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 2 (**July – August 2020)** Reporting Period

Date: September 11, 2020

Executive Summary

The Department of Behavioral Health (DBH) 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 (CQI). Since Quarter 1, the Child Trends research team has continued to gain a better understanding of expansion activities, foster relationships with key stakeholders, and set research priorities 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, Child Trends 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. During this stage, Child Trends attended Community of Practice (CoP) sessions and Coordinating Council on School Behavioral Health meetings to begin establishing relationships with key stakeholders. The information from stakeholder engagement, combined with a review of existing materials, allowed Child Trends to draft a logic model for the project.

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. Activities within this phase include Delphi method with Coordinating Council committee members, virtual focus groups with stakeholders, and a refined logic model. By the end of Phase 2, a refined logic model and proposed set of research questions for both the process and outcomes evaluation will be submitted to DBH.

Phase 3: Draft evaluation plan (Quarter 3)

In this phase, the evaluation team will work with DBH, the Office of the State Superintendent of Education (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 second quarter of this project focused on activities, including the logic model, that allowed the research team to set research priorities for the project.

- **Project management and reporting**
  - Updated Dr. Charneta Scott on project status during biweekly check-in meetings.
  - Prepared and submitted Quarter 1 report on July 15.
  - Conducted project update meeting with Dr. Bazron, Ms. Paulson, and Dr. Scott on August 4.
  - Determined the data types and sources Child Trends will need access to through conversations with Dr. Scott and emails exchanged with other members of the Coordinating Council. The evaluation team has begun working with Child Trends' Contracting and Compliance team to develop the respective data use agreements. Child Trends shared a draft of the data use agreement for DBH with Dr. Scott on August 26.
- **Crisis intervention services and response**
  - Submitted draft research questions for review on July 15.
  - Submitted draft evaluation plan July 31.
  - Met with members of the Data and Evaluation and Resource and Unmet Need committees of the Coordinating Council to discuss the crisis services evaluation plan on August 12. The draft evaluation plan was shared with committee members and the plan was revised in response to feedback from the August 12 meeting.
  - Drafted five protocols for the crisis evaluation (survey, interview protocol, school focus group protocol, DBH/DCPS crisis response focus group protocol, CHAMPS focus group protocol) and shared with Dr. Scott on August 26.
  - Submitted the final crisis response evaluation on August 31, along with the draft protocols that are listed at the end of the crisis plan. Child Trends requested feedback on the crisis evaluation survey. Child Trends plans to build the survey in the online survey platform REDCap and administer the survey by the end of September.
- **Process and outcomes evaluation**
  - Conducted nine virtual focus groups with stakeholders (SBHE supervisors, CBO clinicians, DBH clinical specialists and TA managers, DBH clinicians, DCPCSB and DCPS school administrators, family members, youth) between July 15 and August 17.
  - Submitted a draft logic model to DBH for review on July 31.
  - Submitted a revised logic model based on feedback from Dr. Scott, the CoP team, and members of the Coordinating Council on August 27.
- **CQI**
  - Attended Coordinating Council on School Behavioral Health meetings in July, August, and September.
  - Drafted a follow-up survey that is intended to be administered every month to anyone that has participated in a DC CoP event and shared the survey with Dr. Scott on August 26. The survey was shared with the CoP team on September 1 for their feedback.

    - Met with the George Washington University CoP team on September 1 to determine the data types and sources that Child Trends will need access to for the evaluation.
- **Other activities**
    - Proposed two options for a resource mapping tool that can help OSSE and DBH staff and other users see what is happening across DC public and public charter schools related to school behavioral health, including which nonprofits and city agencies schools are partnering with and what programs are being implemented. A memo detailing the options, timeline, and recommendations was submitted to DBH on August 25 for feedback.
    - Suggested items for the clinician monthly report DBH will collect, using the logic model as a guide to identify potential items. Recommendations were submitted to DBH on August 26.

