, which were common language and class/morning meetings. Students at these schools who needed additional support for behavior could have been provided supports at the Tier 2 and 3 levels. These supports included several options for intervention strategies to help reduce disruptive behaviors and teach students replacement skills (i.e., safe seat, buddy room, focus room, processing, and behavior/think sheets). Schools monitored data related to the use of the focus room, which is considered a tier 3 support. According to the coordinator of behavior intervention, across the five schools during the 2023-2024 school year, on average within a month timeframe, there was a range of 37 to 133 instances in which students were referred to the focus room at their school. Overall, on average, there were approximately 435 instances in which students were referred to the focus room within a month timeframe at all five schools.

Survey Respondents

On the Behavioral and Mental Health Supports for Students survey, a total of 205 staff members indicated they were familiar with the Schoolwide Behavior Intervention Support Professional Learning initiative. There were 67 respondents who indicated they worked at one of the five schools implementing the Schoolwide Behavior Intervention Support Professional Learning initiative. Of those 67 respondents, 62 staff members (93%) indicated they were involved with the initiative to some extent, which included participation in professional learning, using the common language aspects of BIST, implementing a component of BIST (e.g., safe seat), or having a student who participated in a component of BIST (see Table 13). Only five staff members at the schools (7%) implementing Schoolwide Behavior Intervention Support Professional Learning indicated they were aware of the initiative but had limited involvement (i.e., did not indicate being involved in any of these ways). When surveyed about how they were involved with Schoolwide Behavior Intervention Support Professional Learning, most of these staff indicated they used the common language rooted in BIST (82%) and participated in the professional learning (79%) (see Table 13). Slightly lower percentages of staff members indicated they implemented a component of BIST (60%) or had a student who participated in a BIST component (57%). The perceptions for the 62 staff members who indicated they were involved to some extent were included in this evaluation report.

Table 13: Type of BIST Involvement Reported by Staff

Types of Involvement	Percentage
Some involvement	**93%**
Used common language	82%
Participated in professional learning	79%
Implemented a component of BIST	60%
Had a student who participated in a BIST component	57%
Limited involvement only	**7%**

Half of the 62 respondents involved in the Schoolwide Behavior Intervention Support Professional Learning initiative were classroom teachers (50%), whereas 24 percent were other instructional staff, and 15 percent were student support staff. Lower percentages of staff members indicated they were administrators (6%) or in another position (5%).

Initiative Components

Professional Learning and Support

In preparation for implementation of the Schoolwide Behavior Intervention Support Professional Learning initiative in VBCPS, in March 2023, VBCPS staff members met with a consultant from the Cornerstones of Care organization in Kansas City. Staff included the DOSL senior executive director of elementary schools, two elementary school principals who would begin implementing the initiative at their schools during the 2023-2024 school year, PGI representatives, and the coordinator of behavior intervention. During this visit, these staff also visited multiple schools in Kansas City to observe operations of BIST. This visit helped central office and administrative staff prepare for implementation of Schoolwide Behavior Intervention Support Professional Learning across the five schools for the 2023-2024 school year. A review of the professional learning and support offered during 2023-2024 is shown in Table 14.

According to the contract with Cornerstones of Care, two professional learning sessions were offered to the five Schoolwide Behavior Intervention Support Professional Learning principals in the spring and summer of 2023. Building principals could then determine the level of professional learning for their staff and the concepts of BIST that would be implemented at their schools during the 2023-2024 school year based on the needs at their school. As noted, the coordinator of behavior intervention and BISs internally monitored implementation across the five schools. In July 2023, an optional 5-day virtual professional learning session was offered by Cornerstones of Care to staff at all five schools. Staff had the opportunity to participate synchronously or asynchronously as the sessions were recorded. Overall, 84 staff members participated in this training.

In August 2023, staff at the schools implementing this initiative were also provided an in-person BIST Basics I training session, which was a five and a half hour training session.[47] According to central office staff overseeing the implementation, this August training allowed staff to collaborate with one another during the sessions, which did not occur during the virtual sessions in July 2023.[48] Schools varied in the extent to which staff positions beyond teachers, such as school counselors, specialists, and coaches, were included in this professional learning. According to the Cornerstones of Care contract, additional training time was offered to the school BIST vision teams during this August professional learning session as well as for the BIST TAs who would oversee the focus rooms. Teacher assistants at the schools were invited to participate in a separate virtual professional learning session with an overview of BIST concepts, which lasted an hour and a half. In October 2023, an in-person BIST Basics II training session was offered to staff, and a final one-hour virtual BIST Basics III session was offered to staff in March 2024. In addition, in January 2024, 33 staff members, including

central office staff and staff from all five schools attended the 2024 annual in-person Vision Team conference with the Cornerstones of Care organization in Kansas City. The Vision Team conference is an annual conference that allows vision teams around the nation to connect and collaborate. During this trip, VBCPS staff also visited a school in Kansas City to observe operations of BIST. In preparation for the 2024-2025 school year, trainings were also completed by Cornerstones of Care across three days at the end of June 2024 for staff at the schools implementing this initiative. In total, 136 staff members participated in this training.

According to the coordinator of behavior intervention, the BISs at the five schools implementing this initiative also provided ongoing professional learning opportunities to school staff regarding BIST-related topics throughout the 2023-2024 school year; however, the extent and content of these professional learning sessions varied by school. When staff were surveyed about understanding the purpose of the professional learning as a part of the BIST initiative, 97 percent of staff who were involved with the Schoolwide Behavior Intervention Support Professional Learning initiative agreed they understood the purpose.

Ongoing support and assistance was also offered by Cornerstones of Care during virtual PLC meetings at schools implementing this initiative during the 2023-2024 school year. According to data monitored internally by the coordinator of behavior intervention and BISs, four of the five schools (80%) participated in a fall PLC meeting with a BIST consultant. In addition, building administrators from four schools implementing the initiative who responded to the survey agreed the BIST or Cornerstones of Care staff provided them with helpful resources and support for implementation during 2023-2024.

Table 14: Schoolwide Behavior Intervention Support Professional Learning Opportunities

Professional Learning and Support	Target Audience
Meeting with Cornerstones of Care Consultant (March 2023)	Select administrative staff members
Two principal professional learning sessions (Spring and Summer 2023)	Building principals
5-day virtual professional learning session (July 2023)	Teachers and other staff depending on school (optional session)
BIST Basics I training (August 2023)	Teachers and other staff depending on school
Additional training time specific to team (August 2023)	Administrators/Vision team
Additional training time specific to position (August 2023)	BIST TAs (in charge of focus room)
BIST Overview (August 2023)	Other teacher assistants
BIST Basics II training (October 2023)	Teachers and other staff depending on school
BIST Basics III training (March 2024)	Teachers and other staff depending on school
Vision Team Conference (January 2024)	Administrators/Vision teams
Ongoing BIST-related professional learning from BISs	Teachers and other staff depending on school
Ongoing professional learning and support from BISs	BIST TAs (in charge of focus room)
Cornerstones of Care assistance during PLC meetings	School staff
BIST Overview (June 2024)	Teachers and other staff depending on school

When staff were surveyed about the effectiveness of the professional learning they were offered, 75 percent agreed the BIST professional learning helped empower them with the language, systems, and structures to help support students with behavior concerns (see Table 15). In addition, 72 percent of staff agreed the BIST professional learning provided them the necessary knowledge and tools to manage student behavior.

Table 15: Staff Perceptions of BIST Professional Learning

Survey Items	Percent Agreement
The BIST professional learning helped empower me with the language, systems, and structures to help support students with behavior concerns.	75%
The BIST professional learning provided me the necessary knowledge and tools to manage student behavior.	72%

To assist school staff with monitoring the implementation of various aspects of BIST, the coordinator of behavior intervention and BISs created a BIST reflection tool. The BIST reflection tool is a high-level tool that lists various objectives related to BIST. Example objectives include providing professional learning, acquiring materials, awareness and use of common language and expectations, and using various components of BIST with fidelity. Staff can use this tool to gauge their level of implementation of each objective on a scale of "Level 1" (Not Implemented) to "Level 3" (Implemented). In addition, the Cornerstones of Care organization provided central office staff overseeing the initiative with a BIST implementation guide. The BIST implementation guide is a more detailed tool that allows staff to assess themselves on a scale of "Successful" to "Concern" for various aspects of BIST. The implementation guide covers various aspects of BIST within the following areas: philosophical, training and staff buy-in, logistics, data collection, prevention, Vision Team, and parent information. As the implementation of BIST continues at these schools, school staff are expected to begin using one of these tools to monitor their own implementation of BIST beginning in 2024-2025.

Tier 1 Schoolwide BIST Model

According to the Cornerstones of Care BIST website, BIST involves the following: intervening early and consistently with all students (early intervention – the "when"), using specific, caring language of partnering when intervening (caring confrontation – the "how"), identifying a missing skill and partnering with the students to develop the skill (protective plan – the "what"), and maintaining a relationship and providing restrictions when needed (outlasting the acting out).[49] An important aspect of the early intervention component is the expectation that students will only receive one verbal redirection per activity and teachers should take action to intervene if the behavior continues. During caring confrontation, staff are expected to intervene for any disruptive or hurtful behavior with specific, common language, including "I see… (referencing the disruptive behavior)," "Can you… (referencing the desired behavior)," "Even though… (referencing the student's feeling)."[50]

The BIST concepts also involve specific goals for life, which are goals students are helped to obtain "so they may have the life they want and deserve."[51] Goals for life are rooted in the following three beliefs: "I can make good choices, even if I am mad; I can be okay, even if others are not okay; and I can do something, even if I don't want to (or even if it's hard)."[52] Further, within BIST, it is believed that students who are disruptive and have chronic behavior issues are missing skills related to these three goal areas and that these skills can be taught. The three skills that BIST views as potentially missing include "I can't be mad without getting in trouble," "I can't be okay if others are not okay," and "I can't do something if I don't want to."[53] The BIST handbook offers suggestions for adults when working with students who are missing each of these types of skills. BIST also indicates that for students' behavior to change, they must be met with grace, which includes adults accepting students as well as students accepting responsibility for their actions.

One part of BIST is that staff should use specific language when interacting with students. This specific language is referred to as "common language" and should be used by staff with all students throughout the schools. Common language can include the language used during caring confrontation (i.e., "I see… [referencing the disruptive behavior]," "Can you… [referencing the desired behavior]," "Even though… [referencing the student's feeling]"). In addition, common language includes the goals for life (e.g., "students can make good choices even if they are mad.") and the missing skills

(e.g., “students can’t be mad without getting in trouble.”). The Cornerstones of Care organization provides language reference cards for staff, which were purchased by VBCPS for staff at schools implementing this initiative. These language reference cards can be used to remind staff of the specific language to use. According to data monitored internally by the coordinator of behavior intervention and BISs, four of the five schools (80%) provided the BIST language reference cards to staff as of June 2024. Of those schools that provided staff with the language reference cards, one school used the reference cards consistently building wide, two schools had staff who used the reference cards somewhat building wide, and one school had staff who did not use the cards consistently. When staff involved in the implementation of Schoolwide Behavior Intervention Support Professional Learning were surveyed about the extent to which common language helped improve student behavior at their school, 65 percent of staff who responded to the item indicated it helped improve student behavior to a large or moderate extent, while 29 percent of staff indicated it helped to a small extent, and 7 percent indicated it did not help at all.

Another component of BIST that could be implemented with all students throughout the school was class/morning meetings. Class/morning meetings are meetings facilitated by the teacher to help students solve problems, plan events, and maintain a positive classroom community. According to data monitored internally by the coordinator of behavior intervention and BISs, as of June 2024, two of the five schools (40%) created lessons related to BIST that were being used in morning meetings, while one school was in the process of creating lessons for this purpose, and two schools had not completed work in this area. When staff involved in the implementation of Schoolwide Behavior Intervention Support Professional Learning were surveyed about the extent to which class/morning meetings helped improve student behavior at their school, 73 percent of staff who responded indicated it helped improve student behavior to a large or moderate extent, while 21 percent of staff indicated it helped to a small extent, and 6 percent indicated it did not help at all (see Table 16).

Table 16: Staff Perceptions of Common Language and Class/Morning Meetings Improving Student Behavior

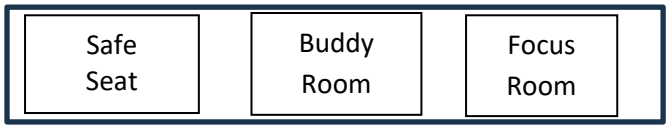
Please indicate the extent to which each of the following BIST tools has helped improve student behavior if they were used:	Large Extent	Moderate Extent	Small Extent	Not At All
Common language	29%	36%	29%	7%
Class/morning meeting	35%	38%	21%	6%

Note: Percentages exclude those who indicated “Don’t Know” or “Did Not Use.”

Tiers 2 and 3 Individual Student Support

As noted, BIST is based on the idea that students can learn replacement or missing skills to reduce disruptive behaviors. To help teachers intervene, BIST offers suggestions for a continuum of intervention strategies. These strategies are designed to increase teaching time for all students, facilitate lifelong change in skill sets for students with challenging behaviors, decrease disruptive behavior, and provide relief for adults working directly with students. As shown in Figure 1, BIST intervention strategies include a safe seat in the students’ classroom, a seat in a buddy room, and the focus room, which is a room separate from the student’s classroom. All schools (N=5) implemented the focus room, four schools implemented the safe seat, and one school implemented a buddy room during 2023-2024. According to the chief academic officer, school staff continued to follow the Student Code of Conduct, and students are referred to the office as appropriate based on VBCPS discipline guidelines.

Figure 1: BIST Intervention Strategies



Throughout the continuum of intervention strategies, when students engage in disruptive behavior, teachers encourage students to engage in processing, which are questions the teacher asks the student so they can be held accountable and take ownership for their behavior, practice their replacement skills, and create a plan for better choices. When staff were surveyed about the extent to which processing helped improve student behavior at their school, 66 percent of staff who responded indicated it helped to a large or moderate extent. In addition, 23 percent of staff indicated it helped to a small extent and 11 percent indicated it did not help at all. Teachers could also use target behavior or think sheets at any point when working with students. These sheets were intended for the student to visualize their goals and problem solve or help them to take ownership of the behavior they engaged in and create a plan for success. When staff were surveyed about the extent to which behavior/think sheets helped improve student behavior at their school, 58 percent of staff who responded indicated it helped to a large or moderate extent (see Table 17). In addition, 21 percent of staff indicated it helped to a small extent and 21 percent indicated it did not help at all.

Table 17: Staff Perceptions of Processing and Behavior/Think Sheets Improving Student Behavior

Please indicate the extent to which each of the following BIST tools has helped improve student behavior if they were used:	Large Extent	Moderate Extent	Small Extent	Not At All
Processing	29%	37%	23%	11%
Behavior/Think Sheet	29%	29%	21%	21%

Note: Percentages exclude those who indicated "Don't Know" or "Did Not Use."

When a student begins to exhibit repeated disruptive behaviors, the first intervention strategy is the safe seat, which is a desk or seat within the classroom. The safe seat is still within the student's classroom to allow for the student to continue to participate in instruction but is intended to be away from other students to help the student regroup, process with the teacher, then rejoin the class. During site observations, school staff discussed that it was the expectation that students would not move from the safe seat before processing the incident with the teacher. According to data monitored internally by the coordinator of behavior intervention and BISs, four of the five schools (80%) implemented the safe seat as of June 2024. In addition, of those who implemented the safe seat, three schools established a process for using the safe seat. When staff were surveyed about the extent to which the safe seats helped improve student behavior at their school, 74 percent of staff who responded indicated it helped to a large or moderate extent, while 17 percent of staff indicated it helped to a small extent, and 9 percent indicated it did not help at all.

According to the BIST continuum of intervention strategies, if students continue to have difficulty with disruptive behaviors when in the safe seat, they may be asked to move to a buddy room, which is a safe seat in another classroom. The buddy room is also intended to help a student regroup, complete a think sheet, and process with an adult in the new classroom so they may return to their classroom safe seat. According to data monitored internally by the coordinator of behavior intervention and BISs, one school implemented the buddy room as of June 2024. In addition, this school established a process for using the buddy room. During site observations, school staff discussed that if they implemented a buddy room, they paired classrooms in advance to be buddy classrooms. When staff were surveyed about the extent to which buddy rooms helped improve student behavior at their school, 52 percent of staff who responded indicated it helped to a large or moderate extent, while 30 percent of staff indicated it helped to a small extent, and 19 percent indicated it did not help at all.

If students continue to have difficulty with disruptive behavior when in the buddy room or safe seat (for schools that have not implemented the buddy room), then students may be asked to move to the focus room. The focus room is a room that is separate from the classroom where students can go to practice replacement skills, calm down, prepare an apology, or create a plan to make better choices. This room was staffed by the school's BIST TA with support from the BIS and building administrators. When students were asked to go to the focus room, they were escorted from their classroom to the focus room by an administrator, security guard, or the BIST TA. While in the focus room, BIST TAs worked with the students to calm down and process the incident. During the site visits, BIST TAs showed several examples of worksheets that were used for students to process and reflect on their missing skill. After the BIST TA determined that the student was ready to return to the classroom, it was the expectation that the student would continue back through the continuum of intervention strategies starting with the buddy room then safe seat then regular seat, depending on implementation. It is also important to note that the students were expected to process the incident with their teacher or staff member who referred them to the focus room prior to returning to their regular seat. Additionally, during the site visits, staff at all schools stressed that the focus room was not presented in a negative way, but that students should view it as a tool they could use while they were learning the missing skills. Some staff expressed the importance of this being a shift in mindset from discussing minor disruptions in a negative, punitive way. Staff also noted it was important to communicate with parents that the focus room was not intended to be punitive but an opportunity to learn and practice replacement skills. When staff involved in the initiative were surveyed, overall 95 percent of staff agreed they understood the students who could benefit from the various BIST supports (e.g., safe seat, focus room).

According to data monitored internally by the coordinator of behavior intervention and BISs, during the 2023-2024 school year, all five schools physically set up the focus room and were actively using it. In addition, all five schools established a system to collect focus room data. The data collected from the focus room included the student's information (e.g., name, grade level, teacher) and current types of support the student was receiving (e.g., 504 plan, special education committee, behavior intervention plan), as well as information about what brought them to the focus room (e.g., time of day, the general reason for visit), the skill(s) the student was missing, and whether a think sheet and processing with staff occurred. Throughout the year, BIST TAs moved to collecting data through Google sheets. Collecting the data electronically allowed BISs, BIST TAs, and administrators to more easily summarize and monitor the focus room data. During the site visits, school staff discussed the benefit of analyzing which grade levels or teachers were utilizing the focus room to determine patterns, as well as buy-in throughout the school. When staff were surveyed about the extent to which focus rooms helped improve student behavior at their school, 77 percent of staff who responded indicated it helped to a large or moderate extent, while 9 percent of staff indicated it helped to a small extent, and 14 percent indicated it did not help at all (see Table 18).

Table 18: Staff Perceptions of Safe Seats, Buddy Rooms, and Focus Rooms Improving Student Behavior

Please indicate the extent to which each of the following BIST tools has helped improve student behavior if they were used:	Large Extent	Moderate Extent	Small Extent	Not At All
Safe Seat	40%	34%	17%	9%
Buddy Room	22%	30%	30%	19%
Focus Room	37%	40%	9%	14%

Note: Percentages exclude those who indicated "Don't Know" or "Did Not Use."

