# Quarterly Report

**To:** Dr. Charneta Scott, Project Manager, DC Department of Behavioral Health

**From:** Child Trends Research Team

**Re:** Child Trends Quarterly Report for Quarter 1 (**March – June 2020)** Reporting Period

**Date:** July 15, 2020

# Executive Summary

The Department of Behavioral Health is partnering with Child Trends, a nonprofit research organization, to evaluate the expansion of comprehensive school behavioral health supports in DC and promote continuous quality improvement. Since the contract was awarded on March 26, 2020, the Child Trends research team has engaged in efforts to orient themselves to the expansion, including gaining a better understanding of existing and historical expansion activities and efforts to establish relationships with key stakeholders. In addition to information gathering, Child Trends has begun identifying research priorities for the evaluation through stakeholder engagement. This memo details a summary of the activities conducted by the Child Trends research team over the last quarter.

## Approach

In order to develop an evaluation plan that addresses the needs of students, families, schools, and providers, we will take a multi-stage approach as described below during Year 1. Stakeholder engagement will be a central component of each phase.

### Phase 1: Gather information (Quarter 1)

In this phase, the evaluation team will engage in efforts to orient themselves to the expansion. This will include gaining a better understanding of existing and historical expansion activities and efforts to establish relationships with key stakeholders.

### Phase 2: Set priorities (Quarter 1 & 2)

In this phase, the evaluation team will engage with individuals representing a variety of perspectives—including DC agencies, students, families, school staff, and CBOs/providers—to identify priorities for the evaluation.

### Phase 3: Draft evaluation plan (Quarter 3)

In this phase, the evaluation team will work with DBH, OSSE, and other stakeholders (including the four key stakeholder groups previously listed) to draft an evaluation plan that addresses the priority research questions and is perceived as feasible by key stakeholders. The evaluation plan will be built around the finalized logic model.

## Phase 4: Pilot Evaluation Plan (Quarter 4)

In this phase, the evaluation team will conduct a pilot of the evaluation plan to ensure that data collection activities are feasible and result in information that will be useful in answering the research questions. The ultimate goal of this phase is to ensure the evaluation team is well-positioned to implement the full evaluation plan beginning in Year 2 as described in the contract.

# Summary of activities

The first quarter of this project focused on activities that allowed the research team to become more familiar with school-based behavioral health supports, including crisis intervention, delivered in schools in the District of Columbia. Because these activities were designed to inform all tasks within the contract, we refer to them as cross-task activities. In future reports, we will continue to report on cross-task activities in addition to task-specific activities, as appropriate.

- **Project management and reporting**
    - Kickoff meeting with the full DBH, OCP, and OSSE research team on April 28.
    - Updated Dr. Charneta Scott on project status during weekly check-in and planning meetings between May 7 and June 25. Biweekly meetings began on July 2.
    - Developed a memo summarizing the Year 1 evaluation planning process for DBH that was shared with Dr. Charneta Scott on June 12.
    - Developed a base year workplan for evaluation services of the school behavioral health expansion and a memo summarizing the workplan during the months of May and June. The final workplan was shared with Dr. Charneta Scott on June 26.
- **Crisis intervention services and response, Process evaluation, Outcomes evaluation, and CQI**
    - **Gather information**
        - Reviewed existing materials on the expansion during the months of April and May.
        - Attended Community of Practice sessions in May – July.
        - Attended Coordinating Council on School Behavioral Health meetings in May and June.
    - **Set research priorities**
        - Conducted Delphi method surveys with Coordinating Council committee members between June 4 and 17.
        - Conducted 5 virtual focus groups with stakeholders (charter school behavioral health coordinators, DCPS school behavioral health coordinators, DCPS school clinicians, Coordinating Council Family and Youth Committee, Coordinating Council Implementation Committee) between June 18 and 29.