Progress toward achievement of the identified goals and objectives

Project management and reporting

Child Trends submitted a quarterly report and summary slides to DBH for the Quarter 1 (March—June 2020) reporting period on July 15; the slides were used to provide a summary of project progress to the Coordinating Council. Over the last quarter, Child Trends continued meeting biweekly with Dr. Charneta Scott to plan and share updates and progress on the project. Over the course of these discussions, Child Trends provided DBH with drafts of the logic model and other project materials that will drive and support the planning and evaluation of the comprehensive expansion of school-based behavioral health services. The Child Trends evaluation team also began working with Child Trends' Contracting and Compliance team to set up data sharing agreements with DBH and the DC CoP.

Information gathering

Though the memo summarizing the evaluation planning process delineated information gathering to Quarter 1, the evaluation team continued to orient themselves to expansion efforts in Quarter 2. Child Trends attended Coordinating Council on School Behavioral Health meetings and met with the DC CoP, OSSE, Dr. Barbara Bazron and Barbara Paulson, and the Data and Evaluation and Resource and Unmet Need committees to learn more about their research question priorities. This information was used to refine the logic model, inform the crisis response evaluation plan and questions, and will be used to inform the draft evaluation plan for the process and outcomes evaluation.

Community of Practice

Child Trends met with the DC CoP on August 13 to discuss the logic model and DC CoP data collection. During these meetings, Child Trends learned more about the data that DC CoP collects and how Child Trends could collaborate with the DC CoP to conduct evaluation activities. Child Trends shared the monthly evaluation survey that will be used to evaluate the DC CoP, as they may administer the survey monthly, and began conversations to establish data use/sharing agreements between Child Trends and the DC CoP.

Focus groups

During the months of July and August, Child Trends conducted one-hour virtual focus groups with nine different stakeholder groups: DBH SMH supervisors, CBO supervisors, CBO clinicians, DBH clinical specialists and TA managers, DBH clinicians, DCPCSB and DCPS school administrators, family members, and youth. In addition to these focus groups, Child Trends met with the Data and Evaluation and Resource and Unmet Need subcommittees of the Coordinating Council. Child Trends coordinated with the Family and

Youth Committee as well as staff at the State Board of Education's Office of the Student Advocate to identify family and youth focus group participants and to ensure the format and structure of the activities planned for youth and families were appropriate.

Like those focus groups conducted in the first quarter, the activities and questions asked during the focus groups in Quarter 2 were far-reaching. For those focus groups with schools, CBOs, DBH, and other professionals, Child Trends used the same activities described in the Quarter 1 report: a Jamboard, a collaborative, digital whiteboard application, activity to allow participants to share their thoughts on the process and outcomes evaluation in real time, and discussion around the questions participants would most like to see answered through an evaluation. Because youth and caregivers were new stakeholder groups that had not participated in June discussions, we summarize the major themes from those conversations below.

Youth and caregiver focus groups

For the youth focus groups, Child Trends facilitated a discussion. The youth focus group activities centered around mental health in schools and the things that are most important to students about their mental health; questions included: (1) When you hear the phrase "mental health" what words come to mind?, (2) What are the most important topics or issues to consider when thinking about providing mental health support to students in schools?, and (3) Do you see these issues being addressed in your school currently? Youth also shared components they viewed as essential to schools with good mental health support for students, which included an additional teacher in the classroom to provide students with both academic and emotional support, a strong bond between students and administrators, teachers and administrators checking-in on students and being able to identify when a student needs help, and students having a clear understanding of the process for getting someone the help they need and resources available for students to get help.

The parent/family member focus groups held a two-part discussion that asked participants to reflect on all they envision for schools that support positive mental health for youth and families and the resources and activities that could support youth and families. Parents shared that most families were not aware of the behavioral and mental health services and resources—both in schools and in the community—available to students, and recommended that schools be proactive about making parents aware of the available services and resources and provide parents with information that is easy to understand. To help parents feel more comfortable in seeking help, focus group participants recommended that schools help parents feel supported and empowered to ask for help, make information about behavioral and mental health services publicly available and accessible (e.g., share a list of available services and resources during parent orientation or back-to-school night), normalize receiving behavioral and mental health support by promoting these services as schools would promote anything else (e.g., state testing, enrollment), and treat parents as valued stakeholders in the expansion (e.g., include parents in the teams that select the CBO clinician).