One additional aspect of BIST is skill-based coaching or success plans, which may be used if a student is continuing to have difficulty with behavior. According to the Cornerstones of Care BIST handbook, if a student has moved within the continuum of intervention strategies three to five times within a month, they should be considered for a success plan. One of the five schools implemented this process within their school during 2023-2024. These success plans involve explicitly listing the skills that are missing for the students and a

subsequent plan. According to the school principal implementing success plans during 2023-2024, the students with these success plans took part in regular skill-based coaching with an administrator, teacher, or other staff member. According to the Cornerstones of Care BIST handbook, skill-based coaching involves daily adult check ins to practice replacement skills, assess emotions, focus on what it means to have a successful day, and formulate solutions to problems.

Family Engagement

Regarding parent and family engagement, the Cornerstones of Care organization provides general information on their website about BIST concepts and practices as well as recommendations for parents, including the idea that predictability, consistency, communication, and parental support are essential for success. On the website, there is an example of a situation parents might experience when schools implement components of BIST, which is that students may return home with a think sheet. The website provides suggestions for parents moving forward when this occurs, including talking with their child about the incident, talking about the plan, reviewing the goal the child is working on, practicing the behavior, and discussing the plan with the teacher. In addition, there are suggestions to not be angry, punish or take away items, or feel guilty. Through the website, Cornerstones of Care also provides a free three-session virtual learning series about BIST practices for parents twice throughout the year. According to central office staff, these sessions have been leveraged by one school in the past, but based on other reports, these sessions may not currently be leveraged consistently across the five schools implementing the initiative. Overall, when administrators were surveyed about whether their school provided information and resources to families to build their understanding of BIST support and strategies, 75 percent of administrators who responded to the item indicated they did (N=4). Administrators were provided the opportunity to describe the information and resources provided to families. One administrator indicated parents were offered training opportunities through Cornerstones of Care and information related to BIST was included in Family Newsletters, while at another school, the administrator indicated that parents were provided information related to BIST when called for discipline situations. During site visits, staff described variability across the schools in the information provided to parents about the BIST practices. For example, at some schools, parents were contacted every time students were moved to the focus room; however, this appeared to be more variable at other schools. When staff were surveyed about parents' understanding, overall, 32 percent of staff agreed parents/guardians understood the school's approach to implementing supports and strategies to help students change unproductive behaviors.

Initiative Goals

According to an interview with central office staff overseeing the Schoolwide Behavior Intervention Support Professional Learning initiative, the goal was to reduce negative student behaviors and empower teachers. In addition, according to the Cornerstones of Care BIST website, BIST will increase teaching time for all students, facilitate lifelong change in skill sets for even the most challenging students, decrease disruptive behavior in the classroom and at home, and provide relief for adults who are working directly with youth.

Baseline staff survey data related to these goal areas were analyzed (see Table 19). When staff were surveyed about the information learned from the BIST professional learning, 59 percent agreed the information allowed them to decrease disruptive behavior in the classroom or other school setting and 60 percent agreed the professional learning allowed them to increase teaching time for all students (60%).

Table 19: Staff Perceptions of BIST Professional Learning

Survey Items	Percent Agreement
The information I learned from BIST professional learning has allowed me to decrease disruptive behavior in the classroom or other school setting.	59%
The information I learned from the BIST professional learning has allowed me to increase teaching time for all students.	60%

General Perceptions

Through open-ended survey items, school-based staff who were involved with the Schoolwide Behavior Intervention Support Professional Learning initiative at the five schools had the opportunity to provide comments regarding what worked well and what could make it more beneficial. Overall, 46 staff members made a comment related to what worked well, which was 74 percent of staff who responded to the Schoolwide Behavior Intervention Support Professional Learning portion of the survey and were involved at one of the schools operating the initiative. Themes from staff regarding what worked well included using common, consistent language; having the specific intervention strategies (i.e., focus room, safe seat, buddy room); and consistency of expectations within the school. Overall, 44 staff members commented about improvement areas, which was 71 percent of staff who responded to the Schoolwide Behavior Intervention Support Professional Learning portion of the survey and were involved at one of the schools operating the initiative. The primary themes from staff regarding improvement areas focused on more professional learning for all staff (i.e., some teachers referenced needing a "reset"); lack of consistency, fidelity, and buy in from all teachers; and lack of parent information, involvement, and accountability.

During an interview with the central office team overseeing the Schoolwide Behavior Intervention Support Professional Learning initiative, staff had the opportunity to provide comments regarding the usefulness of the initiative for meeting student and staff needs. Comments focused on teachers feeling empowered to manage their classroom and their classroom expectations, as well as allowing teachers to intervene early and focus on the missing skills for the students. Central office staff also noted the benefit of consistent language and predictable practices. Additionally, staff reported having a dedicated space for the focus room was a benefit along with the dedicated staff member in the focus room to assist students if de-escalation was needed.

During the interview, the central office staff also had the opportunity to provide comments regarding barriers. Staff recognized the importance of changing the thought process of educators with BIST, which was identified as a barrier. Comments about barriers also included devoting time for professional learning for staff and administrator and teacher buy-in at all schools.

Cost and Future Plans

The cost for implementation of the Schoolwide Behavior Intervention Support Professional Learning initiative during 2023-2024 was collected from the departments of Teaching and Learning, Human Resources, and School Leadership. Any costs incurred by and paid by the schools implementing the initiative with school allocations that would have been spent even if the initiative had not been in operation were not considered additional expenses and were not included in the analysis. This may have included costs for initiative-related items that were purchased with school funds or the per pupil allocations schools receive.

Costs for the Schoolwide Behavior Intervention Support Professional Learning initiative included staffing the BIST TA position. Although the BIST TA positions were converted from existing allocations and the additional staffing allocations were not added to the budget for the initiative, the BIST TA positions exclusively supported the Schoolwide Behavior Intervention Support Professional Learning initiative. The total salaries for all BIST TAs overseeing the focus room was $132,935. In addition, the cost of health insurance per employee was $9,156 (total of $45,780) and FICA and fringe benefits totaled $35,653, which was 26.82% of employee's salary. DOSL also provided a staff stipend for the staff TAs, which totaled $7,500. Therefore, the total staffing costs equaled $221,868 (see Table 20).

During the 2023-2024 fiscal year, professional learning and support provided by the Cornerstones of Care organization totaled $129,168 (see Table 20). This included the principal session in July 2023, which totaled $375, and a 5-day virtual professional learning opportunity offered to 84 staff in July 2023, which

approximated $47,600. The cost for this July 5-day virtual professional learning included registration (approximately $12,600) and workshop pay for the staff participants (approximately $35,000). Other professional learning opportunities included the in-person BIST Basics I in August 2023 ($6,500) and BIST Basics II in October 2023 ($6,500), as well as the one-hour virtual BIST III session in March 2024 ($250). The virtual support provided by Cornerstones of Care during PLCs totaled $12,000. The registration and travel for the BIST Vision conference in Kansas City in January 2024 totaled approximately $37,100 for 33 attendees. Substitute coverage for teachers to attend this conference totaled approximately $843. One final professional learning opportunity provided for staff during June 2024 in preparation for the 2024-2025 school year totaled approximately $18,000. Of the professional learning and support costs, $25,625 were funded by Elementary and Secondary School Emergency Relief (ESSER) III grant funds. The remaining $103,543 was funded by Title I funds. Resources and materials purchased through central office, such as language cards and posters, totaled $815 (see Table 20).

Overall, the total cost for the Schoolwide Behavior Intervention Support Professional Learning initiative was $351,851. After taking into account the portion of the cost that was funded by grants, the total cost to VBCPS was $222,683.

Table 20: Cost for Schoolwide Behavior Intervention Support Professional Learning in 2023-2024

Cost Categories	Costs in 2023-2024
Staffing (salary, benefits, stipend)	$221,868
Professional Learning and Support	$129,168
Resources or Materials (central office purchases for focus rooms or classrooms)	$815
Total Cost	**$351,851**
Total ESSER III Grant Funded	$25,625
Total Title I Grant Funded	$103,543
Total Cost to VBCPS	**$222,683**

Note: There were some initial planning costs during 2022-2023 that were not included in the table.

As of August 2024, the future plans for the Schoolwide Behavior Intervention Support Professional Learning initiative during the 2024-2025 school year include the possibility of expanding to an additional school; however, this is contingent on funding through a potential grant.

Communities in Schools

Purpose and Overview

Communities in Schools of Virginia is part of a national network delivering integrated student supports to 2 million students throughout the United States.[54] Founded in 1999, Communities in Schools of Virginia is part of the national Communities in Schools network.[55] Within the Communities in Schools of Virginia organization, there are seven affiliate organizations that are localized within communities across Virginia. Virginia Beach is part of the Communities in Schools of Hampton Roads (CIS of HR) affiliate organization. As of the 2023-2024 school year, CIS of HR operates in 30 schools across 7 cities in Hampton Roads.[56] The organization began operating in three VBCPS schools during the 2017-2018 school year: Williams Elementary, Bayside 6, and Bayside Middle. The initiative expanded to include three additional schools as of February 2023. Therefore, the initiative operated in six schools during the 2023-2024 school year: Newtown Elementary, Williams Elementary, Bayside 6, Bayside Middle, Larkspur Middle, and Bayside High. These schools were selected by DOSL staff after review of academic, attendance, absenteeism, and discipline data and discussion with the school principals.[57]

According to the CIS of HR website, the CIS initiative connects students and families with community resources through a CIS site coordinator.[58] In addition, the CIS initiative uses a tiered approach to provide various supports to students. The CIS coordinator identifies students who need individualized support, as well as assesses overall resources and supports that are needed throughout the whole school. CIS coordinators then work to address these needs through providing support themselves and partnering with community-based organizations. The primary reason the Communities in Schools initiative was implemented within VBCPS was to leverage the services to help with chronic absenteeism.[59] However, each school principal may focus on different purposes with the assistance of the CIS site coordinators. When staff were surveyed about their understanding of the purpose of the Communities in Schools initiative, overall 81 percent of staff familiar with CIS at the CIS schools indicated they understood the purpose. When focusing exclusively on staff who indicated they had direct involvement in the initiative at the CIS schools, 90 percent of staff agreed they understood the purpose of the initiative.

The CIS initiative is primarily overseen by the Department of School Leadership in partnership with the Department of Teaching and Learning. Staff in the Office of Student Support Services, as well as school counselors at the individual schools also support the initiative. The CIS of HR has an executive director who oversees implementation across Hampton Roads and a program director who oversees implementation in Virginia Beach and Norfolk. In addition, there are six individual CIS site coordinators who operate the initiative at each school.

Target Audience/Participants

The CIS initiative supports students at multiple tiers, including Tiers 1, 2, and 3. All students throughout Newtown Elementary, Williams Elementary, Bayside 6, Bayside Middle, Larkspur Middle, and Bayside High had the opportunity to be supported by the Tier 1 aspects of this initiative, which included meeting basic needs and resources or supports related to schoolwide goal areas. According to data provided by CIS, across the six schools, there was a total of 72 events in which CIS provided Tier 1 resources or supports related to their schoolwide goal areas. A total of 15,952 students participated in these 72 events throughout the 2023-2024 school year. In addition, across the three schools that monitored this data during 2023-2024, there were 22 events in which CIS provided basic needs supports or resources to students, which reached a total of 1,284 students overall across all events.

Students at the CIS schools who received individualized support (i.e., were on the CIS site coordinators' caseloads) were provided supports at the Tier 2 and 3 levels, which included meeting in small groups or regular check-ins. According to the CIS of HR Virginia Beach program director, the number of students who were on the CIS coordinators' caseloads throughout the entire 2023-2024 school year ranged from 50 to 52 at the elementary school level, 50 to 77 at the middle school level, and 87 at the high school level. Overall, there was a total of 383 students on the caseloads of all six CIS site coordinators throughout the 2023-2024 school year. Students could have been referred to CIS services and have goals in the following areas: academics, attendance, behavior, or social and emotional learning. Overall, 38 percent (N=144) had a goal in the area of social and emotional learning, 33 percent (N=127) had a goal in the area of academics, 21 percent (N=82) had a goal in the area of attendance, and 9 percent (N=36) had a goal in the area of behavior.

Survey Respondents

On the Behavioral and Mental Health Supports for Students survey, a total of 383 staff indicated they were familiar with the Communities in Schools initiative. There were 96 respondents who indicated they worked at one of the six schools currently implementing the Communities in Schools initiative during 2023-2024. Overall, 42 of these staff members indicated they were involved with the initiative, such as identifying students to receive support through the initiative, collaborating with the CIS coordinator, assisting with a CIS event, or

some other kind of involvement. An additional 54 staff members indicated they had limited involvement with the initiative although they were familiar with the initiative and worked at a school that is currently implementing CIS. The perceptions for these 96 staff members are included in this report as a whole in addition to being provided separately based on level of involvement (i.e., direct involvement and limited involvement).

As shown in Table 21, the majority of respondents who were familiar with the initiative were classroom teachers (60%). Of those who indicated they had involvement with CIS, half were classroom teachers (50%), 21 percent were administrators, and the remaining staff were either other instructional staff (14%) or student support staff (14%). Of those who indicated they had limited involvement, 69 percent were classroom teachers, 13 percent were other instructional staff, 11 percent worked in another position (e.g., nurse, security), and 7 percent were student support staff.

Table 21: Communities in Schools Respondents by Staff Group and Involvement

Staff Group	CIS Involvement N=42	Limited Involvement Only N=54	Total Group N=96
Administrator	21%	N/A	9%
Classroom Teacher or Teacher Assistant	50%	69%	60%
Other Instructional Staff	14%	13%	14%
Student Support Staff	14%	7%	10%
Other Related Staff	N/A	11%	6%

When surveyed about the type of involvement, the majority of staff who indicated they were involved with the CIS initiative indicated they collaborated with CIS site coordinators regarding students (62%), identified students for the CIS site coordinator's caseload (60%), and assisted with schoolwide CIS events (50%) (see Table 22). In addition, 5 percent indicated they were involved in another way, such as being on a team with the CIS site coordinator.

Table 22: Type of Communities in Schools Involvement Reported by Staff

Types of Involvement	Percentage
Identified students for CIS site coordinator's caseload	60%
Collaborated with CIS site coordinator regarding students	62%
Assisted with schoolwide CIS events	50%
Limited involvement	17%
Other	5%

Parents of students receiving individualized CIS services were also invited to participate in a survey. The survey link was distributed through the CIS coordinators who emailed the parents of students on their caseload. Overall, 13 parents responded to the survey. Throughout the 2023-2024 school year, there were 383 students who received services; therefore, the approximated parent response rate was 3 percent.

Initiative Components

Tier 1 Schoolwide Support

As part of the Communities in Schools tiered support model, site coordinators conduct a needs assessment for their schools in May for the following school year. In collaboration with the principal, CIS site coordinators determine schoolwide goals for their overall school community. After the needs assessment is conducted, the site coordinator develops a School Support Plan that outlines the goals and planned supports for the school

year. According to the 2023-2024 individual School Support Plans for the six VBCPS schools, each school identified two goals for the 2023-2024 school year in the areas of attendance, student behavior and discipline, social and emotional learning, parent engagement, and graduation rate. According to the executive director of CIS of HR, in February of each year, the site coordinator and principal meet to update the Student Support Plan and ensure they are on track towards meeting their goals.

Resources and supports offered schoolwide generally leverage community partnerships. For example, during the 2023-2024 school year, one school partnered with Family Connections during the holiday season to ensure that gifts were provided to families in need at their school, while another partnered with the Tidewater African Cultural Alliance to host an Afrobeats Dance Class. Another school partnered with Kenneth Dorsey Jr. to provide a STEM night for students. Schools aligned all resources offered during the school year with their schoolwide goals. In addition, all schools offered students and families resources to ensure basic needs were being met, such as providing hygiene products, clothing and shoe drives, and food banks. According to CIS staff, CIS coordinators attempted to provide any resources or supports that students and families within their community needed. When staff at the CIS schools were surveyed about the CIS community partnerships, 92 percent agreed the community partnerships as part of the Communities in Schools initiative were valuable for their school. A higher percentage of staff who indicated they were involved with the initiative agreed with this item, but agreement was high even for staff with limited involvement (see Table 23).

Table 23: Staff Perceptions of Communities in Schools Community Partnerships

Survey Item	CIS Involvement	Limited Involvement Only	Total
The community partnerships as part of the Communities in Schools initiative are valuable for my school.*	95%	89%	92%

*Agreement percentages do not include those who indicated Don't Know/Not Applicable.

On a monthly basis, CIS coordinators provided school principals with progress reports, which detailed the types of supports the CIS coordinator provided for every schoolwide goal they set and the resources provided for basic needs. Within these reports, coordinators could also add information regarding concerns/challenges and additional needed supports for the future. During the 2023-2024 school year, the CIS of HR Virginia Beach program director also met with the site coordinators monthly to monitor data and met with the school principals at the beginning and end of the school year.

Tiers 2 and 3 Individual Student Support

Another part of the Communities in Schools tiered support model is providing individualized supports and resources to a small number of students. CIS site coordinators worked with school staff to identify students who could benefit from individualized CIS supports, which generally occurred at the beginning of the school year. According to the CIS site coordinators, students could be referred by any school staff member, such as teachers or administrators, parents, students themselves, or the CIS site coordinator. As noted, students were generally referred for services if they were having difficulty in one or more of the following areas: attendance, behavior, and/or academics. According to the CIS of HR Virginia Beach program director, students could also be referred due to mental health or social-emotional reasons.

Overall, when surveyed, 66 percent of staff familiar with CIS at the CIS schools agreed they understood the process for identifying students who may benefit from support through the Communities in Schools initiative. As shown in Table 24, a higher percentage of staff who had CIS involvement at their school indicated they understood the process for identifying students (83%) compared to staff who had limited involvement only (52%).

Table 24: Staff Perceptions of Student Identification for Communities in Schools

Survey Item	CIS Involvement	Limited Involvement Only	Total
I understand the process for identifying students who may benefit from support through the Communities in Schools initiative.*	83%	52%	66%

*Agreement percentages do not include those who indicated Don't Know/Not Applicable.

According to the CIS of HR Virginia Beach program director, there is a CIS guide for CIS site coordinators to determine goals for students. The CIS goal guide includes information related to whether students need support and how much support is needed. First, coordinators can determine whether students are low, moderate, or high risk. Data ranges are provided for the areas of attendance, behavior, and academics for each risk level. For example, if students had an average daily attendance rate of 95 to 100 percent, they would have been considered low risk; whereas if students had an average daily attendance rate of 91 to 94 percent, they would have been considered moderate risk; and if students had an average daily attendance rate of 90 percent or below, they would have been considered high risk. The CIS goal guide also includes information related to establishing criteria or targets. For attendance, it was suggested that the criteria include increasing the average daily attendance percentage to ensure the student is not chronically absent or by 2 percentage points.

Within the monthly reports that CIS coordinators provided school principals, data related to monitoring students' goals were also provided. The student data section of the monthly report was organized by goal area (e.g., attendance, behavior) with the total number of students working towards each goal and the percentage of students who were making progress or who met their goal. Site coordinators could also provide principals with information regarding concerns or challenges and additional supports needed within each goal area.