# Progress toward achievement of the identified goals and objectives

## Project management and reporting

Following project award on March 26, Child Trends attended a kickoff meeting for the project on April 28 with DBH, OCP, and OSSE. Child Trends met weekly with Dr. Charneta Scott to plan and share updates and progress on the project between May 7 and June 25. Over the course of these discussions, Child Trends provided DBH with a summary of the Year 1 evaluation planning process and developed a memo to accompany the base year workplan for evaluation services of the school behavioral health expansion. The final workplan was reviewed by DBH staff and was submitted on June 26; this workplan will guide Child Trends' work and will be used to track progress toward deliverables.

## Information gathering

In order to develop an evaluation plan, it was important for Child Trends' staff to engage in efforts to orient themselves to the expansion during Quarter 1. This included gaining a better understanding of existing and historical expansion activities and efforts to establish relationships with key stakeholders. Child Trends' research team reviewed existing materials that were publicly available on the webpage for the Coordinating Council on School Behavioral Health and documents shared with the research team by DBH, OSSE, and other partners through the project SharePoint page. Team members also attended Community of Practice (CoP) sessions and Coordinating Council on School Behavioral Health meetings to begin establishing relationships with the CoP vendor, clinicians, members of the Coordinating Council, including subcommittee members, and other participants in the CoP sessions. Information gleaned from these documents and meetings were compiled into a draft logic model that was shared with Dr. Charneta Scott. The logic model will continue to be informed by the focus group activities detailed later in this document and will be revised over the summer.

### Project AWARE

Child Trends also had a follow up meeting with the Project AWARE team on June 8 to further define Child Trends' role with Project AWARE's work. During this meeting, Child Trends learned more about the data that Project AWARE collects and how Child Trends should plan to incorporate Project AWARE data and analysis needs into the larger expansion evaluation plan.

## Delphi survey

A critical first step in planning the evaluation is to engage key stakeholders to understand what information would be most relevant to ensure the evaluation results in relevant and actionable findings that ultimately support improved behavioral health outcomes. During the month of June, Child Trends invited members of the Coordinating Council on School Behavioral Health and members of the Coordinating Council's committees to participate in a two-part survey to help identify the information needs of the Coordinating Council and the research questions members most wanted answered for four key stakeholder groups—youth, family members/caregivers, school staff, clinicians. The survey also asked Council and committee members to reflect on what they most want to know in respect to behavioral health supports' response to COVID-19. Results from the Delphi survey will inform the process evaluation, outcomes evaluation, and continuous quality improvement.

Child Trends received a total of 19 responses to the first survey that was administered between June 4 and 9. Nearly half of the respondents were affiliated with a DC government agency, 25 percent were affiliated with the CoP vendor, 16 percent identified as parents, and 10 percent were affiliated with CBOs. There were no responses from DC council members, DC schools (including DCPS or DC Public Charter Schools), parent-facing organizations, youth-facing organizations, or youth.

Using the themes that emerged in the first survey, Child Trends then administered a survey between June 12 and 17 in which respondents were asked to prioritize or rank the themes for each stakeholder group. The survey was sent to members of the Coordinating Council on School Behavioral Health and members of the subcommittees, regardless of whether they participated in the first survey. We received a total of 24 responses to the survey (17 complete, 7 partially complete). About 30 percent of the respondents were affiliated with the CoP vendor, 25 percent were affiliated with a DC Government agency, 17 percent were affiliated with DC schools (including DCPS or DC Public Charter Schools), 13 percent were affiliated with CBOs, and 8 percent identified as parents. Only one respondent was affiliated with a parent-facing

organization and one respondent did not report their affiliation. There were no responses from DC council members, youth-facing organizations, or youth.