When a student was referred for services, a cover letter from the CIS coordinator and consent form were sent home to the student's parent/guardian. The cover letter introduced the coordinator and the services provided by CIS, including examples of resources offered at the student's specific school. The consent form included consent for participation in the general CIS program/service, as well as other services that could be specified in the student's Individualized Service Plan (ISP). The signed consent form was valid for three years from the date the form was signed; therefore, students could continue to remain on a coordinator's caseload across multiple school years.

After obtaining consent for individualized CIS services, students were then considered to be on the CIS site coordinator's caseload for the school year. When on their caseload, coordinators worked with students individually and in small groups and conducted regular check-ins and served as mentors for the students. According to VBCPS CIS site coordinators, they often served as a safe, trusted adult in the building for the students. Coordinators also leveraged community partnerships for individual students on their caseloads. For example, during 2023-2024, two schools worked with the Teen Outreach Program (TOP), which offered students the ability to conduct service-learning projects, while another school partnered with the Boule' Scholars Program, which assisted students with pursuing dual enrollment opportunities. VBCPS CIS site coordinators also emphasized the importance of providing students and families with a safe space and being external to school staff. In addition, CIS site coordinators may be leveraged as a bridge between the school staff and families. VBCPS CIS site coordinators expressed the importance of having ongoing and open communication with the parents of students on their caseload.

Family Engagement

According to the VBCPS CIS site coordinators, they communicated with parents of students who were referred to the individualized services, such as calling before or after sending home the information and consent forms to answer any questions. During these conversations, coordinators also discussed any issues the student was having at home and any potential goal areas. According to the CIS site coordinators, parents are viewed as

valuable partners who are active in the services offered through this initiative. When parents were surveyed about the consent process, all parents who responded to the survey (N=13) agreed the information provided during the consent process was clear and easy to understand. In addition, 92 percent of parents who responded to the survey agreed they understood the purpose of the CIS initiative at their child's school. According to the CIS of HR Virginia Beach program director, students' ISPs, which included student-specific goals and suggested resources or supports, were created upon looking at students' baseline data in their areas of concern. Overall, 88 percent of parents who responded to the survey agreed they participated in the development of their child's ISP. When parents were surveyed about the helpfulness of resources provided through the CIS initiative, all parents who responded to the survey (100%) agreed the resources provided had been helpful for their family and that working with the initiative helped meet their child's needs. In addition, when surveyed about the level of helpfulness, all parents indicated the initiative was *very* helpful for their child and family.

When staff were surveyed about providing resources to families, most staff (91%) agreed the CIS initiative provided useful resources and support for families. In addition, most staff (90%) agreed that CIS provided assistance to staff by helping support students who may be at risk and in need of support (see Table 25). As shown in Table 25, there were slightly higher agreement percentages for those staff who indicated they were involved in the initiative.

Table 25: Staff Perceptions of Communities in Schools Providing Resources and Support

Survey Items	CIS Involvement	Limited Involvement Only	Total
The Communities in Schools initiative has provided useful resources and support for families at this school.*	93%	90%	91%
Communities in Schools has provided assistance to staff by helping support students who may be at risk and in need of support.*	93%	86%	90%

* Agreement percentages do not include those who indicated Don't Know/Not Applicable.

Initiative Goals

Schoolwide Goals

According to the 2023-2024 individual School Support Plans for VBCPS schools, each of the six schools identified two schoolwide goals related to Communities in Schools. For the 2023-2024 school year, five schools identified goals related to attendance, three schools had goals related to reducing out-of-school suspension rates, two schools had goals related to improving SEL competencies, one school had a goal related to improving parent engagement, and one school had a goal related to their graduation rate. The measures for these goal areas varied by school. Schoolwide attendance goals were measured through average daily attendance rate or percentage of students who were chronically absent. Schoolwide behavior goals were measured through out-of-school suspension rates and SEL goals were measured through the agreement percentages of students on the biannual student VBCPS SEL survey. The schoolwide parent engagement goal was measured by the number of parents who signed into parent engagement events and the schoolwide graduation rate goal was measured by the overall graduation rate for the school.

According to the CIS of HR Virginia Beach program director, schoolwide goal data were analyzed at the end of the year to determine whether goals were met or progress toward the goals was made. The goals were determined to have been met if the data met the criteria established by the schools, whereas progress toward the goals was determined by whether data improved from baseline but the criteria was not met. If schools stayed at baseline or fell below baseline, the goals were determined to not have been met and no progress was made. According to the CIS of HR Virginia Beach program director, the CIS site coordinators obtained

schoolwide data directly from the VBCPS Student Information System, from the school's school counselor, or through publicly available data on the Virginia Department of Education website.

Baseline data obtained from the CIS initiative showed that four of the six schools met at least one of their schoolwide goals during the 2023-2024 school year. Two of these six schools met both of their goals, while the other two schools met only one of their goals (one of the schools showed progress was made toward that goal). In addition, two schools did not meet either of their two goals and did not demonstrate progress towards meeting them.

Schoolwide data analyzed by individual goal area showed that all goals related to SEL competencies, parent engagement, and graduation rate were met (see Table 26). In addition, one of the five schoolwide goals related to attendance was met, while one was not met although progress was made, and three did not have data that demonstrated progress. One of the three goals related to behavior was met, while the other two goals were not met with no progress made.

Table 26: Percentages of CIS Schools Meeting Schoolwide Goals by Goal Area

Goal Area	Schools With Goals Met	Schools With Goals Not Met, Progress Made	Schools With Goals Not Met, No Demonstrated Progress	Total Goals
Attendance	20% (N=1)	20% (N=1)	60% (N=3)	5
Behavior	33% (N=1)	n/a	66% (N=2)	3
SEL	100% (N=2)	n/a	n/a	2
Parent Engagement	100% (N=1)	n/a	n/a	1
Graduation Rate	100% (N=1)	n/a	n/a	1
Overall	50% (N=6)	8% (N=1)	42% (N=5)	12

Student Goals

Individual student goals were also created for all students on the CIS site coordinators' caseloads in the areas of academics, attendance, behavior, and/or social and emotional learning. According to the CIS of HR Virginia Beach program director, similar to schoolwide goals, data were monitored for progress systematically. Student academic goals were measured through standards-based grades for elementary school students and grade-point averages for secondary students. Student attendance goals were measured through absences in comparison to the previous school year, while behavior goals were measured through number of suspensions in comparison to the previous school year. Social and emotional goals were measured through pretest and posttest scores on the Devereux Student Strengths Assessment (DESSA) through the Aperture Education platform.

According to the CIS of HR Virginia Beach program director, student data were analyzed regularly and at the end of the year to determine whether goals were met or progress toward the goals was made. Similar to schoolwide goals, individual student goals were determined to have been met if the data met the criteria established by the CIS site coordinator, whereas progress toward the goals was determined by whether data improved from baseline but the criteria was not met. If students stayed at baseline or fell below baseline, the goals were determined to not have been met and no demonstrated progress was made.

Overall, there was a total of 383 students on the caseloads of all six CIS site coordinators throughout the 2023-2024 school year. Students could have goals in the areas of academics, attendance, behavior, or social and emotional learning. Overall, 38 percent (N=144) had a goal in the area of social and emotional learning, 33

percent (N=127) had a goal in the area of academics, 21 percent (N=82) had a goal in the area of attendance, and 9 percent (N=36) had a goal in the area of behavior.

Baseline data available from the CIS initiative showed the majority of students who had goals in the areas of attendance (71%), behavior (69%), and social and emotional learning (77%) met their goal (see Table 27). A lower percentage of students who had an academic goal (39%) met their goal during 2023-2024, but an additional 34 percent of students with an academic goal made progress toward their goal.

Table 27: Percentages of CIS Students Meeting Goal(s) by Goal Area

Goal Area	Percent With Goal Met	Percent With Goal Not Met, Progress Made	Percent With Goal Not Met, No Progress
Academic achievement	39%	34%	27%
Attendance	71%	13%	16%
Behavior	69%	14%	17%
SEL	77%	19%	3%

Staff at CIS schools who were familiar with the initiative were surveyed about CIS helping students who received services improve in these goal areas. Overall, the highest percentage of staff indicated that CIS helped students improve their sense of belonging (75%), which is a component of SEL. The majority of staff also indicated that CIS helped improve students' well-being (64%), behavior (58%), and attendance (55%). Consistent with the baseline data from CIS, a lower percentage of staff indicated academic achievement improved (44%). Across all areas, a higher percentage of staff who reported they had direct involvement with the CIS initiative indicated that CIS helped students demonstrate improvements in these areas (see Table 28).

Table 28: Staff Perceptions of CIS Helping Students in Various Areas

Improvement Areas	CIS Involvement N=39	Limited Involvement N=34	Total Group N=73
Academic achievement	56%	29%	44%
Attendance	64%	44%	55%
Behavior	74%	38%	58%
Sense of belonging	90%	59%	75%
Well-being	74%	53%	64%
Other	8%	3%	5%
None of the above	0%	15%	7%

Note: Percentages exclude respondents who selected Don't Know.

Parents were also surveyed about the areas in which CIS helped their child improve. As shown in Table 29, overall, the majority of parents indicated that CIS helped improve their child's behavior (77%), academic achievement (69%), and sense of belonging (54%). Lower percentages of parents indicated that it helped improve their child's well-being (46%), attendance (31%) or another area (15%).

Table 29: Parent Perceptions of CIS Helping Students In Various Areas

Improvement Areas	Parents N=13
Academic achievement	69%
Attendance	31%
Behavior	77%
Sense of belonging	54%
Well-being	46%
Other	15%
None of the above	0%

General Perceptions

Through open-ended survey items, school-based staff had the opportunity to provide comments regarding what worked well and what could make the CIS initiative more beneficial. Overall, 54 staff members commented related to what worked well, which was 56 percent of staff who responded to the CIS portion of the survey and was familiar with the initiative at their school. Themes from staff regarding what worked well included general characteristics of the coordinator (e.g., presence, asset, great, amazing), developing relationships with students and parents, and providing general support (e.g., extra layer of support, frees up staff, basic resources). Overall, 52 staff members commented related to improvement areas, which was 54 percent of staff who responded to the CIS portion of the survey and were familiar with the initiative at their school. The primary themes from staff regarding improvement areas focused on awareness of the program (e.g., lack of awareness of the program specifics, clear expectations of roles and responsibilities), communication or collaboration with staff of students on the coordinator's caseload, and expansion of the program (e.g., more schools, more coordinators). Through an open-ended survey item, parents had the opportunity to provide comments about the Communities in Schools initiative. Similar to school-based staff, the parents who responded with a comment (N=3) identified positive aspects of the site coordinator, as well as the positive purpose of the initiative.

During multiple interviews with central office staff and CIS staff members, staff overseeing the program had the opportunity to provide comments regarding their perceptions of the initiative's usefulness for meeting student and staff needs, as well as successes and areas for improvement. Central office staff noted that the initiative has been helpful in reducing chronic absenteeism. They also noted that this initiative allows schools to provide a layered approach for meeting students' needs, including working closely with the school counselors and other support staff, and the coordinators providing support when there are gaps in students' services. Central office staff also noted that positive areas of the initiative included supporting students in their areas of need, providing a deeper layer of support, collaboration between schools and having a strong rapport amongst each other, and monitoring students on the caseload. CIS staff members indicated one benefit of the program is not only focusing on one aspect of support, but on providing any resources that are needed by the students and families. Similar to central office staff, CIS staff also indicated that a benefit of the program was being able to support school-based staff and filling in the gaps wherever needed. CIS staff also identified communication between the coordinators and the school administration as a positive aspect of the initiative.

Areas for improvement discussed by central office staff included ensuring that the work was elevated and celebrated, as well as publicizing and uplifting the CIS initiative to the community. When discussing areas for improvement, CIS staff discussed the possibility of expanding the way in which students are reached, such as sending home consent forms to all parents, which would allow for more students to receive individual services. In addition, CIS staff discussed that expanding the CIS initiative to more schools would help benefit students. For example, when students move to a different school, they may no longer have access to the initiative. In

addition, CIS site coordinators expressed that although there is a benefit of having the support across school levels in the Bayside Tricampus area, this support across levels does not exist in other areas of Virginia Beach, such as around Larkspur Middle School.

Cost and Future Plans

The cost of implementing Communities in Schools during 2023-2024 was gathered from the Communities in Schools MOU and discussions with central office staff overseeing the initiative. The total cost for services related to Communities in Schools per school was $66,440. For the 2023-2024 school year, the total cost for the initiative at the six schools was $398,640 (see Table 30 for cost by item). According to the CIS MOU, CIS of HR paid $199,320 of this cost through grant funding. According to the executive director of student support services, CIS has funding that can assist school divisions similar to VBCPS, who are looking to expand the program. The total cost billed to VBCPS for the 2023-2024 school year was $199,320. This total cost was covered by the 2023-2024 ESSER III funds; therefore, there were no costs paid by VBCPS for CIS.

Table 30: Cost for CIS in 2023-2024

Cost Categories	Costs in 2023-2024
Site Coordination (including benefits, taxes)	$297,600
Program Support	$69,240
Student Support/Programs	$12,000
Technology/Office Supplies	$9,000
Training/Travel	$6,000
Printing/Publications	$4,800
Total Cost	**$398,640**
Total ESSER Grant Funded	$199,320
Total CIS of HR Grant Funded	$199,320
Total Cost to VBCPS	**$0**

Central office staff discussed the potential future plans for the CIS initiative, which included continued implementation at the current schools during the 2024-2025 school year. According to the current contract with CIS of HR, the initiative has been expanded to four new schools during the 2024-2025 school year. This extends the CIS coordinators by allocating one coordinator to more than one school. One full-time coordinator will be allocated at the three non-Title I schools implementing CIS (Bayside High, Green Run High, and Larkspur Middle). Three full-time coordinators will be allocated at three Title I schools (Bayside Middle, Point O'View Elementary, and Rosemont Elementary). Four part-time coordinators will be allocated at the remaining four Title I schools (Diamond Springs, Newtown Elementary, Bettie F. Williams Elementary, and Bayside 6).

Behavior and Social Emotional (BASE) Program

Purpose and Overview

The Behavior and Social Emotional (BASE) Program is a short-term (6-9 weeks) intervention for general education elementary school students who have limited educational experiences or social skills that lead them to engage in challenging behaviors. The program is housed at Windsor Oaks Elementary School and available to all elementary schools throughout the school division based on a referral process. The program was piloted in 2017-2018 at Brookwood Elementary School and the following schools were able to refer students: Christopher Farms, Green Run, Holland, Rosemont, White Oaks, and Windsor Oaks. Brookwood was chosen as the initial host site because it was centrally located and near the office location of Student Support Services. The schools that were selected to refer to the BASE Program at Brookwood Elementary were chosen because

they were geographically close to Brookwood Elementary, and those schools' administrations expressed an interest in being involved in the program. In 2018-2019, the program expanded to include access to all 56 elementary schools. The program was moved to Windsor Oaks in 2021-2022 because the building was identified to be better suited for the space the program needed. The program is overseen by the Office of Student Support Services within the Department of Teaching and Learning.

The BASE Program is not an alternative school, change of placement, or discipline placement. The program is an intervention for improving elementary school students' skills when they demonstrate aggressive, disruptive, or defiant behavior or poor social skills across multiple environments.[60] These behaviors may include but are not limited to being argumentative/talking back, inappropriate gestures/language/comments, disrespect to peers/staff, defiant behavior/refusing to work, challenging authority, leaving classroom without permission, destruction of property, throwing things, verbal threats, or pushing/tripping/kicking peers/staff. The focus of the BASE Program is to teach elementary school students coping strategies, problem solving skills, and social skills needed for school and behavior management.[61]

Overall, 85 percent of staff who were at least aware of the program agreed they understood the purpose of the BASE Program (see Table 31) and 83 percent of staff agreed the BASE Program provided a way to help teachers by offering an option to help support students with significant behavior concerns. When asked on the survey, 90 percent of parents who responded agreed they understood the purpose of the BASE Program.

Table 31: Staff Perceptions of the BASE Program Purpose

Survey Items	BASE Staff Member at Windsor Oaks	Referred a student to BASE and worked with student who attended BASE	Worked with student who was in BASE but did not refer	Total
I understand the purpose of the BASE Program.	100%	98%	86%	85%*
The BASE Program provides a way to help teachers by offering an option to help support students with significant behavior concerns.	100%	88%	73%	83%

*Total includes additional respondent group "I have not been involved in the BASE Program, but I am aware that it is an option for students with behavioral concerns."

Target Audience/Participants

The BASE Program is a Tier 3 intervention intended for general education students who have minimal responses to other documented Tier 2 and/or Tier 3 interventions including support from a behavior intervention specialist. Students with 504 Plans are eligible to attend the BASE Program, while students with Individualized Education Programs (IEPs) are not eligible and are provided other supports available to them.[62] Beginning in the 2023-2024 school year, students referred to the Special Education Committee can be referred to the BASE Program during the 65-day timeline while eligibility for special education services is being determined. If the student is identified with a disability, data collected during their time at BASE may be used to help develop the IEP, and the student will be transitioned back in a timely manner. In addition, according to the director of student services, the BASE Program has been working with the Office of Student Leadership (OSL) to better serve students who were given out-of-school suspensions due to behavior difficulties. In some cases, students may benefit from learning coping strategies for behavior management by attending the BASE Program before returning to their home school after completing their out-of-school suspensions.

The BASE Program primarily serves students in grades K-2. In 2023-2024, the plan was for the program to expand to include students in grades 3-5. Due to staffing challenges discussed later in this section, the

expansion was temporarily paused in the fall of 2023. Beginning in February 2024, the program pivoted its staffing model to have the capacity to accept students in grades 3-5; however, the BASE Program did not enroll any students in grades 3-5 during this timeframe.

During the 2023-2024 school year, 29 students were enrolled at the BASE Program at some time during the school year. Almost half (45%) of the students enrolled in the BASE Program were in kindergarten with a total of 13 students (see Table 32). The second most represented grade was first grade with 11 students. Five students from second grade were enrolled. According to BASE staff, the preference was to have no more than seven students in each BASE classroom at one time, but the maximum number can vary based on the behavior of the students in the class. The BASE Program consisted of one classroom until February 2024 when more staff were hired and was then reconfigured to two classrooms.

Table 32: Grade Level of Students in the BASE Program During 2023-2024

Grade Level	Number	Percentage
K	13	45%
1	11	38%
2	5	17%
Total Number of Students	29	100%

Table 33 displays demographics for students enrolled at BASE during the 2023-2024 school year and students in grades K-2 as of September 30 across the division for reference. The majority of students enrolled in the BASE Program were male (86%). Approximately half the students were White (52%), 28 percent were Black, and 21 percent were Hispanic. Forty-one percent were economically disadvantaged, and 21 percent were military-connected. The BASE Program had a higher percentage of male students (+34 percentage points), Black students (+6 percentage points), Hispanic students (+6 percentage points), and White students (+7 percentage points) than divisionwide K-2 students. The BASE Program had a lower percentage of multiracial students (-12 percentage points) than divisionwide K-2 students. In addition, of the 56 elementary schools in VBCPS, 24 (43%) had a student attend the BASE Program in 2023-2024 school year.

Table 33: Demographic Characteristics of Students in the BASE Program During 2023-2024

Characteristic	Students in the BASE Program N=29		VBCPS students in K-2 N=14,094	
	N	%	N	%
Gender				
Female	4	14%	6,818	48%
Male	25	86%	7,273	52%
Ethnicity				
American Indian	0	0%	29	<1%
Asian	0	0%	754	5%
Black	8	28%	3,067	22%
Hispanic	6	21%	2,163	15%
Multiracial	0	0%	1,668	12%
Native/Hawaiian/Pacific Islander	0	0%	47	<1%
White	15	52%	6,366	45%
Economically Disadvantaged	12	41%	6,199	44%
Identified Limited English Proficiency	^	^	799	6%
Military Connected	6	21%	3,392	24%

^To protect students' privacy, number is too small to report.

Staffing for the BASE Program included two behavior intervention teachers, two student support specialists, four teacher assistants, one psychologist, and one doctoral intern. In total, 10 staff members provided services in the BASE Program during 2023-2024.

Survey Respondents

On the Behavioral and Mental Health Supports for Students survey, a total of 331 staff indicated they were familiar with the BASE Program. The survey results were disaggregated by the level of involvement in the program. Overall, seven respondents indicated they were BASE staff members at Windsor Oaks, equating to an estimated response rate of 70 percent. In addition, 90 respondents indicated they had referred a student to BASE and worked with a student who attended BASE, 43 indicated they had worked with a student who had been in BASE but had not referred a student, and 176 indicated they were aware of the program but had no direct involvement. Unless otherwise noted, the survey results are presented and disaggregated by the three primary stakeholder groups (N=140): BASE staff members at Windsor Oaks, staff members who referred a student to the BASE Program and worked with a student who attended the BASE Program, and staff members who worked with a student who attended the BASE Program but did not refer a student to the program (see Table 34). As shown in Table 34, the majority of respondents who were involved with the initiative were either classroom teachers or teacher assistants (34%) or student support staff (34%). In addition, parents of students who were enrolled at the BASE Program anytime during the 2023-2024 school year as of March 30, 2024 were emailed an anonymous survey in April. The parent response rate was 32 percent (N=10).

Table 34: BASE Program Respondents by Staff Group and Involvement

Staff Group	BASE Staff Member at Windsor Oaks N=7	Referred a student to BASE and worked with student who attended BASE N=90	Worked With a Student Who was in BASE But Did Not Refer N=43	Total Involved N=140	Not Involved But Aware N=176
Administrator	0%	38%	0%	24%	1%
Classroom Teacher or Teacher Assistant	29%	30%	42%	34%	67%
Other Instructional Staff	0%	3%	14%	6%	15%
Student Support Staff	71%	28%	40%	34%	10%
Other Related Staff	N/A	1%	5%	2%	7%

Initiative Components

BASE Program Classroom Staffing

The BASE Program was initially implemented as one physical classroom and open to students in grades K-2. The classroom consisted of two behavior intervention teachers and two teacher assistants. According to the director of student services, a behavior intervention teacher is a certified teacher with at least three years of experience working with students with behavior challenges. In 2023-2024, the program was expanded to include a second classroom and was open to students in grades 3-5. However, during the fall of 2023, both newly hired behavior intervention teachers for the 3-5 grade classroom resigned. There were no students in the BASE classrooms at this time because the teachers resigned during the first four to five weeks of school. During this timeframe at the beginning of the school year, BASE staff members provided onsite support to schools. It was not considered appropriate to place students into the program so early in the school year. According to the director of student services, there was difficulty hiring two new behavior intervention teachers after the two original teachers resigned. Due to these staffing issues, the BASE Program was unable to

offer a second BASE classroom for students in grades 3-5. However, behavior intervention specialists provided onsite support to approximately four to five schools that reached out for specific student support for students in grades 3-5 in November. In February 2024, the program was reconfigured into two classrooms with a different staffing model to support the original expansion for students in grades 3-5, as needed. As displayed in Table 35, each classroom included one behavior intervention teacher, one student support specialist, and two teacher assistants. According to the executive director of student support services, the decision was made to change the staffing model due to the continued challenge of identifying qualified candidates for the behavior intervention teacher positions.

Table 35: Evolution of BASE Staff and Classroom Make Up

	BASE Original Plan for 2023-2024 School Year		BASE as of February 2024	
Component	Classroom 1	Classroom 2	Classroom 1	Classroom 2
Grade Level	Grades K-2	Grades 3-5	Grade levels based on enrollment/academic ability; Fluid	Grade levels based on enrollment/academic ability; Fluid
Staff	2 Behavior Intervention Teachers 2 Teacher Assistants	2 Behavior Intervention Teachers 2 Teacher Assistants	1 Behavior Intervention Teacher 1 Student Support Specialist 2 Teacher Assistants	1 Behavior Intervention Teacher 1 Student Support Specialist 2 Teacher Assistants

During an interview with BASE staff members in March 2024, staff were anticipating a third grade student attending the program within a few days, which would be the first student in grades 3-5 to attend the program in the expanded model. However, during a site visit with BASE staff in May 2024, it was reported that the third grade student never ended up attending the BASE Program. BASE staff members reported they have had to be flexible in the composition of the two classrooms. For example, during an interview in March, staff members mentioned that the majority of the students in the program were kindergartners, so there was one classroom of kindergarten students and another classroom of students in grades 1 and 2.

Referral Process and Enrollment

Prior to referring a student to the Base Program, he/she must have documented Tier 2 and/or Tier 3 interventions in place with little to no documented success. The BASE Program is typically shared as an option to families during a Student Response Team (SRT) meeting. During the SRT meeting, parents/guardians are provided a BASE Program pamphlet that shares information about the program. In order to start the process, parents must give written consent to have a school psychologist from the BASE Program conduct an observation or consultation. In addition to a student observation, the school social worker schedules a time to complete a brief social history with the family, which includes information about students' home life, medical status, educational history, and social and emotional functioning. If a parent/guardian gives consent, then a staff member will complete a BASE referral form, which includes student information (e.g., name, address, school, age, teacher, school counselor, school psychologists, etc.), student history (e.g., relevant disciplinary actions and previous interventions), target behaviors, and administrator authorization. Seventy-eight percent of staff who were involved with the program agreed they understood the process for identifying or referring a student who could benefit from attending the BASE Program. Staff members in the group that had never referred a student reported lower agreement about understanding the process for identifying and referring a student who could benefit from the BASE Program (See Table 36).

Table 36: Staff Perceptions of the BASE Program Referral Process

Survey Item	BASE staff member at Windsor Oaks	Referred a student to BASE and worked with student who attended BASE	Worked with student who was in BASE but did not refer	Total
I understand the process for identifying or referring a student who could benefit from attending the BASE Program.	100%	90%	51%	78%

A school psychologist or doctoral intern conducts the informal observation. Upon completion, they will schedule a follow-up SRT/Section 504 update meeting with key members including the parent, teacher, administrators, school psychologist, social worker, director of student services, and BASE Program psychologist. If it is determined that the student is a candidate for the BASE Program and the parent agrees to the BASE Program participation, the orientation is scheduled. The student and parent(s) attend orientation, which typically lasts 30 minutes to 1 hour. The family is introduced to Windsor Oaks (i.e., the host site of BASE) school administrators. During the orientation, the student gets acquainted with classmates while the parents are presented information on the program in the classroom. Parents are given a Welcome Letter, which includes the names and contact information for the BASE Team. In addition, parents are given the Parent Acknowledgement form, which includes parent expectations and student expectations for the program. The BASE team reviews the components of the program including the daily feedback document and explains goal setting, the token economy system, preferred activity time, Zones of Regulation, and social emotional group. Overall, 80 percent of parents agreed the BASE Program orientation helped them understand the program and its components.

When students attend the BASE Program at Windsor Oaks, they remain concurrently enrolled at their home school. VBCPS provides transportation for students to attend the program. Overall, 85 percent of staff members agreed the process for transitioning a student from their home school to the BASE Program was communicated clearly in the SRT/Section 504 meeting (see Table 37). Staff members who worked with students who were in the BASE Program but did not refer them had lower agreement percentages (78%) on this item than staff members who had referred a student to BASE and worked with a student who attended BASE (86%), as well as BASE staff members (100%). Seventy percent of parents agreed the information about the BASE Program shared in the Student Response Team (SRT)/Section 504 meeting was clear and easy to understand. Eighty percent of parents agreed their child's transition from his/her home school to the BASE Program was successful.

Table 37: Staff Perceptions of Students' Transition Process

Survey Item	BASE staff member at Windsor Oaks	Referred a student to BASE and worked with student who attended BASE	Worked with student who was in BASE but did not refer	Total
The process for transitioning a student from their home school to the BASE Program is communicated clearly in the Student Response Team (SRT)/Section 504 Meeting.	100%	86%	78%	85%

Daily Schedule

BASE staff are with students the entire school day at Windsor Oaks. BASE students remain together in the classroom throughout the day except during lunch and physical education (P.E.) when they are with other

students at Windsor Oaks. The structure of the day typically includes: Breakfast/Morning Work, Morning Meeting/Goal Setting, Math/Reading/Writing, Preferred Activity Time (PAT), Lunch, P.E., Social Emotional Learning, Math/Reading/Writing, Structured Movement, Drop Everything and Read (DEAR), PAT, Dismissal/Debriefing. All students are monitored using a daily feedback document. On the document, students identify daily goals and teachers give students feedback on each of the day's activities. The document is sent home for parents to sign every day. The classroom operates using a token economy system, which allows students to "earn" things such as toys, games, books, computer/iPad time to use or play with during morning and afternoon PAT. This is documented using an earning tracking sheet. Each day, students participate in social emotional learning with direct instruction focused on skill deficits such as recognizing emotions, problem-solving, self-regulation strategies such as positive self-talk and breathing exercises. The curriculum for the social emotional learning lessons is guided by the Zones of Regulation and Promoting Alternative Thinking Strategies (PATHS) curriculum. The Zones of Regulation is a way to help students think and talk about how they are feeling. The Zones of Regulation organize students' feelings, states of alertness, and energy levels into four colored zones—Blue, Green, Yellow, and Red. The Blue Zone consists of feeling sad, bored, tired, or sick. The Green Zone consists of feeling happy, focused, calm, or proud. The Yellow Zone consists of feeling worried, frustrated, silly, or excited. The Red Zone consists of feeling overjoyed/elated, panicked, angry, or terrified.[63] The PATHS curriculum aims to promote self-control, emotional understanding, positive self-esteem, relationship, and interpersonal problem-solving skills among children aged 4-11 years.[64] While there are two different academic blocks during the day, the BASE team does not provide report cards, and the students do not receive grades while in the program.

BASE staff members were asked the extent to which the different BASE Program components helped provide the support students needed. As shown in Table 38, all staff members (100%) indicated social emotional learning groups helped support students' needs to a large extent. Additionally, 80 percent of staff indicated the following also helped support students' needs to a large extent: morning meeting, goal setting, PAT, and self-regulation. Sixty percent of staff indicated the following helped support students' needs to a large extent: token economy system, PATHS, and behavior tracking sheet. Parents were asked their perceptions of two program components. Overall, 70 percent of parents agreed the daily feedback sheet was helpful in improving their child's behavior. Overall, 80 percent of parents agreed the token economy was helpful in motivating their child.

Table 38: BASE Staff Member Perceptions of Program Components Providing the Support Students Need

Program Components	Large Extent	Moderate Extent	Small Extent	Not At All
Social Emotional Learning Groups (N=5)	100%	0%	0%	0%
Goal Setting (N=5)	80%	20%	0%	0%
Morning Meeting (N=5)	80%	0%	20%	0%
Preferred Activity Time (PAT) (N=5)	80%	0%	20%	0%
Self-regulation (N=5)	80%	0%	20%	0%
Token Economy System (N=5)	60%	20%	20%	0%
Promoting Alternative Thinking (PATHS) (N=5)	60%	20%	20%	0%
Behavior Tracking Sheet (N=5)	60%	20%	20%	0%
Academic Block in the AM and PM (N=5)	40%	40%	20%	0%
Structured Movement (N=5)	40%	40%	20%	0%
Debriefing/Goal/Daily Feedback Sheet (N=5)	40%	20%	20%	20%

Transitioning from the BASE Program Back to the Student's Homeschool

At the six to eight week mark, the BASE team begins to share information with the home school about the date the student will transition back to the home school. The director/designee communicates with the student's home school to schedule a follow-up transition SRT or 504 meeting. The BASE Team creates a transition plan detailing the program and the progress the student made and any supports the student may need. The transition plan is shared with the team and the student's home school classroom teacher. The Daily Feedback sheet is shared with the teacher to help support the transition. Additionally, the BASE staff supports the student through an on-site transition for a minimum of two days, and BASE staff assists the teacher/teacher assistant. The BASE team creates a toolbox for the student's home school teacher that includes tools and resources that were successful for the student while in the BASE Program. According to the Office of Student Support Services, after the student has transitioned back to the home school from BASE, a behavior intervention specialist can provide necessary support for the student. The BASE Program is a one-time intervention. Therefore, once students return to their home school, they are ineligible to return to the BASE Program.

Overall, 80 percent of staff agreed the process for transitioning a student from the BASE Program back to the home school was communicated clearly in the SRT/504 Meeting (see Table 39). Staff members who worked with students who were in the BASE Program but did not refer the student had lower agreement percentages (75%) on this item than staff members who had referred and worked with a student who attended BASE (80%), as well as BASE staff members (100%). Parents had less favorable perceptions of the transition process from the BASE Program back to students' home school. Of parents who responded to the survey, 25 percent agreed that their child's transition from the BASE Program back to the home school was successful. Additionally, 25 percent of parents agreed their child had the support he/she needed after returning to his/her home school.

Table 39: Staff Perceptions of the Transition Process From the BASE Program Back to the Students' Home School

Survey Item	BASE staff member at Windsor Oaks	Referred a student to BASE and worked with student who attended BASE	Worked with student who was in BASE but did not refer	Total
The process for transitioning a student from the BASE Program back to their home school is communicated clearly in the Student Response Team (SRT)/Section 504 Meeting.	100%	80%	75%	80%

Professional Learning

According to the Office of Student Support Services, seven BASE staff members received Crisis Prevention Institute (CPI) training from the school division's coordinator of behavior intervention. The training included a variety of verbal and nonverbal interventions designed to recognize and respond to defensive behaviors, understand what is behind challenging behavior, and address the needs of the individual student. The coordinator and psychologist conducted training related to de-escalation strategies, data collection, and the Zones of Regulation. Staff members reported their perceptions of the CPI training. Of those who attended the training, 75 percent agreed the training provided them with the necessary knowledge and tools to recognize and respond to student behavior (see Table 40). In addition, 60 percent of staff members reported feeling prepared to teach or provide support to students as part of the BASE Program.

Table 40: BASE Staff Perceptions of Training and Preparation to Teach in the Program

Survey Items	Percent Agreement
The Crisis Prevention Institute (CPI) training I received as a BASE staff member provided me with the necessary knowledge and tools to recognize and respond to student behavior. (N=4)	75%*
Overall, I felt prepared to teach or provide support to students as part of the BASE Program. (N=5)	60%

*Agreement percentage does not include those who indicated they did not participate in the training.

Family Engagement

According to the Office of Student Support Services, parents or guardians are involved in the initial aspects of the program because parent/guardian permission is required for students to attend the BASE Program. Additionally, daily feedback sheets were sent home each day and parents were expected to sign and return them. According to BASE staff members, there were supplemental, at-home activities that extended the SEL curriculum that were shared with families, and community resources were provided as needed including parent-child interaction therapy. All BASE staff members (100%) at Windsor Oaks agreed the BASE Program provided helpful resources and support for families. Overall, 70 percent of parents who responded to the survey agreed the BASE Program provided helpful information for their family to support their child's behavioral needs.

Initiative Goals

According to the BASE Playbook, the goal of the BASE Program is to decrease aggressive/disruptive/defiant behaviors that lead to out-of-school suspensions. Another goal is for students to acquire self-regulation skills that can be generalized to their home school learning environment. Staff perceptions related to the goal areas are shown in Table 41. Overall, 76 percent of staff agreed the BASE Program provided students with useful strategies to help their emotional regulation and behavior. Additionally, 74 percent of staff agreed the BASE Program helped improve students' emotional regulation, and 66 percent agreed the program helped improve students' overall behavior. Overall, 68 percent of staff agreed the BASE Program helped improve students' aggressive, defiant, or disruptive behavior. Across all survey items assessing perceptions of the program's goals, BASE staff members had the highest agreement percentages, followed by staff members who referred a student to BASE and worked with a student who attended BASE, and then staff who worked with a student who was in BASE but did not refer a student. Of parents who responded to the survey, 70 percent agreed the BASE Program was helpful for their child and their family.

Table 41: Staff Perceptions of the BASE Program

Survey Items	BASE staff member at Windsor Oaks	Referred a student to BASE and worked with student who attended BASE	Worked with student who was in BASE but did not refer	Total
The BASE Program provides students with useful strategies to help their emotional regulation and behavior.	100%	77%	70%	76%
The BASE Program helps improve students' emotional regulation.	100%	74%	72%	74%
The BASE Program helps improve students' behavior overall.	60%	68%	63%	66%
The BASE Program helps improve students' aggressive, defiant, or disruptive behavior.	80%	70%	62%	68%

General Perceptions

Through open-ended survey items, school-based staff had the opportunity to provide comments regarding what worked well and what could make the program more beneficial. Overall, 78 staff members provided a comment about what worked well with the program, which was 24 percent of those staff members who responded they were familiar with the BASE Program. Themes from staff regarding what worked well included the following: the program was effective at improving students' behavior, the advantages of a small-group setting, and having the program as an option for students.

Overall, 80 staff members provided a comment about what could make the program more beneficial, which was 24 percent of those staff members who responded they were familiar with the BASE Program. The primary themes from staff regarding improvement areas focused on the difficulty with the transition back to the traditional classroom setting. Staff members reported students had a difficult time with the academic demands, and some of the support systems or strategies used in the BASE Program were not feasible in the traditional classroom. Other areas for improvement included the referral process, such as more clarity about how students qualified for the program. Finally, staff members reported wanting to expand the program capacity to include more openings and allow for students, when appropriate, to spend longer than 6 to 9 weeks in the program.

Parents of BASE students also had the opportunity to provide comments about the BASE Program in an open-ended survey item. A total of eight parents provided a comment about the BASE Program, which was 26 percent of those who responded to the survey. The most common comment was a general comment about their child having a positive experience in the program. The next most common themes in the comments were about how great the BASE staff was and concerns about their student's transition back to the home school. Some parents commented that their student had a difficult time transitioning back to the home school. Other parents still had students in the BASE Program and were concerned about the success of the future transition back to their student's home school. Parents commented that some of the supports that were successful at the BASE Program were not feasible in the home school or the supports were not continued at the home school. Two comments noted the program was not a positive experience for their student.

The Office of Student Support Services staff were asked about their perceptions of the successes and challenges of the program. Their perceptions were that students who attended the BASE Program were trending in the right direction. Student Support Services staff felt as though referrals for BASE students were declining and the severity of behavior issues have been reduced. Student Support Services staff members commented they would like to see a mandatory parent component of the program that would help reinforce the skills that students learn at the BASE Program.