The topics, in order of priority, for each stakeholder group, along with the average score for each topic reported, is presented in the table below.

| Youth | Family members/ caregivers | School staff | Clinicians | COVID-19 |
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| Youth awareness of behavioral health supports currently available in school (2.24). | Awareness, among family members/ caregivers, of school-based behavioral health supports currently available, including possible strategies schools can use to increase awareness (2.47). | Staff perception of the role of behavioral health supports in school (2.89). | Perceptions of how integrated CBO clinicians are within the school, including how they think school staff perceive their role versus how they see their role (2.05). | Anticipated effect of COVID-19 on behavioral health supports moving forward. Specifically, COVID-related behavioral health needs, continuity of existing services, how services are delivered (including the use of virtual platforms) and impacts on the future of the expansion more generally (2.62). |
| Challenges that might lead youth to seek behavioral health supports at school (2.86). | Families'/caregivers' experiences with behavioral health supports for youth at school (2.55). | Staff awareness of school-based behavioral health supports and perceived changes in these supports attributed to expansion efforts (2.95). | Clinicians' understanding of their role in the school (ask specifically about each Tier) (2.26). | Perceived impact of COVID-19 on student, family, and school staff behavioral health (3.33). |
| Behavioral health supports youth currently access (including trusted adults) at school, and satisfaction with those supports (2.86). | Challenges that might lead families/ caregivers to seek behavioral health supports for their children at school (3.11). | Staff perspectives on the supports schools offer staff to increase their capacity to enhance student behavioral health (3.29). | Clinician satisfaction with resources/ supports provided by school to carry out their role, including referral process to Tier 2 and 3 supports. Additional resources/supports they would like to see (3.17). | Resources for clinicians that have been helpful, and any resources that are missing. Similarly, resources for CBOs that have been helpful, and any resources that are missing (3.35). |
| Behavioral health supports youth want at school (3.05). | Family members'/ caregivers' perceptions of the effects of behavioral health supports at school (3.64). | Staff perspectives on the effects of behavioral health supports for youth in school (3.40). | Clinician satisfaction with resources/ supports provided by CBO to carry out their role. Additional resources/supports they would like to see (4.18). | Family engagement/ consultation in the response to COVID-19 (3.55). |
| Perceived effects of behavioral health support at school (3.59). | Strategies families/caregivers recommend schools use to support their behavioral health (4.10). | Staff perceptions of whether/how behavioral health supports effectively meet families' needs (3.90). | Perception of the effect of the expansion, especially with respect to expanding services | Ways that interactions of systemic racism and COVID-19 are being addressed (3.82). |

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| | | | and addressing stigma (4.20). | |
| | Challenges that might lead family members/caregivers to seek parenting support for themselves (4.68). | Staff perspectives on the supports schools offer to promote staff wellness (4.00). | Perception of unmet needs among families in the school (this should extend beyond behavioral health needs) (4.47). | Things that clinicians have done to maintain services during distance learning (3.95). |

The results of this two-part survey have and will be presented to the smaller groups of the Coordinating Council, within the subcommittees, for discussion in order to gain further insights. To date, Child Trends has presented the survey results to members of the Family and Youth Committee and the Implementation Committee. Child Trends also presented the research topics and themes that emerged in the first survey in focus groups with DC Public and Charter school-based clinicians to see if any other research topics should be added to the list of priorities generated by the Coordinating Council.

## Focus groups

During the month of June, Child Trends conducted one-hour virtual focus groups with five different stakeholder groups: charter school behavioral health coordinators, DCPS school behavioral health coordinators, DCPS school clinicians, Coordinating Council Family and Youth Committee, and Coordinating Council Implementation Committee. In addition to the these focus groups, Child Trends plans to conduct a focus group with the School and Provider Readiness and Evaluation subcommittees of the Coordinating Council and conduct virtual stakeholder discussions with families, youth, and other school staff and providers during summer 2020. Child Trends is coordinating with the Family and Youth Committee as well as staff at the State Board of Education's Office of the Student Advocate to ensure the format and structure of the activities planned for youth and families are accessible and engaging. The activities and questions asked during the focus groups are far-reaching; results will inform the process evaluation, outcomes evaluation, and continuous quality improvement as well as the crisis intervention and response.