Cost and Future Plans

This section focused on the cost to the school division to implement the BASE Program. Cost data were collected from the Office of Student Support Services, Office of Transportation and Fleet Services, Human Resources, Budget and Finance, and Benefits. Costs for 2023-2024 were totaled from the following areas: staff costs, transportation, instructional materials, token economy system, and professional learning. The total cost for the 2023-2024 school year was estimated to be $494,521 (see Table 42). The largest expense was staffing costs, which totaled $423,158. This included salaries and benefits costs for two behavior intervention teachers, two student support specialists, and four teacher assistants. Staff costs did not include the psychologist or doctoral intern who were assigned to the program because their responsibilities were not exclusive to the program and extended to other schools and/or programs in the division. A $1,500 stipend from DOSL was also provided for each of the four teaching assistants totaling $6,000. The second largest cost was for transportation, which included $40,182 in driver costs and $27,874 for operational costs such as fuel, maintenance, and vehicle depreciation at $2.50 per mile. The third largest expense included instructional

materials, which totaled $2,080. The Office of Student Support Services staff commented on the potential future plans for the program. Staff reported the program will continue and have one additional class for 2024-2025 based on available funding.

Table 42: Cost for the BASE Program in 2023-2024

Cost Categories	Costs in 2023-2024
BASE Staff Costs*	$423,158
Transportation	$68,056
Instructional Materials	$2,080
Token Economy System (e.g., incentives purchased for students)	$912
Professional Learning	$315
Total Cost	**$494,521**

* Student support specialists' salaries were prorated to include the months spent in the BASE Program (February-June).

Rapid Response

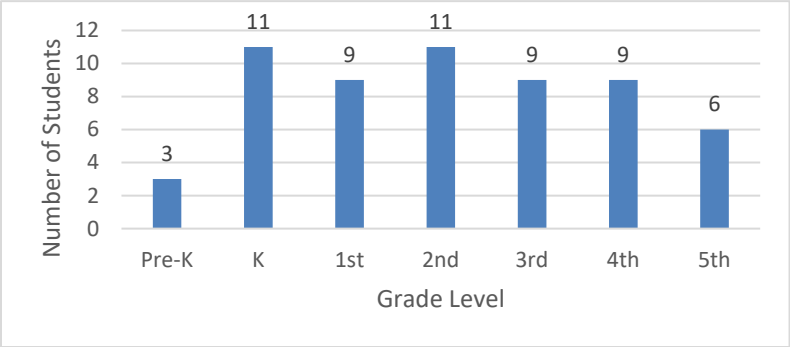
Purpose and Overview

In partnership with the Child and Youth Behavioral Health (CYBH) division with the City of Virginia Beach, Rapid Response provides elementary students behavioral health screening, assessment, consultation, referral, and linkage to community-based services. Rapid Response launched in all elementary schools in February 2023. Students are referred to Rapid Response if they have been identified by school staff as having a possible behavioral or mental health need. For example, a student referred to Rapid Response may meet one of the following criteria: he/she is returning to school after a mental health crisis and is not connected to mental health care, he/she has had an exacerbation of mental health symptoms that are disrupting the educational environment, and/or he/she is not currently connected to mental health care. According to Office of Student Support Services staff, accessing and navigating the mental health system can be a barrier for VBCPS families, and Rapid Response was developed to help families of elementary school students with this process. At the division level, Rapid Response is overseen by the Office of Student Support Services within the Department of Teaching and Learning. At the school level, administrators oversee the program because they typically refer students to the program. According to Office of Student Support Services staff, administrators primarily initiate the referral process because discipline infractions are the most common reason students are referred to Rapid Response. Rapid Response connects students with community-based services, and the assessment and consultation process takes place at each child's school following the referral and consent process.

Target Audience/Participants

Rapid Response is a Tier 3 intervention for elementary students in prekindergarten through fifth grade. All students at all elementary schools have access to Rapid Response through a referral process. In the 2023-2024 school year, 58 students were referred to Rapid Response. All student referrals came from the administrative team with 59 percent from assistant principals, 38 percent from principals, and 3 percent from administrative assistants. The majority of the students referred were male (79%), and females made up 21 percent of the referrals. Of the 58 students referred, 100 percent of parents gave verbal consent for their student to be referred to the Rapid Response program. As displayed in Figure 2, kindergarten and second grade had the largest numbers of students referred to Rapid Response with 11 student referrals each. First grade, third grade, and fourth grade each had nine students referred. Fewer students in prekindergarten and fifth grade were referred.

Figure 2: Total Number of Students Referred to Rapid Response in 2023-2024 by Grade Level



Survey Respondents

On the Behavioral and Mental Health Supports for Students survey, a total of 214 staff members indicated they were familiar with Rapid Response. There were 164 respondents who then indicated that they either referred a student to Rapid Response or were aware of the program but had not referred a student to the program. As displayed in Table 43, half of respondents (50%) who referred a student to Rapid Response were administrators and about half of those who were aware of Rapid Response but had not referred a student were teachers (48%).

Table 43: Rapid Response Respondents by Staff Group and Involvement

Staff Group	Referred a student to Rapid Response N=50	Aware of Rapid Response but have not referred a student N=114
Administrator	50%	7%
Teacher or Teacher Assistant	26%	48%
Other Instructional Staff	N/A	13%
Student Support Staff	24%	24%
Other Related Staff	N/A	8%

Initiative Components

The Office of Student Support Services shared relevant details about Rapid Response with elementary principals, Mental Health Task Force members, school counselors, psychologists, and social workers. Overall, 84 percent of staff members familiar with Rapid Response agreed they understood the purpose of Rapid Response (see Table 44). A high percentage (94%) of staff members across the division's elementary schools who had referred a student to Rapid Response agreed they understood the purpose of the program. For staff members who were aware of Rapid Response but had not referred a student, 79 percent agreed they understood the purpose of the program.

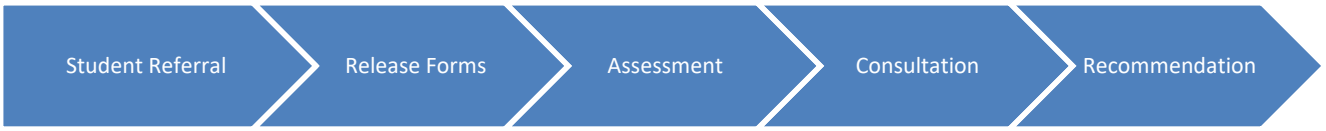
Table 44: Staff Perceptions of the Purpose of Rapid Response

Survey Item	Referred a student to Rapid Response	Aware of Rapid Response but have not referred a student	Total
I understand the purpose of Rapid Response.	94%	79%	84%

As displayed in Figure 3, Rapid Response begins with a student referral, which is typically initiated by one of the school's administrators. The referral form is an online form that includes relevant student information including name, address, date of birth, gender, grade level, and age. It also includes parent/guardian

information including name, phone number, email address, and language spoken at home. The referral form asks the administrator filling out the form to describe the reason for the referral. As part of this process, the person completing the referral contacts the parent or guardian to provide information about the program and obtains parent or guardian verbal consent to continue the referral process to Rapid Response. Once the referral form is submitted, the Office of Student Support Services reviews the form to ensure it is complete and that the student who is being recommended would be appropriately served by Rapid Response. If approved by the Office of Student Support Services, the referral form is sent in a secure email to CYBH. At this time, the Office of Student Support Services staff contacts the administrator who referred the student and informs the administrator that the referral has been submitted to CYBH. The next step includes the Office of Student Support Services sending the release forms to the administrator for the student's parent or guardian to sign and complete. These release forms allow for the student's information gathered by CYBH to be shared with the schools. Once the release forms are signed by the parent, Rapid Response can begin their process. The first step is to schedule the student assessment which takes place at the student's school. Rapid Response licensed clinicians who work in the department of CYBH with Virginia Beach will also collect any additional information from the families regarding any behavioral needs and concerns observed within the family setting. Following the assessment and any other information collected, the clinician writes the recommendation. At this time, clinicians schedule a consultation where they meet with the family and discuss the outcome. According to Office of Student Support Services staff, this meeting is typically done via Zoom or on the phone. At the end of the consultation, which can take up to 2.5 hours, CYBH makes a recommendation and connects students and families with the appropriate program to meet the students' needs. CYBH recommendations can include therapy including Parent-Child Interaction Therapy, family or group therapy, or medication management. All recommendations made by CYBH are at the cost of the families and their respective insurance, if applicable. According to the Office of Student Support Services, there is a level of communication between Rapid Response and schools. For example, schools receive a report about the service that was recommended to the student. Schools are able to follow up and check on how students are progressing through their recommended program.

Figure 3: Rapid Response Process from Referral to Services



When submitting the referral, administrators are required to describe the reason for referring a student to Rapid Response. Due to confidentiality concerns, descriptions of referral reasons for students were not shared with the Office of Research and Evaluation. Instead, the coordinator of school counseling services reviewed each student referral and identified one or more reasons for the student's referral. The de-identified descriptions were sent to the Office of Research and Evaluation for analysis. The referral reasons are displayed in Table 45. The number of student referral reasons ranged from one to four. The most common referral reasons were disruptive behavior (33%) and emotional regulation (33%).

Table 45: Reasons Students Were Referred to Rapid Response in 2023-2024

Referral Reason	N	Percent
Disruptive Behavior	45	33%
Emotional Regulation	45	33%
Trauma	22	16%
Mental Health Concern	16	12%
Learning & Development	4	3%
Chronic Medical Illness	3	2%
Suicidal Ideation	1	1%

Staff members who reported they had referred a student to Rapid Response were asked their perceptions of the referral process and components of the program (see Table 46). A high percentage of staff members who have referred students to Rapid Response agreed (96%) they understood the referral process. In addition, 64 percent of staff who were aware of Rapid Response but had not referred a student agreed they understood the referral process. Examining data by job category showed that 100 percent of administrators and 85 percent of teachers who had referred a student to the program agreed they understood the referral process. By contrast, 50 percent of teachers who were aware of the program but had not referred a student agreed they understood the process for referring a student to Rapid Response. Further, as shown in Table 46, for those staff who referred a student to the program, 78 percent agreed the Rapid Response referral process was efficient, and 74 percent agreed the process for obtaining consent from families for students to participate in Rapid Response was effective. Seventy percent of staff members who referred a student to Rapid Response agreed the process for students to take the mental health assessment was effective, and 76 percent reported being satisfied with the partnership between CYBH and VBCPS.

Table 46: Perceptions of Program for Staff Members Who Had Referred a Student to Rapid Response

Survey Items	Percent Agreement
I understand the process for referring a student to Rapid Response.	96%
The process for referring students to Rapid Response is efficient.	78%
The process for getting parent consent for students to participate in Rapid Response is effective.	74%
The process for students to take the mental health assessment as part of Rapid Response is effective.	70%
How satisfied are you with the partnership between Child and Youth Behavioral Health (CYBH) Division and VBCPS?	76%*

*Percentage represents percent satisfied.

Initiative Goals

According to Office of Student Support Services staff, the goal of Rapid Response is to connect students and families with mental health supports in the community. As previously mentioned, accessing and navigating the mental health system can be a barrier for families in VBCPS and Rapid Response was developed to help families with elementary school students with this process. As displayed in Table 47, 71 percent of staff who referred a student to Rapid Response agreed Rapid Response provided useful resources and support for families, 81 percent agreed Rapid Response was effective at providing students and families with recommendations for treatments, and 82 percent agreed Rapid Response was effective at providing students and families with information about community resources. While a survey was distributed anonymously to parents whose child had participated in the program, too few responses were received to assess parent or guardian perceptions.

Table 47: Perceptions of Program Goals for Staff Members Who Referred a Student to Rapid Response

Survey Items	Percent Agreement
Rapid Response has provided useful resources and support for families.	71%
Rapid Response is effective at providing students and families with recommendations for treatments.	81%
Rapid Response is effective at providing students and families with information about community resources.	82%

General Perceptions

Through open-ended survey items, school-based staff had the opportunity to provide comments regarding what worked well and what could make Rapid Response more beneficial. Overall, 59 staff members provided a comment about what worked well with the program, which was 36 percent of those staff members who responded to the Rapid Response portion of the survey. Themes from staff regarding what worked well included the program being a useful resource or service for families and that once families gave verbal consent, Rapid Response clinicians reached out in a timely manner.

Overall, 57 staff members provided a comment about what could make the program more beneficial, which was 35 percent of those staff members who responded to the Rapid Response portion of the survey. The primary themes for staff regarding improvement areas focused on better communication regarding the purpose and the process to refer students to Rapid Response. Staff members also reported wanting to be better informed about students' progress during and after receiving services. Other improvement areas included decreasing the stigma around mental health services so more families would be inclined to participate in Rapid Response. In addition, staff members reported the disclosure forms that families had to complete were burdensome and would benefit from being streamlined. Although some staff members reported Rapid Response reaching out to families in a timely manner as a positive aspect of the program, other staff members reported this as an area for improvement because of perceptions that clinicians were not timely in reaching out to families after students were referred.

In an interview, Office of Student Support Services staff were asked their perceptions about what worked well and what could make Rapid Response more beneficial. Student Support Services staff agreed that Rapid Response made principals feel a sense of empowerment because this program provided an additional level of support through a professional service. Student Support Services staff also reported seeing positive impacts when students complete the program. Student Support Services staff agreed that the referral process is effective and using a link that administrators can access is efficient. In terms of how the program could be more beneficial, Student Support Services staff commented they would like Rapid Response to be more like the Bridge Program , which provides direct services rather than a recommendation of services to families.

Cost and Future Plans

This section focused on the cost to implement the Rapid Response to the school division. According to the Memorandum of Agreement (MOU) between VBCPS and CYBH, Rapid Response is implemented at no cost to VBCPS.[65] In communication with a City of Virginia Beach employee, it was reported that Rapid Response is funded through the Virginia Department of Behavioral Health and Developmental Services (DBHDS) and these funds are ongoing with no intention of having the Rapid Response program charge for services.[66] Because there is no anticipation of a change in funding, the Office of Student Support Services anticipates Rapid Response to continue indefinitely.

Bridge Program

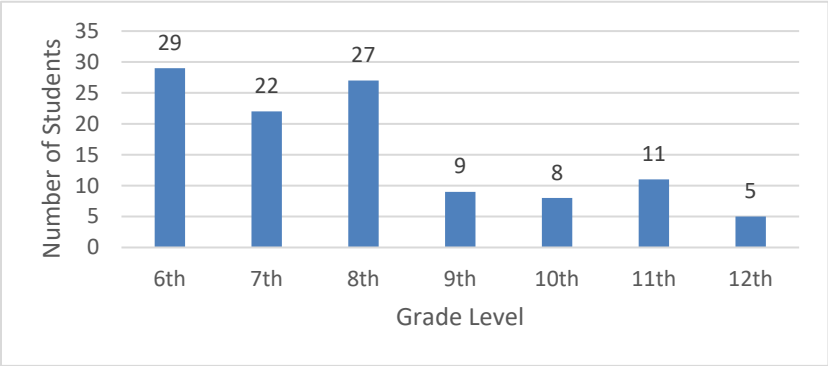
Purpose and Overview

In partnership with the Children's Hospital of The King's Daughters (CHKD), the Bridge Program provides secondary students with mental health screening, short-term intervention, and/or coordination and referral to ongoing mental health services in the community. The Bridge Program launched for VBCPS secondary students in October 2022. The Bridge Program serves to "bridge" the gap for students who have a mental health need until longer term mental health services can be established. The Bridge Program aims to reduce the need for inpatient psychiatric hospitalization by offering students who have a mental health need four to six weeks of interim care. The options for interim care services provided to students include: individual therapy, group therapy, and medication management with a psychiatrist. Individual and group therapy can be accessed at no charge to families and medication management is at the expense of the parent or guardian via health insurance. Students referred to the Bridge Program meet one or more of the following criteria: 1) student is returning to school after a mental health crisis and is not connected to outpatient mental health care; 2) student has had an exacerbation of mental health symptoms that are disrupting the education environment; 3) student is in need of services but is not currently connected to outpatient mental health care. At the division level, the Bridge Program is overseen by the Office of Student Support Services within the Department of Teaching and Learning. At the school level, counselors oversee the program because they typically refer students to the program.

Target Audience/Participants

The Bridge Program is a Tier 3 intervention for secondary students in sixth through twelfth grades. All students at all middle and high schools have access to the Bridge Program through the referral process. In the 2023-2024 school year, 111 students were referred to the Bridge Program. All referrals were conducted by school counselors. About the same percentage of female (50%) and male (49%) students were referred to the Bridge Program. Of the 111 students referred, 100 percent of parents gave verbal consent for their child to be referred to the Bridge Program. As displayed in Figure 4, sixth grade had the largest number of students referred with 29 students followed by eighth grade with 27 students. Seventh grade had the third largest number of students referred with 22 students. There were more students referred to the Bridge Program at the middle school level than at the high school level.

Figure 4: Total Number of Students Referred to the Bridge Program in 2023-2024 by Grade Level



Survey Respondents

On the Behavioral and Mental Health Supports for Students survey, a total of 161 staff indicated they were familiar with the Bridge Program. There were 144 respondents who then indicated that they either referred a

student to the program or were aware of the program but had not referred a student to the program. As displayed in Table 48, 79 percent of respondents who referred a student to the Bridge Program were a Student Support Staff member and about half of staff aware of the Bridge Program but had not referred a student were teachers (54%).

Table 48: Bridge Respondents by Staff Group and Involvement

Staff Group	Referred a Student to the Bridge Program N=34	Aware of the Bridge Program But Have Not Referred a Student N=110
Administrator	12%	15%
Teacher or Teacher Assistant	6%	54%
Other Instructional Staff	3%	5%
Student Support Staff	79%	19%
Other Related Staff	N/A	8%

Initiative Components

Mental Health Services

The Office of Student Support Services shared relevant information about the Bridge Program with secondary principals, Mental Health Task Force members, school counselors, psychologists, and social workers. Overall, 87 percent of staff members agreed they understood the purpose of the Bridge Program (see Table 49). All staff members (100%) who had referred a student to the Bridge Program agreed they understood the purpose of the program. In addition, 83 percent of staff members who were aware of the Bridge Program but had not referred a student also agreed they understood the purpose of the program.

Table 49: Staff Perceptions of the Purpose of the Bridge Program

Survey Item	Referred a student to the Bridge Program	Aware of the Bridge Program but have not referred a student	Total
I understand the purpose of the Bridge Program.	100%	83%	87%

The Bridge Program begins with a student referral, which is typically initiated by the school counselor. The referral form is an online form that includes pertinent student information including the student's name, address, gender, and date of birth. The referral form asks for the student's parent's contact information including their name, address, email address, phone number, and language spoken at home. The individual filling out the referral form has a list of concerns to select that prompted the referral. These concerns include: mood, disruptive behavior, anxiety (OCD, fears, panic, phobias), learning and development (intellectual disabilities, autism, school problems), trauma, eating/feeding, chronic mental illness, and/or additional concerns. The referral form includes whether the parent or guardian provided verbal consent to be referred to the program. Once the referral is submitted by the school counselor, the Office of Student Support Services staff reviews the form to ensure it is complete and that the student is an appropriate fit for the Bridge Program. If the form is complete and the student meets the criteria, the form is sent in a secure email to CHKD. The Office of Student Support Services also contacts an administrator at the child's school and informs the administrator that the referral has been sent to CHKD and that the family will be contacted within 24-48 hours by CHKD. Once families are contacted by CHKD, an intake appointment is set up either at CHKD or through telehealth. At the Bridge intake appointment, a mental health therapist completes a mental health assessment, safety assessment, and treatment plan. A safety plan will be developed, including safety measures and coping strategies. Based on the information provided, a therapist determines the type of treatment recommended for the student (e.g., individual therapy, group therapy, or medication management) to reduce the risk of inpatient psychiatric hospitalization. Students may then participate in four to six weeks of care

through CHKD during which time they participate in these recommended treatments. Therapy sessions are typically held after school. Per the MOU, parents/guardians must use their own insurance for medication management if that is recommended to be the appropriate treatment. In addition, CHKD provides an individualized list of community resources tailored to the students' needs as well as assistance in coordinating resources. CHKD coordinates with families to set up appointments based on their treatment plan. The cost of treatment is covered by CHKD during this timeframe. At the end of the four to six weeks of care, students may choose, based on recommendations of CHKD clinicians, to continue their care through their own insurance.

Counselors who refer a student to the Bridge Program must complete the Bridge Referral form that includes the question "What concerns prompted your referral?" This question is followed by seven potential options: mood, disruptive behavior, anxiety (OCD, fears, panic, phobias), learning & development (intellectual disabilities, autism, school problems), trauma, eating/feeding, chronic medical illness, and additional concerns. Counselors could select as many concerns as they felt necessary. As displayed in Table 50, the most common referral reason for students during the 2023-2024 school year included "mood," which made up 27 percent of the referral reasons. "Additional concerns" made up 22 percent, followed by "anxiety," which made up 20 percent of the referral reasons. To protect students' confidentiality, the Office of Research and Evaluation did not collect information pertaining to the follow-up question regarding additional concerns.

Table 50: Reasons Students Were Referred to the Bridge Program in 2023-2024

Referral Reason	N	Percent
Mood	65	27%
I have additional concerns that I will share in another question on this form.	53	22%
Anxiety (OCD, fears, panic, phobias)	49	20%
Trauma	33	14%
Disruptive Behavior	21	9%
Eating/Feeding	9	4%
Learning & Development (Intellectual Disabilities, Autism, school problems)	6	2%
Chronic Medical Illness	5	2%

Staff members were asked their perceptions of the referral process and components of the program (see Table 51). A high percentage of staff members who had referred a student to the Bridge Program (97%) agreed they understood the referral process. Examining the data by job category showed that 96 percent of student support staff (e.g., school counselors) who had referred a student to the program agreed they understood the referral process. By contrast, 71 percent of student support staff who were aware of the program but had not referred a student agreed they understood the process for referring a student to Rapid Response. Additionally, overall, 62 percent of staff who were aware of the Bridge Program but had not referred a student agreed they understood the process for referring a student to the program. For staff who had referred a student, 91 percent agreed the referral process was efficient, and 97 percent agreed getting parents' consent for students to participate in the program was effective. Further, 88 percent of staff members who referred a student agreed the process for students to take the Bridge Intake Assessment was effective, and 97 percent of staff reported being satisfied with the partnership between CHKD and VBCPS.

Table 51: Perceptions of Program for Staff Members Who Had Referred a Student to the Bridge Program

Survey Items	Percent Agreement
I understand the process for referring a student to the Bridge Program.	97%
The process for referring students to the Bridge Program is efficient.	91%
The process for getting parent consent for students to participate in the Bridge Program is effective.	97%
The process for students to take the Bridge Intake Assessment is effective.	88%
How satisfied are you with the partnership between the Children's Hospital of The King's Daughters (CHKD) and VBCPS?	97%*

* Percentage represents percent satisfied.

Collaboration with Office of Security and Emergency Management

Another component of the Bridge Program includes a partnership with the VBCPS Office of Security and Emergency Management (OSEM) to assist with after-hours alerts through Securly, an educational software company. Securly alerts OSEM if they identify concerning student behavior such as suicidal ideation or violence on a VBCPS-issued device such as a Chromebook. Through the partnership with the Bridge Program, once OSEM is alerted, they then contact CHKD. At this point, a clinician from CHKD will contact the student or family to follow up on the alert and address the concern, which can lead to a direct referral to the emergency room or Kempsville Center for Behavioral Health. Between August 2023 and June 2024, there were 48 Securly alerts handled by CHKD clinicians.[67]

Wellness Up

Wellness Up is also a component of the Bridge Program and is a small group program run by CHKD clinicians aimed at helping students develop an understanding of oneself, manage stress, and manage conflict. It was first held in the summer of 2023 with 17 middle school students during summer school. Each middle school was given a specific number of students they could refer to the program, and lists of students were submitted to the Office of Student Support Services. The program was held again in spring 2024 for six weeks at Bayside 6th Grade Campus for 17 students. According to the coordinator of counseling services, Wellness Up was advertised to be offered in the fall of 2023, but the program had low student interest, so it was not held. Staff members were asked their involvement and perceptions of the Wellness Up component of the Bridge Program. Of those staff who indicated they were familiar with Bridge, 7 percent of staff members (N=10) indicated they had recommended a student to attend Wellness Up, and 19 percent of staff members indicated they were familiar with Wellness Up but had not recommended a student to attend. The majority (74%) of staff members indicated they were not familiar with Wellness Up. Perceptions of Wellness Up were very positive. All 24 staff members (100%) who indicated they had recommended students to attend Wellness Up or they were familiar with Wellness Up agreed that Wellness Up was effective at providing students tools to help support their well-being.

Professional Learning

As part of the Bridge Program, CHKD staff provided Youth Mental Health First Aid training to all school counselors which counts towards their license renewal. Based on staff who participated in the training, 89 percent agreed the training offered by the Bridge Program staff provided them with the necessary knowledge and tools to recognize and respond to students' behavioral and mental health needs.

Initiative Goals

The goal of the Bridge Program is to reduce the need for inpatient psychiatric hospitalization. According to the Office of Student Support Services, the Bridge Program helps students and families access mental health care services. Office of Student Support Services staff reported that risk assessments have been reduced in schools and attendance is improving. While a survey was distributed anonymously to families who had participated in the program, too few responses were received to assess parent or guardian perceptions.

Overall, 93 percent of staff members who referred a student agreed the Bridge Program provided useful resources and support for families, 90 percent agreed the program provided assistance to staff by helping support students who have behavioral and mental health needs, and 93 percent agreed the Bridge Program was effective at providing students with direct mental health services (see Table 52).

Table 52: Perceptions of Program Goals for Staff Members Who Referred a Student to the Bridge Program

Survey Items	Percent Agreement
The Bridge Program has provided useful resources and support for families.	93%
The Bridge Program has provided assistance to staff by helping support students who have behavioral and mental health needs.	90%
The Bridge Program is effective at providing students with direct mental health services.	93%

General Perceptions

Through open-ended survey items, school-based staff had the opportunity to provide comments regarding what worked well and what could make the Bridge Program more beneficial. Overall, 58 staff members provided a comment about what worked well with the program, which was 40 percent of those staff members who responded to the Bridge Program portion of the survey. Themes from staff regarding what worked well included the program is a useful resource or service for families and the program allowed students to get the help they needed quickly.

Overall, 54 staff members provided a comment about what could make the program more beneficial, which was 38 percent of those staff members who responded to the Bridge Program portion of the survey. The primary themes for staff regarding improvement areas focused on better communication regarding greater awareness of the program among staff members and staff wanting more information regarding the progress of students and how to best support them once the services are completed. Other improvement areas included decreasing the stigma around mental health services so more families would be inclined to participate in the Bridge Program. In addition, staff members reported wanting more mental health related training by CHKD.

In an interview, Office of Student Support Services staff were asked their perceptions about what worked well and what could make Rapid Response more beneficial. Staff reported that one of the reasons the Bridge Program has been successful is based on the pay structure of the program set forth by the Memorandum of Agreement (MOU). VBCPS has negotiated an hourly rate for four different CHKD staff members: administrator, clinical oversight, and two clinicians. VBCPS pays hourly for the services as needed. Because of this structure, VBCPS pays as the services are needed and staff members are employed by CHKD rather than VBCPS, further keeping costs down.

Cost and Future Plans

This section focused on the cost to implement the Bridge Program to the school division. Cost data were collected from the Office of Student Support Services. The Bridge Program was funded by the ESSER III Grant in 2023-2024; therefore, there was no cost to the division. The total cost for the 2023-2024 school year based on

invoices from CHKD was $152,626. This cost included staff (i.e., mental health training services by a licensed professional counselor [LPC], a licensed clinical social worker [LCSW], and a Master of Social Work [MSW], and administrative oversight), Securly (i.e., call coverage and call back), curriculum development and mental health education training, and project supplies and other miscellaneous expenses. According to the Office of Student Support Services in 2024-2025, the program will continue and will be funded by the VBCPS Office of Psychological Services.

General Perceptions of Behavioral and Mental Health Supports for Students

The last evaluation question focused on general perceptions of behavioral and mental health supports for students from all staff at all schools who responded to the survey. On the survey, staff were provided general questions about behavioral and mental health supports for students at their school, which could include staff, programs, or services to assist students. As noted previously, although not the focus of this evaluation, VBCPS offers other behavioral and mental health supports to all students throughout the division, such as through school counselors, behavior intervention specialists, Student Response Teams (SRT), PBIS, and Care Solace.

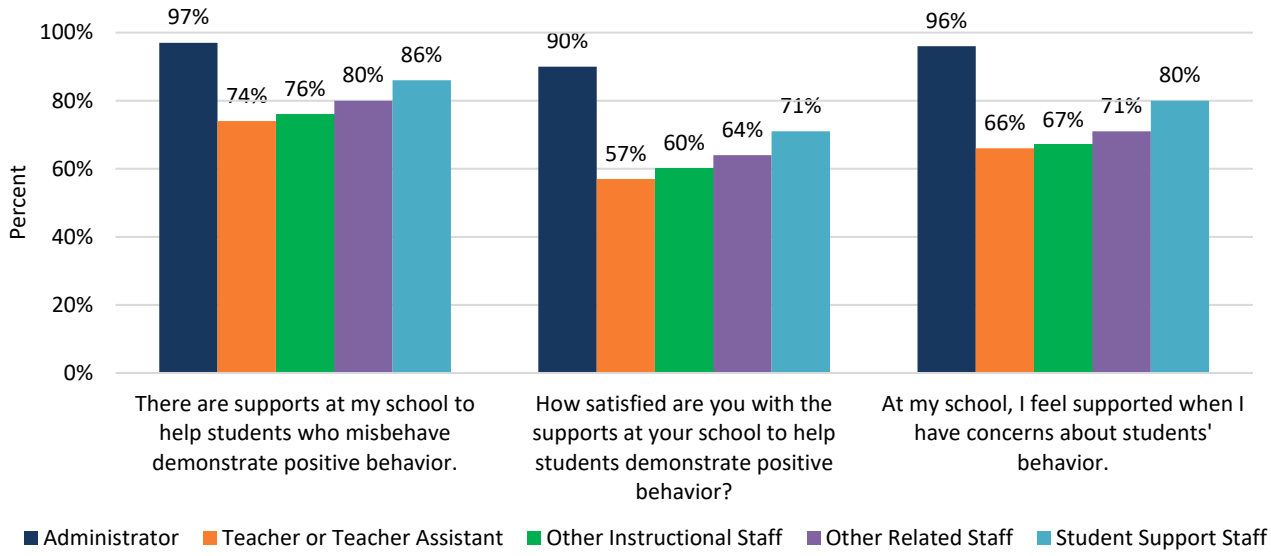
When surveyed about their general perceptions of supports for student behavior at their school, 76 percent of staff agreed there were supports at their school to help students who misbehaved demonstrate positive behavior (see Table 53). Slightly higher percentages of secondary staff (77%-78%) agreed with this item than elementary school staff (74%). Lower percentages of staff indicated they were satisfied with the supports at their school to help students demonstrate positive behavior (61%). Agreement by level ranged from 59 percent at middle school to 62 percent at high school. Overall, 69 percent of staff agreed they felt supported when they had concerns about students' behavior. A higher percentage of high school staff (75%) agreed with this item compared to elementary school (66%) and middle school staff (63%).

Table 53: General Staff Perceptions of Behavioral Supports for Students

Survey Items	Elementary	Middle	High	Total
There are supports at my school to help students who misbehave demonstrate positive behavior.	74%	77%	78%	**76%**
How satisfied are you with the supports at your school to help students demonstrate positive behavior?	60%	59%	62%	**61%**
At my school, I feel supported when I have concerns about students' behavior.	66%	63%	75%	**69%**

General perceptions of behavior supports for students were analyzed by staff group (see Figure 5). Overall, administrators had the most positive perceptions (90%-97%), followed by student support staff (71%-86%), and staff in other related positions (64%-80%). Instructional staff, including teachers or teacher assistants and other instructional staff, had lower agreement and satisfaction percentages (57%-76%).

Figure 5: General Staff Perceptions of Behavioral Supports for Students by Staff Group



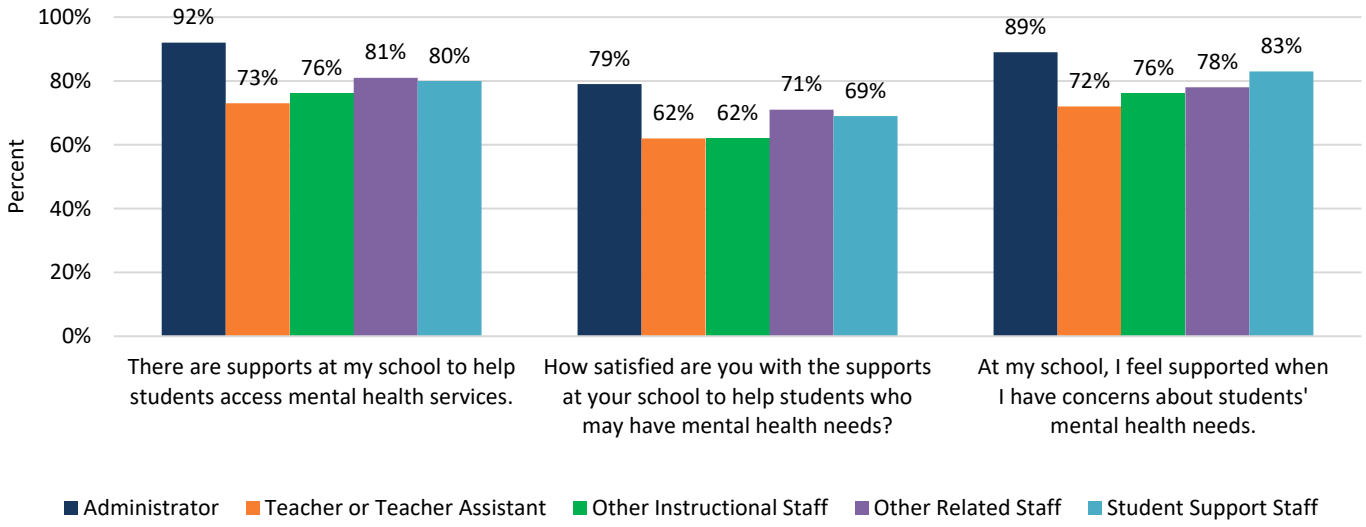
When surveyed about their general perceptions of mental health supports at their school, 75 percent of staff agreed there were supports at their school to help students access mental health services (see Table 54). Higher percentages of secondary staff (75%-83%) agreed with this item than elementary school staff (68%). Lower percentages of staff indicated they were satisfied with the supports at their school to help students who may have mental health needs (64%). Agreement by level ranged from 59 percent at elementary school to 70 percent at high school. Overall, 74 percent of staff agreed they felt supported when they had concerns about students' mental health needs. A higher percentage of high school staff (82%) agreed with this item compared to middle school (71%) and elementary school staff (69%). The majority of staff (95%) agreed the staff in their school cared about students' well-being and mental health.

Table 54: General Staff Perceptions of Mental Health Supports for Students

Survey Items	Elementary	Middle	High	Total
There are supports at my school to help students access mental health services.	68%	75%	83%	**75%**
How satisfied are you with the supports at your school to help students who may have mental health needs?	59%	63%	70%	**64%**
At my school, I feel supported when I have concerns about students' mental health needs.	69%	71%	82%	**74%**
The staff in my school care about students' well-being and mental health.	94%	95%	96%	**95%**

Figure 6 displays general perceptions of mental health supports for students analyzed by staff group. Overall, administrators had the most positive perceptions (91%-79%), followed by student support staff (83%-69%) and other related staff (81%-71%). Instructional staff, including teacher or teacher assistants had the lowest agreement and satisfaction percentages (62%-76%).

Figure 6: General Staff Perceptions of Mental Health Supports for Students by Staff Group



Additional analyses were conducted to gauge whether staff at schools where additional behavioral and mental health supports for students were available had different perceptions. General perceptions for staff who worked at schools that operated the school-specific initiatives described in this report were compared with perceptions of staff who did not work at these schools. Overall, the agreement percentages regarding the general survey items were similar or slightly lower for staff at schools that operated the school-specific initiatives (i.e., differences of 3 to 5 percentage points), with the exception of the item about feeling supported when having concerns about students' mental health needs. For this item, there was a notably lower percentage of staff who agreed with this item at the selected schools operating the school-specific initiatives (66%) compared to the other schools (75%). The slightly lower perceptions of staff at schools where the specific initiatives were operating may suggest that the needs of students at these schools were greater and that implementing these initiatives at the selected schools was based on the school community's needs.

Staff were asked two open-ended questions on the survey providing them the opportunity to provide any thoughts they had about the behavioral supports offered to students and provide any thoughts they had about the mental health supports offered to students.

Overall, 367 staff members (25%) provided a comment about thoughts they had about the behavioral supports offered to students. The most common comment from staff about behavioral supports offered to students was the need for more staff to support programs or services. Staff suggested more counselors, psychologists, behavior support specialists, student support specialists, and mental health professionals. Many staff commented that the case load that these current staff members currently have is too large, and the needs of the students outweigh their capacity to help. The second most common comment from staff was a need for more student accountability for behavior. Many staff members commented that students were not held accountable or did not have consequences for their behavior, and there was a lack of consistency in how certain behaviors were addressed. Some staff mentioned they lacked support from their administration. The third most common comment from staff was questioning the effectiveness of the current behavioral supports in place. Some staff members noted they were not seeing a change in students' behavior with the current supports in place.

Overall, 238 staff members (16%) provided a comment about thoughts they had about the mental health supports offered to students. The most common comment from staff about mental health supports was a

general need for more supports and services for students. In general, staff acknowledged that schools have some supports, but it is not enough to support the needs of the students at their schools, and they felt as though services and staff's responsibilities outweighed the students' needs. Some staff members were able to articulate the specific support or service they felt their school needed and typically discussed the need for more trained staff members like counselors or behavior support specialists, while other staff members requested more training. The second most common comment was a lack of awareness of the mental health supports that the division or school offered or wanting more information on the available supports. Some staff members commented they knew schools had counselors and there were supports available, but they were unaware of what the supports were. The third most common comment from staff about mental health supports was strengthening parent partnerships. Staff wanting to strengthen parent partnerships manifested in several ways in staff comments. For example, staff commented that schools were supporting students' mental health, but it was not being followed through at home. Another example was parents choosing not to have their students participate in the programs that their students could benefit from.

Examining comments across both open-ended survey items, staff members in many cases were not able to specifically define what it was they needed to improve the current supports within the division or at their school, but they recognized there was room for growth in order to better meet their students' needs.