Child Trends used Jamboard, a collaborative, digital whiteboard application, to allow participants to share their thoughts on the process and outcomes evaluation in real time. The first two boards focused on the process evaluation and how the expansion is happening: (1) What activities are part of the expansion of school-based behavioral health services? and (2) What resources are available or still needed to support school-based behavioral health services? The final board focused on the outcomes evaluation and will inform the logic model Child Trends develops. Participants were asked, "If the expansion is effective, what changes would we expect to see? Or what would be different as a result of the expansion?" Responses will inform revisions of the draft logic model.

Following the Jamboard activity and discussion on what is happening, and the changes or outcomes participants would hope to see through the expansion, Child Trends asked focus group participants to think through questions they'd most like to see answered through an evaluation. Participants shared their thoughts using Poll Everywhere, a polling software, for the first three focus groups and using another Jamboard for the later focus groups. Four questions were posed:

1. What questions should we be asking to determine how well the expansion of school-based behavioral health services is being carried out?
2. What questions should we be asking to determine whether the expansion of school-based behavioral health services has been successful in reaching desired outcomes or effects?
3. What questions should we be asking to assess crisis services and response in the District's schools (especially CHAMPS)?
4. What questions should we be asking about how COVID-19 is affecting school-based behavioral health services in District schools?

Child Trends also briefly shared the list of prioritized research topics that were generated from the Delphi survey to assess whether any questions are missing from the list of topics or if the ranking of the topics should be adjusted.

## Challenges

The circumstances related to COVID-19 have impacted some of the activities that have taken place during Quarter 1. Most notably, all focus groups discussions have had to take place online. This required some revisions such as using virtual meeting platforms and virtual whiteboards which, while mostly successful, have been a challenge at times given the need to access technology to participate in the Jamboard activities. Child Trends staff encouraged participants to speak out their contributions or share them in a chat message and then added them to the board for participants experiencing challenges with technology. An additional challenge has been the need to balance project timelines while also prioritizing stakeholder engagement. In general, stakeholders have been quick to respond to invitations to attend focus group discussions or complete surveys. Child Trends anticipates that most stakeholder focus groups will be complete by the end of July or early August, allowing ample time for completing revisions to the logic model and presenting a proposed set of research questions to DBH and other collaborating partners by the end of Quarter 2.

## Next Steps

In the next quarter, Child Trends will finish conducting focus groups with stakeholders to obtain input regarding evaluation priorities. Information from all of the focus groups will guide logic model development, which Child Trends will present to the Coordinating Council for feedback and finalize by August 31. In addition to the logic model, Child Trends should have a draft evaluation plan for the process and outcomes evaluation and the research design, including finalized research questions, for the development and implementation of an evaluation to assess crisis intervention services and response. Child Trends will also establish an advisory group that will consist of 6-8 stakeholders (families, youth, school staff, providers) that will guide and review CQI development work. The activities outlined in the workplan for Quarter 2 are listed below.

- **Project management and reporting**
  - Biweekly meetings with DBH in July, August, and September.
  - Quarter 2 report will be submitted on September 15.
- **Crisis intervention and response**
  - Submit draft research questions based on initial focus group discussions and consultation with DBH for initial review by July 15.
  - Complete focus groups with key stakeholder groups by July 24.
  - Submit draft research design (including finalized research questions) for initial review by July 31.
  - Consult stakeholders as appropriate by August 21.
  - Submit final research design by August 31.
  - Begin data collection by September 30.
- **Process evaluation, Outcomes evaluation, CQI**
  - Conduct up to 6 virtual stakeholder discussions (families, youth, school staff, providers) to obtain input regarding evaluation priorities by July 31.
  - Present logic model to Coordinating Council for feedback by July 31.
  - Finalize logic model by August 31.
  - Submit draft process and outcomes evaluation plan by September 11.
  - Establish CQI advisory group to consist of 6-8 stakeholders (families, youth, school staff, providers) by September 30.