Summary

As the country has entered the "postpandemic" era, schools across the country have witnessed an unprecedented rise in mental health and behavioral challenges. In 2021, the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association declared a national state of emergency for child and adolescent mental health.[68] Mental health influences how an individual thinks, feels, behaves, and interacts with others.[69] VBCPS has recently created or expanded several initiatives aimed to support students' behavioral and mental health. Six of these initiatives were the focus of this evaluation: Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools, BASE Program, Rapid Response, and Bridge Program. These six initiatives offered supports at different school levels and were viewed within a tiered continuum of behavioral and mental health supports for students comprised of evidence-based practices within the VBCPS Integrated Systems of Support framework. Initiatives also differed in whether they were accessible to students throughout all schools at the applicable school level based on referral processes (i.e., BASE Program, Rapid Response, and Bridge Program) or select schools only (i.e., Responsive Practices, Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools). Across the six initiatives, the following areas were identified as themes of goal areas: student behavior and discipline, social and emotional learning skills, well-being and mental health, absenteeism, and empowering teachers and increasing capacity to address student needs and manage the classroom learning experience. The initiatives are summarized in Table 55.

Table 55: Overview of Six Behavioral and Mental Health Supports Initiatives

Initiative	Tier	Participants	Purpose
Responsive Practices	Tier 1	Two elementary schools	Increase social-emotional skills or sense of belonging
Schoolwide Behavior Intervention Support Professional Learning	Tiers 1, 2, and 3	Five elementary schools	Reduce negative behaviors that impact instruction and academic performance, provide layer of support for schools
Communities in Schools	Tiers 1, 2, and 3	Six elementary, middle, and high schools	Leverage community resources to reduce chronic absenteeism, although each school has a specific focus
Behavior and Social Emotional (BASE) Program	Tier 3	K-5 general education students	Teach coping strategies, problem solving skills, and social skills needed for school and behavior management
Rapid Response	Tier 3	Pre-K-5 students	Provide behavioral health screening, assessment, consultation, referral, and linkage to community-based services
Bridge Program	Tier 3	6-12 students	Provide mental health screening, short-term intervention (therapy), and/or coordination and referral to ongoing mental health services in the community

On a survey sent to teachers and teacher assistants, administrators, other instructional staff (e.g., reading specialists, instructional technology specialists), student support staff (e.g., psychologists, school counselors, student support specialists), and other staff relevant to the initiatives (e.g., nurses, security personnel), staff were asked to indicate which behavioral and mental health supports initiatives they were familiar with. When surveyed about the initiatives accessible to students at all elementary schools, 43 percent of elementary school staff who responded to the survey indicated they were familiar with the BASE Program, while 28 percent were familiar with the Rapid Response Program. A lower percentage of secondary staff who responded to the survey indicated they were familiar with the Bridge Program (16%), which is accessible to students at all secondary schools through a referral process. Higher percentages of elementary school administrators (from 78%-85%) and student support staff at all levels (72%-86%) indicated they were familiar with these programs. Approximately half of secondary administrators (54%) indicated they were familiar with the Bridge Program. Much lower percentages of teachers at all levels (from 9%-36%) indicated that they were familiar with these programs. When staff at schools that operated initiatives offered to select schools only were surveyed, nearly all staff who worked at the select schools operating the Schoolwide Behavior Intervention Support Professional Learning (97%) and Responsive Practices (93%) initiatives indicated they were familiar with the initiative, while 66 percent of staff who worked at the select schools operating Communities in Schools indicated they were familiar with the initiative.

Responsive Practices

The Responsive Practices initiative within VBCPS is rooted in the Responsive Classroom philosophy, which is comprised of Tier 1 practices designed to create safe, joyful, and engaging classrooms and school communities for both students and teachers. During the 2023-2024 school year, the Responsive Practices initiative was implemented with all teachers and students at two schools, Brookwood and White Oaks elementary schools. The focus of the Responsive Practices initiative at Brookwood was to increase social-emotional skills, including increasing positive behaviors, while the focus was to increase student sense of belonging due to the transient military population at White Oaks. Morning meeting was selected as the primary practice at Brookwood to meet the school's goals, and it involved the classroom gathering in a circle at the beginning of each day and proceeding through the greeting, sharing, group activity, and morning message. At White Oaks, teachers could choose between either teacher language or interactive modeling in their classroom at White Oaks. Teacher

language is the professional use of words, phrases, and pace to enable students to engage in active, interested learning; be contributing members of a positive learning community; and develop positive behaviors. Interactive modeling is a process that explicitly teaches students an academic or social skill, routine, or procedure. When surveyed, 80 percent of staff who indicated morning meeting was their focus area for 2023-2024 agreed morning meetings as part of responsive practices have helped increase students' positive behaviors. All teachers (100%) who indicated teacher language was their focus area agreed teacher language helped improve students' sense of belonging, and 71 percent of teachers who indicated interactive modeling was their focus area agreed that interactive modeling helped improve students' sense of belonging. Themes from staff survey responses regarding what worked well with Responsive Practices included reference to morning meetings in general, students responding well to the practices (e.g., being engaged, learning), building positive relationships or community, and providing teachers with a different perspective. The primary themes from staff regarding improvement areas focused on more staff buy-in and consistency in practices. The total cost to the school division for the Responsive Practices initiative for the 2023-2024 school year was $18,369. As of October 2024, it was determined that there will not be a continuation or expansion of the Responsive Practices initiative in its current form based on the needs of the schools and budget constraints.

Schoolwide Behavior Intervention Support Professional Learning

The Schoolwide Behavior Intervention Support Professional Learning initiative is grounded in Behavior Intervention Support Team (BIST) practices, which empower educators to partner with students to develop emotional awareness and positive coping skills. During the 2023-2024 school year, the Schoolwide Behavior Intervention Support Professional Learning initiative was implemented with staff at five elementary schools: Diamond Springs, Newtown, Parkway, Thalia, and Bettie F. Williams. The initiative involved multiple professional learning opportunities and support through the Cornerstones of Care organization. With implementation during the first year being flexible, principals determined the level and timelines of professional learning for their staff and the concepts of BIST that would be implemented. The various supports provided through the Schoolwide Behavior Intervention Support Professional Learning initiative were also available to students at these schools at multiple tiers, including Tiers 1, 2, and 3. One component of BIST involves staff using common language when working with students. For example, staff should use specific language when talking about the goals for life (e.g., "students can make good choices even if they are mad") and the missing skills ("students can't be mad without getting in trouble."). Students who needed additional support due to disruptive behavior were provided with opportunities to learn replacement or missing skills. BIST offers intervention strategies for students who engage in disruptive behavior, which can include the safe seat (a separate seat within the classroom), the buddy room (a seat within a partner classroom), and the focus room (a room separate from the classroom). Schools could determine which of these aspects were implemented during 2023-2024. All schools (N=5) implemented the focus room, four schools implemented the safe seat, and one school implemented a buddy room. When using these strategies, students are supported in learning appropriate skills and held accountable for their behavior by processing the situation with staff. When staff who were involved with the initiative were surveyed, overall 77 percent of staff indicated the focus rooms helped improve student behavior to a large or moderate extent. In addition, 75 percent of staff agreed the BIST professional learning helped empower them with the language, systems, and structures to help students with behavior concerns, and 72 percent agreed the professional learning provided them with the knowledge and tools to manage student behavior. Additionally, 59 percent agreed the information they learned from the BIST professional learning allowed them to decrease disruptive behavior in the classroom or other school setting. Based on information gathered as part of the evaluation process, there was variability across the schools in the information provided to parents about the BIST practices. While some schools leveraged free virtual learning sessions for parents through Cornerstones of Care and communicated BIST information through Family Newsletters, other schools provided limited information to parents. When staff were surveyed about parents' understanding, overall, 32 percent of staff agreed that parents/guardians understood the

school's approach to implementing supports and strategies to help students change unproductive behaviors. Themes from staff survey responses regarding what worked well included using common, consistent language; having the specific intervention strategies (i.e., focus room, safe seat, buddy room); and consistency of expectations within the school. The primary themes from staff regarding improvement areas focused on more professional learning for all staff; lack of consistency, fidelity, and buy in from all teachers; and lack of parent information, involvement, and accountability. Related to the theme of more professional learning, training was offered by Cornerstones of Care across three days at the end of June 2024 for staff at the five schools implementing Schoolwide Behavior Intervention Support Professional Learning in preparation for the 2024-2025 school year. In total, 136 staff members participated in this training. The cost of the Schoolwide Behavior Intervention Support Professional Learning initiative for the 2023-2024 school year was $351,852. With ESSER Grant and Title I Grant funding, the total cost to the school division was $222,683.

Communities in Schools

During 2023-2024, the Communities in Schools (CIS) initiative operated in six VBPCS schools: Newtown Elementary, Williams Elementary, Bayside 6, Bayside Middle, Larkspur Middle, and Bayside High. The CIS initiative uses a tiered approach to provide various supports to students, including connecting students and families with community resources through a CIS site coordinator. CIS site coordinators worked with school administrators to identify two schoolwide goal areas for the school year, such as attendance, student behavior and discipline, or parent engagement. Resources and supports offered schoolwide generally leveraged community partnerships to work towards these goal areas. At this schoolwide level, a total of 15,952 students participated in 72 events across the six schools throughout the 2023-2024 school year. Baseline data obtained from the CIS initiative related to schoolwide goals showed that four of the six schools met at least one of their schoolwide goals during the 2023-2024 school year. Two of these six schools met both of their goals, while the other two schools met only one of their goals (one of the schools showed progress was made toward that goal). In addition, two schools did not meet either of their two goals and did not demonstrate progress towards meeting them based on CIS monitoring of goals. Another part of the Communities in Schools tiered support model is providing individualized supports and resources to a smaller number of individual students who are considered to be on the CIS site coordinators' caseloads. There was a total of 383 students on the caseloads of all six CIS site coordinators throughout the 2023-2024 school year. Students were referred for CIS services and had goals in the areas of academics, attendance, behavior, or social and emotional learning. When on the CIS site coordinators' caseloads, CIS site coordinators worked with students individually and in small groups, as well as conducted regular check-ins and served as mentors or as a safe space for the students. Overall, 91 percent of staff who were familiar with the CIS initiative at their school agreed the CIS initiative provided useful resources and support for families. Baseline data available from the CIS initiative showed the majority of students who had goals in the areas of attendance (71%), behavior (69%), and social and emotional learning (77%) met their goal. A lower percentage of students who had an academic goal (39%) met their goal during 2023-2024, but an additional 34 percent focusing on academics made progress toward their goal. Themes from staff survey responses regarding what worked well included general characteristics of the coordinator, developing relationships with students and parents, and providing general support. The primary themes from staff regarding improvement areas focused on awareness of the program, communication or collaboration with staff of students on the coordinator's caseload, and expansion of the program. The cost of the CIS initiative for the 2023-2024 school year was $398,640, all of which was funded by ESSER Grant funds and the CIS of HR funds. Therefore, there was no cost to the school division for the CIS initiative during 2023-2024.

Behavior and Social Emotional (BASE) Program

The BASE Program is a short-term (6-9 weeks) intervention for general education students who demonstrate aggressive, disruptive, or defiant behavior or poor social skills across multiple environments. The program is housed at Windsor Oaks Elementary School and is available to all elementary schools throughout the school division. It is not an alternative school, change of placement, or discipline placement. The focus of the BASE Program is to teach students coping strategies, problem solving skills, and social skills needed for school and behavior management. The BASE Program is a Tier 3 intervention primarily for students in K-2. In 2023-2024, it was planned that the program would expand to include students in grades 3-5. However, due to staffing challenges in the fall of 2023, the expansion was temporarily paused. Beginning in February 2024, the program adjusted its staffing model and had the capacity to accept students in grades 3-5, although no students in grades 3-5 attended during the year. Throughout the 2023-2024 school year, 29 students enrolled in the BASE Program at some time. Almost half of the students (45%) were in kindergarten and the majority (86%) were male. Overall, 85 percent of elementary school staff agreed they understood the purpose of the BASE Program. Additionally, 78 percent of staff agreed they understood the process for identifying or referring a student who could benefit from attending the BASE Program. Additionally, 90 percent of parents whose student attended the program agreed they understood the purpose of the BASE Program. BASE staff were with the students the entire day at Windsor Oaks. The structure of the day typically included: Breakfast/Morning Work, Morning Meeting/Goal Setting, Math/Reading/Writing, Preferred Activity Time (PAT), Lunch, P.E., Social Emotional Learning, Math/Reading/Writing, Structured Movement, Drop Everything and Read (DEAR), PAT, Dismissal/Debriefing. All students were monitored using a daily feedback document. All staff members (100%) indicated social emotional learning groups helped support students' needs to a large extent. Overall, 80 percent of parents of students who attended the program agreed the token economy was helpful in motivating their child. Overall, 76 percent of staff involved with the program agreed the BASE program provided students with useful strategies to help their emotional regulation and behavior. Themes from staff survey responses regarding what worked well included the program was effective at improving students' behavior, the advantages of a small-group setting, and having the program as an option for students. After 6-8 weeks, the student is transitioned back to the home school with specific tools in place to help students be successful after this one-time intervention. However, parents' perceptions of the transition process suggested the need for additional supports to ensure the transition is successful. Of the parents who responded to the survey, 25 percent agreed their child's transition from the BASE Program back to their home school was successful, and 25 percent of parents agreed their child had the support he/she needed after returning to his/her home school. From the staff perspective, 75 percent of staff members who worked with a student who was in the BASE Program but did not refer them agreed the process for transitioning a student from the BASE Program back to their home school was clearly communicated in the Student Response (SRT)/Section 504 Meeting. When asked about what could make the BASE program more beneficial, staff members reported that students had difficulty transitioning back to the classroom setting. Comments related to these difficulties focused on the academic demands and the challenge of implementing the support systems or strategies that were provided by the BASE team in the traditional classroom setting. Improving the transition process for students back to their home school's classroom setting is an important component to ensuring the future success of students who have participated in the BASE Program. The total cost to the school division for the BASE program for the 2023-2024 school year was $494,521.

Rapid Response

In partnership with the Child and Youth Behavioral Health (CYBH) division with the City of Virginia Beach, Rapid Response provides referred elementary students with behavioral health screening, assessment, consultation, referral, and linkage to community-based services. During the 2023-2024 school year, 58 students were referred to Rapid Response, with kindergarten and second grade having the largest number of students

referred (N=11 student referrals respectively). Rapid Response begins with a student referral typically initiated by the school's administrator and sent to the CYBH by the Office of Student Support Services. Rapid Response licensed clinicians conduct student assessments at the student's school after obtaining parent consent. Following the assessment and any other information collected, the clinician writes-up the recommendation and conducts a consultation with the family to discuss the outcome, which is typically through Zoom or a phone call. CYBH recommendations can include therapy, such as Parent-Child Interaction Therapy, family or group therapy, or medication management. The most common reasons for referral to Rapid Response were disruptive behavior (33%) and emotional regulation (33%). When staff who referred a student to Rapid Response were surveyed, 81 percent agreed Rapid Response was effective at providing students and families recommendations for treatments. Staff who were familiar with Rapid Response were surveyed about what worked well and what could make the program more beneficial. Themes from staff survey responses regarding what worked well included the program being a useful resource or service for families and after families gave verbal consent, Rapid Response clinicians reached out in a timely manner. The primary themes from staff regarding improvement areas focused on better communication regarding the purpose and process to refer students to Rapid Response. Staff members also reported wanting to be better informed about students' progress during and after receiving services. Rapid Response is funded through the Virginia Department of Behavioral Health and Developmental Services. With the collaboration with the City of Virginia Beach, there was no cost to the school division for the Rapid Response initiative.

Bridge Program

In partnership with the Children's Hospital of The King's Daughters (CHKD), the Bridge Program provides secondary students in grades six through twelve with mental health screening, short-term intervention, or coordination and referral to ongoing services in the community. The Bridge Program aims to reduce the need for inpatient psychiatric hospitalization by offering students four to six weeks of interim care which may include individual therapy, group therapy, and medication management with a psychiatrist. Overall, 87 percent of secondary staff members agreed they understood the purpose of the Bridge Program. In the 2023-2024 school year, 111 students were referred to the Bridge Program, and all the referrals were conducted by school counselors. About the same percentage of females (50%) and males (49%) were referred to the program. Sixth grade had the largest number of students referred with 29 students followed by eighth grade with 27 students. The most common reason for referral included mood (27%). The Bridge Program has two other components: a partnership with the Office of Security and Emergency Management (OSEM) to assist with after-hours safety-related alerts through Securly to identify concerning student behavior and Wellness Up, a small-group program run by CHKD clinicians aimed at helping students develop an understanding of oneself, manage stress, and conflict. In the 2023-2024 school year, two groups, totaling 34 middle school students participated in Wellness Up. Overall, 93 percent of staff agreed the Bridge Program was effective at providing students with direct mental health services. Themes from staff regarding what worked well noted that the program is a useful resource or service for families and the program allowed students to get the help they needed quickly. The primary themes for staff regarding improvement areas focused on better communication regarding greater awareness of the program among staff members and staff wanting more information regarding the progress of students and how to best support them once the services were completed. The total cost of the Bridge Program for the 2023-2024 school year based on invoices from CHKD was $152,626, and this cost was funded by the ESSER III Grant. Therefore, in 2023-2024, there was no cost to the school division.

General Perceptions

The final section of the evaluation focused on general perceptions of behavioral and mental health supports for students from all staff at all schools who responded to the survey. On the survey, staff were provided general questions about behavioral and mental health supports for students, which could include staff,

programs, or services to assist students. Although not the focus of this evaluation, VBCPS offers other behavioral and mental health supports to all students throughout the division, such as through school counselors, behavior intervention specialists, and Student Response Teams (SRT). When surveyed about their general perceptions of supports for student behavior, 76 percent of staff agreed there were supports at their school to help students who misbehaved demonstrate positive behavior, and 69 percent agreed they felt supported when they had concerns about students' behavior. In addition, 61 percent indicated they were satisfied with the supports at their school to help students demonstrate positive behavior. When surveyed about their general perceptions of mental health supports, the majority of staff (95%) agreed the staff at their school cared about students' well-being and mental health. Lower percentages of staff agreed there were supports at their school to help students access mental health services (75%) and that they felt supported when they had concerns about students' mental health needs (74%). Lower percentages of staff indicated they were satisfied with the supports at their school to help students who may have mental health needs (64%). Analyses of general perceptions by staff group showed more positive perceptions for administrators (79%-97%) followed by student support staff (69%-86%) and other related staff (64%-81%). Instructional staff, including teachers or teacher assistants and other instructional staff, had the lowest agreement and satisfaction percentages (57%-76%). When all staff who responded to the survey had the opportunity to provide general comments related to behavioral and mental health supports, the most common comment from staff about behavioral supports offered to students was the need for more staff to support programs or services (e.g., counselors, psychologists, behavior support specialists, student support specialists, and mental health professionals). The most common comment from staff about mental health supports was a general need for more supports and services for students. In addition, a common theme was a lack of awareness of the mental health supports that the division/school offered or wanting more information on the available supports.

Recommendations and Rationales

Recommendation #1: Continue the Behavioral and Mental Health initiatives with modifications noted in recommendations 2 through 6. *(Responsible Groups: Department of School Leadership; Department of Teaching and Learning - Office of Student Support Services)*

Rationale: The first recommendation is to continue the Behavioral and Mental Health initiatives with modifications noted in the recommendations below. Based on School Board Policy 6-26, following an evaluation, a recommendation must be made to continue the initiative without modifications, continue the initiative with modifications, expand the initiative, or discontinue the initiative.

Recommendation #2: Publicize the Behavioral and Mental Health supports more widely across the division to all school staff members along with the types of needs the initiatives address. *(Responsible Groups: Department of School Leadership; Department of Teaching and Learning - Office of Student Support Services)*

Rationale: The second recommendation is to publicize the Behavioral and Mental Health supports more widely across the division to all school staff members along with the types of needs the initiatives address. This includes supports that are accessible to students throughout the division if a need is identified (e.g., BASE, Rapid Response, Bridge), as well as school-specific initiatives (e.g., Communities in Schools). On the survey, staff were asked to indicate which behavioral and mental health supports for students they were familiar with. Familiarity was defined as ranging from hearing or knowing about an initiative to being actively involved in implementing the initiative. Overall, 43 percent of elementary school staff indicated they were familiar with the BASE Program, while 28 percent were familiar with the Rapid Response Program. A lower percentage of secondary staff indicated they were familiar with the Bridge Program (16%). Higher percentages of elementary school administrators (from 78%-85%) and student support staff at all levels (72%-86%) indicated they were familiar with these programs. Approximately half of secondary administrators (54%) indicated they were familiar with the Bridge Program. Much lower percentages of teachers at all levels (from 9%-36%) indicated they were familiar with these programs. Although teachers may not be the official individuals referring the students to these programs, especially in the cases of the Bridge and Rapid Response programs, it is important that teachers have an awareness of these programs because teachers interact with students daily. Teachers should be aware of the types of initiatives that are available to support students' behavioral and mental health. In addition, when staff at the select schools that operated the Communities in Schools initiative were surveyed, approximately 66 percent indicated they were familiar with the Communities in Schools initiative. The Communities in Schools initiative is a schoolwide initiative offering supports to students across the school community. A theme that emerged from staff familiar with Communities in Schools at their school focused on awareness of the program (e.g., lack of awareness of the program specifics, need for clear expectations of roles and responsibilities). All staff who responded to the Behavioral and Mental Health Supports for Students survey were surveyed about their general satisfaction with behavioral and mental health supports at their school. Overall, 61 percent of staff indicated they were satisfied with the supports at their school to help students demonstrate positive behavior (59%-62% depending on level), and 64 percent of staff indicated they were satisfied with the supports at their school to help students who may have mental health needs (59%-70%). Analyses of satisfaction by staff showed more positive perceptions for administrators (79%-90%) followed by student support staff (69%-71%) and other related staff (64%-71%). Instructional staff, including teachers or teacher assistants and other instructional staff, had the lowest agreement and satisfaction percentages (57%-62%). The level of satisfaction among staff may be impacted by a lack of awareness of some of the supports that are currently available. In addition, a common theme among staff was

a lack of awareness of the mental health supports that the division/school offered or wanting more information about the available supports.

Recommendation #3: Improve the process for providing parents with information and resources about Behavior Intervention Support Team practices as implementation continues in selected schools during the 2024-2025 school year. *(Responsible Groups: Department of School Leadership; Department of Teaching and Learning - Office of Student Support Services)*

Rationale: The third recommendation is to improve the process for providing parents with information and resources about Behavior Intervention Support Team (BIST) practices as implementation continues in selected schools during the 2024-2025 school year. During 2023-2024, the five schools implementing Schoolwide Behavior Intervention Support Professional Learning were in the beginning stages of implementation. As implementation continues and school staff become more knowledgeable, it is recommended that improvements be made to the process for providing parent information and resources across the schools. Overall, when administrators were surveyed about whether their school provided information and resources to families to build their understanding of BIST support and strategies, 75 percent of administrators who responded to the item indicated they did (N=4). One school offered training opportunities through Cornerstones of Care and information about BIST was included in Family Newsletters, and another school provided information related to BIST when discussing discipline situations. Staff implementing the initiative also described variability across the schools in the information provided to parents. When staff were surveyed about parents' understanding, 32 percent of staff involved with the initiative who responded to the survey agreed that parents/guardians understood the school's approach to implementing supports and strategies to help students change unproductive behaviors. During site observations and discussion with central office staff, some staff also expressed the importance of the shifting mindsets to view BIST practices as tools to help students learn missing skills rather than being punitive. Staff also noted it was important to communicate with parents about BIST practices focusing on skill development rather than being punitive.

Recommendation #4: Prioritize the identification of behavioral supports that can successfully be implemented after students transition from the BASE Program back to their home school. *(Responsible Group: Department of Teaching and Learning - Office of Student Support Services)*

Rationale: The fourth recommendation is to prioritize the identification of behavioral supports that can successfully be implemented after students transition from the BASE Program back to the home school. Challenges with students' transition from the BASE Program back to the home school were highlighted in comments from both staff and parents. The primary themes from staff regarding improvement areas for the BASE Program focused on the difficulty with the transition back to the traditional classroom setting. Staff members reported students had a difficult time with the academic demands, and some of the support systems or strategies used in the BASE Program were not feasible in the traditional classroom. Some parents also noted that some of the supports that were successful at the BASE Program were not feasible in the home school or the supports were not continued at the home school. Some parents noted that their student had a difficult time transitioning back to the home school and parents who still had students in the BASE Program were concerned about the success of the future transition back to their student's home school. Of the parents of BASE students who responded to the survey, 25 percent reported that their child's transition from the BASE Program back to his/her home school was successful. In addition, prioritizing supports that can be successfully implemented in home schools is directly aligned with one of the goals of the program. According to the Office

of Student Support Services one of the goals of the program is for students to acquire self-regulation skills that can be generalized to their home school learning environment.

Recommendation #5: Continue to work to maximize the opportunities for students to participate in Wellness Up as part of the Bridge Program. *(Responsible Group: Department of Teaching and Learning - Office of Student Support Services)*

Rationale: The fifth recommendation is to continue to work to maximize the opportunities for students to participate in Wellness Up. Wellness Up is a component of the Bridge Program, which is accessible to secondary students divisionwide. Wellness Up is a small group program run by CHKD clinicians aimed at helping students develop an understanding of oneself, manage stress, and manage conflict. Wellness Up sessions were held two separate times during the 2023-2024 school year for 34 middle school students. Wellness Up was offered a third time, but was not held due to a lack of students for the session. However, when staff had the opportunity to provide general comments related to mental health supports divisionwide, the most common comment was the general need for more supports or services. Staff members who had referred a student to Wellness Up had positive perceptions. All staff (100%, N=24) indicated Wellness Up was effective at providing students tools to help support their well-being. The Wellness Up component of the Bridge Program appears to be available and perceived to be effective, but underused. Overall, only 26 percent of secondary staff members who were familiar with the Bridge Program more generally indicated they were also familiar with Wellness Up suggesting that it could be better communicated to staff members and potentially parents.

Recommendation #6: Conduct the outcome evaluation in 2024-2025 focused on progress toward meeting program goals for Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools, and the BASE Program, along with progress related to the recommendations. *(Responsible Group: Office of Planning, Innovation, and Accountability)*

Rationale: The final recommendation is to conduct an outcome evaluation in 2024-2025 focused on the progress toward meeting program goals for Schoolwide Behavior Intervention Support Professional Learning, Communities in Schools, and the BASE Program, along with progress related to the recommendations from the year-one evaluation. While this implementation evaluation provided initial descriptions of the initiative-specific goals and perceptions related to those goal areas, in 2024-2025, the evaluation will focus on analyzing the outcome goals for the initiatives. Due to the sensitive nature of the Rapid Response and Bridge programs, which deal directly with student mental health concerns, and to ensure the confidentiality of students is preserved, data collection for the outcome goals related to the Rapid Response and Bridge programs is not feasible. In addition, due to a shift in focus areas at schools implementing Responsive Practices, the initiative is not continuing in its current format and therefore, data collection will not continue at this time. In addition to analyzing outcome data for select initiatives, the evaluation will monitor the progress related to the recommendation areas noted above through reviews of program documentation, stakeholder surveys, and relevant data.

Appendix

Appendix A

Perceptions of Staff Familiar With Responsive Practices Who Indicated They Worked at Schools Other Than Brookwood or White Oaks Elementary Schools

Survey Item: Please indicate your job category	Administrator	Classroom Teacher or Teacher Assistant	Other Instructional Staff	Other Position	Student Support Staff
Job category (N=274)	7%	68%	18%	< 1%	7%

Type of Involvement	Participated in Professional Learning	Implemented Components
How are you involved in Responsive Practices at your school? (N=268)	55%	63%

Focus of Professional Learning	Morning Meeting	Teacher Language	Interactive Modeling	Energizers	Closing Circle	Other
Which of the following Responsive Practices have you received professional learning on? (N=272)	93%	54%	39%	29%	72%	3%

Focus Area	Morning Meeting	Teacher Language	Interactive Modeling	None
Which of the following area(s) did you focus on during the 2023-2024 school year in your classroom/school? (N=274)	74%	43%	30%	11%

Survey Items	Percent Agreement
I understand the purpose of the Responsive Practices initiative at my school. (N=267)	94%
The professional learning I received on Responsive Practices provided me with the necessary knowledge and tools to use responsive practices in my classroom/school.* (N=226)	86%
The Office of Professional Growth and Innovation staff have provided me with helpful resources and support for implementation.* (N=176)	76%
Overall, implementing Responsive Practices at my school has helped improve student behavior and create a safer classroom.* (N=220)	78%

*Agreement percentage do not include those who indicated responses such as Did Not Participate in Professional Learning, Did Not Work with PGI, or Don't Know/Not Applicable.

Staff Who Selected Focus of Morning Meeting:

Survey Item	Every Morning	Some Mornings	Have Not Started*
How many mornings a week do you start school with a morning meeting? (N=203)	82%	16%	2%

*Respondents who indicated they have not started morning meetings did not respond to additional survey items about morning meetings.

Survey Items	Percent Agreement
Morning meetings as part of Responsive Practices have helped build my capacity to increase students' positive behaviors. (N=193)	90%
Morning meetings as part of Responsive Practices have helped increase students' positive behaviors. (N=192)	86%
Morning meetings as part of Responsive Practices have helped develop my students' self-management skills. (N=193)	80%

Staff Who Selected Focus of Teacher Language:

Survey Items	Percent Agreement
I am confident in my ability to effectively use teacher language to support students. (N=116)	98%
Teacher language has helped improve students' sense of belonging. (N=115)	97%

Staff Who Selected Focus of Interactive Modeling:

Survey Items	Percent Agreement
I am confident in my ability to effectively use interactive modeling to support students. (N=79)	99%
Interactive modeling has helped improve students' sense of belonging. (N=79)	96%

Endnotes

[1]Center for Disease Control Prevention. About Mental Health. https://www.cdc.gov/mental-health/about/index.html
[2]Center for Disease Control Prevention. About Mental Health. https://www.cdc.gov/mental-health/about/index.html
[3] US Department of Education. Supporting Child and Student Social, Emotional, Behavioral, and Mental Health Needs. https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf
[4] Mental Health Disorders. https://my.clevelandclinic.org/health/diseases/22295-mental-health-disorders
[5] https://www.doe.virginia.gov/Home/Components/News/News/340/227
[6] R. Leeb, R. Bitsko, L. Radhakrishnan, P. Martinez., R. Njai., K. Holland. Mental Health-Related Emergency Department Visits Among Children Aged <18 During COVID-19 Pandemic- United States, January 1-October 18, 2020. https://www.cdc.gov/mmwr/volumes/69/wr/mm6945a3.htm
[7] S. W. Patrick, L. E. Henkhaus, J. S. Zickafoose, K. Lovell, A. Halvorson, S. Loch, & M. Letterie (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. Pediatrics, 146 (4). https://publications.aap.org/pediatrics/article/146/4/e2020016824/79686
[8] L. Overhage, R. Hailu, & A. Busch (2023). Trends in Acute Care Use for Mental Health Conditions Among Youth During the COVID-19 Pandemic. JAMA Psychiatry, 80(9): 924-932. https://jamanetwork.com/journals/jamapsychiatry/fullarticle/2806889
[9] National Alliance on Mental Illness. Poll of Parents Amid the COVID-19 Pandemic (2021). https://www.nami.org/support-education/publications-reports/survey-reports/poll-of-parents-amid-the-covid-19-pandemic-2021/
[10] AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/
[11] Center for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS). Leading Causes of Death/Years of Potential Life Lost Module. https://wisqars.cdc.gov/
[12] Institute of Education Sciences, School Survey, Student Behavior, May 2022 Survey, https://ies.ed.gov/schoolsurvey/spp/
[13] N. Malkus, January 2024, Long COVID for Public Schools, https://www.aei.org/wp-content/uploads/2024/01/Long-COVID-for-Public-Schools.pdf
[14] https://www.doe.virginia.gov/data-policy-funding/data-reports/data-collection/special-education
[15] Annual Discipline Presentation, VBCPS School Board Retreat, 2023.
[16] Annual Discipline Presentation, VBCPS School Board Retreat, 2023.
[17] Behavior Intervention Specialist and School Counselor VBCPS Job Descriptions, https://www.vbschools.com/careers/jobs.
[18] Responding to Students' Needs: Student Response Team 2.0. A Guide To Support The Student Response Team Process. (August 2024).
[19] Center on PBIS, What is PBIS? https://www.pbis.org/pbis/what-is-pbis
[20] https://sites.google.com/vbschools.com/vbcpssrt/tier-3-intensive-interventions?authuser=0
[21] https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf
[22] https://mtss.org/overview/
[23] National Association of School Psychologists. The Relationship Between Mental Health and Academic Achievement. Research Summaries
[24] Substance Abuse and Mental Health Services Administration. Mental Health and Academic Achievement. Issue Brief. mental_health_and_academic_achievement.pdf (nh.gov)
[25] K. D. Michael and S. L. Crowley. How effective are treatments for child and adolescent depression? A meta-analytic review. Clinical Psychology Review, 22, 247-269, 2002.
[26] T. W. Baskin, C. D. Slaten, C. Sorenson, J. Glover-Russell, and D. N. Merson. Does psychotherapy improve academically related outcomes? A meta-analysis. Journal of Counseling Psychology, 57(3), 290-296.
[27] Substance Abuse and Mental Health Services Administration. Mental Health and Academic Achievement. Issue Brief. mental_health_and_academic_achievement.pdf (nh.gov)

[28] J. M. Corbin and A. L. Strauss. Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory. Thousand Oaks, California. 2003.
[29] To calculate response rates, staff positions were identified as being in one of these groups; however, staff may have selected a different group on the survey.
[30] Responsive Classroom, https://www.responsiveclassroom.org/
[31] A. Sansone, Personal communication, September 19, 2024.
[32] M. Pezzella, Personal communication, August 23, 2024.
[33] Responsive Classroom, Principles and Practices, https://www.responsiveclassroom.org/about/principles-practices/
[34] Responsive Classroom, Principles and Practices, https://www.responsiveclassroom.org/about/principles-practices/
[35] Responsive Classroom, Principles and Practices, https://www.responsiveclassroom.org/about/principles-practices/
[36] Responsive Classroom, What is Morning Meeting, https://www.responsiveclassroom.org/what-is-morning-meeting/
[37] Office of Professional Growth & Innovation Learning Walk Sheet, Teacher Language
[38] Responsive Classroom, The Power of Teacher Language, https://www.responsiveclassroom.org/the-power-of-teacher-language/
[39] Responsive Classroom, What is Interactive Modeling, https://www.responsiveclassroom.org/what-interactive-modeling/
[40] Within the text, perceptions were not limited to only those staff at the school with the focus area(s) due to the small numbers of respondents. Additional analyses were limited to staff at the school with the focus area(s) and are provided in a note below the tables.
[41] A. Nichols, Personal communication, October 24, 2024.
[42] https://bist.org/about-us/
[43] https://bist.org/model-concepts/
[44] T. Breaux, Personal communication, August 26, 2024.
[45] Central office team interview, March 26, 2024.
[46] https://bist.org/model-concepts/
[47] A. Curney, Personal communication, Interview response March 26, 2024.
[48] T. Breaux, Personal communication, August 29, 2024.
[49] https://bist.org/model-concepts/
[50] Behavior Intervention Support Team (BIST) Handbook. A Program of Cornerstones of Care.
[51] https://bist.org/model-concepts/
[52] Behavior Intervention Support Team (BIST) Handbook. A Program of Cornerstones of Care.
[53] Behavior Intervention Support Team (BIST) Handbook. A Program of Cornerstones of Care.
[54] https://www.communitiesinschools.org/our-impact/
[55] https://cisofva.org/about-us/
[56] https://cisofhamptonroads.org/who-we-are/
[57] T. Breaux, Personal communication, August 26, 2024.
[58] https://cisofhamptonroads.org/who-we-are/
[59] M. Delaney, Personal communication, March 26, 2024.
[60] BASE Playbook.
[61] The Base Program (BASE Pamphlet)
[62] Interview with Adrian Day, March 21, 2024
[63] https://zonesofregulation.com
[64] https://www.ncbi.nlm.nih.gov/books/NBK519670/?scrlybrkr=3e37665a#:~:text=The%20Promoting%20Alternative%20THinking%20Strategies,children%20aged%204%E2%80%9311%20years
[65] Memorandum of Agreement Between the City of Virginia Beach Department of Human Services and Virginia Beach City Public Schools.
[66] A. Chowns, Personal communication, August 29, 2024.
[67] T. Shattuck, Personal communication, October 18, 2024.
[68] AAP-AACAP-CHA Declaration of a National Emergency in Child and Adolescent Mental Health. https://www.aap.org/en/advocacy/child-and-adolescent-healthy-mental-development/aap-aacap-cha-declaration-of-a-national-emergency-in-child-and-adolescent-mental-health/
[69] Mental Health Disorders. https://my.clevelandclinic.org/health/diseases/22295-mental-health-disorders

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Title IX Notice: Complaints or concerns regarding discrimination on the basis of sex or sexual harassment should be addressed to the Title IX Coordinator, at the VBCPS Office of Student Leadership, 641 Carriage Hill Road, Suite 200, Virginia Beach, 23452, (757) 263-2020, Robin.Resse@vbschools.com (student complaints) or the VBCPS Department of School Leadership, 2512 George Mason Drive, Municipal Center, Building 6, Virginia Beach, Virginia, 23456, (757) 263-1088, Robert.Wnukowski@vbschools.com (employee complaints). Additional information regarding Virginia Beach City Public Schools' policies regarding discrimination on the basis of sex and sexual harassment, as well as the procedures for filing a formal complaint and related grievance processes, can be found in School Board Policy 5-44 and School Board Regulations 5-44.1 (students), School Board Policy 4-4 and School Board Regulation 4-4.3 (employees) and on the School Division's website at Diversity, Equity and Inclusion/Title IX. Concerns about the application of Section 504 of the Rehabilitation Act should be addressed to the Section 504 Coordinator/Executive Director of Student Support Services at (757) 263-1980, 2512 George Mason Drive, Virginia Beach, Virginia, 23456 or the Section 504 Coordinator at the student's school. For students who are eligible or suspected of being eligible for special education or related services under IDEA, please contact the Office of Programs for Exceptional Children at (757) 263-2400, Plaza Annex/Family and Community Engagement Center, 641 Carriage Hill Road, Suite 200, Virginia Beach, VA 23452.

The School Division is committed to providing educational environments that are free of discrimination, harassment, and bullying. Students, staff, parents/legal guardians who have concerns about discrimination, harassment, or bullying should contact the school administration at their school. Promptly reporting concerns will allow the school to take appropriate actions to investigate and resolve issues. School Board Policy 5-7 addresses non-discrimination and anti-harassment, Policy 5-44 addresses sexual harassment and discrimination based on sex or gender. Policy 5-36 and its supporting regulations address other forms of harassment.

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