Youth and family members were compensated for their participation in the focus groups. Results from all of the focus groups conducted during Quarters 1 and 2 were used to inform the logic model and crisis response evaluation plan; the results will also be used to inform the outcomes and process evaluation plan.

Logic model

Child Trends developed a logic model for the project using the results from the 14 focus groups Child Trends conducted during the first two quarters of the project. Child Trends submitted the draft logic model to Dr. Scott and DBH on July 31. The logic model was later shared with Dr. Bazron, Ms. Paulson, the DC CoP

leadership, and the Coordinating Council with the request that feedback on the logic model be sent back to Child Trends via email. Child Trends also held separate calls with the DC CoP leadership and the Data and Evaluation and Resource and Unmet Need subcommittees to review the logic model and identify any gaps. Child Trends submitted a revised logic model based on feedback from these stakeholders to DBH on August 27. Once Child Trends receives final approval on the logic model, Child Trends will use the logic model to inform the draft evaluation plan for the process and outcomes evaluations.

Crisis services and response evaluation plan

During Quarter 2, Child Trends met with DBH leadership and the Data and Evaluation subcommittee of the Coordinating Council on School Behavioral Health to discuss how Child Trends can assess the crisis services and response among DC Public Schools and DC Public Charter Schools. The goal of the assessment is to better understand: (1) the nature of schools' crisis response plans and their experiences with implementing those plans; (2) how CHAMPS services are experienced by schools, youth, and families as well as by CHAMPS staff; (3) perceptions among school staff, youth, families, and CHAMPS staff of potential improvements to crisis services and response; and (4) perceptions among school staff, youth, families, and CHAMPS staff of potential improvements to the crisis services and response to better respond to public health emergencies like COVID-19. Child Trends used feedback from DBH, the Data and Evaluation subcommittee, and results from the Delphi survey and focus groups conducted during Quarter 1 to develop and revise the crisis services and response evaluation plan, which was submitted to DBH on August 31. Along with the evaluation plan and research questions submitted within the August 31 memo, Child Trends also submitted draft protocols for a school survey, school interview, student focus group, parent/caregiver focus group, school focus group, CHAMPS team focus group, and DBH/DCPS crisis team focus group. Child Trends requested feedback from DBH, and any other stakeholders identified by the Department, by September 18, 2020, with respect to the draft protocols. Child Trends will incorporate feedback into final protocols, which will be submitted to DBH by September 30, 2020. Child Trends requested feedback on the school survey sooner rather than later to give Child Trends sufficient time to build the survey in the online survey platform REDCap and administer the survey by the end of the month.

Other activities

Resource mapping tool

Child Trends had a discussion with OSSE about a resource landscape analysis on July 31, which led to a discussion of developing a tool that can help OSSE and DBH staff and other users see what is happening across DC public and public charter schools related to school behavioral health, including which nonprofits and city agencies schools are partnering with and what programs are being implemented. Child Trends understands that OSSE and DBH would like to have at least a beta version of the tool ready for use by the end of 2020 and submitted a memo describing two options, a timeline, and recommendations for the tool. The first option is for Child Trends to build the tool in Tableau, a well-known online software that is often used for data visualization and interactive data tools, that has excellent "off the shelf" capabilities. The second option is for Child Trends to build the tool in Shiny, which is a tool that is developed using the open source statistical software R, that can be used to make highly customized and interactive data visualizations. Child Trends will need approximately four weeks from the time we receive the data to build an initial version of the tool. The data underlying this tool have been compiled by OSSE and their partners at George Washington University's Center for Health and Health Care in Schools (CHHCS). CHHCS expects to have a final data file around the end of September. During the four week period we anticipate it will take to build the tool, Child Trends will have additional conversations about desired functionality, such as identifying the data that OSSE and DBH think is most critical for users to be able to use as filters on maps and tables. Once

the tool has been built and reviewed by the project team, Child Trends would like to hold a session in which other OSSE and DBH staff can test drive the tool, for example, using the tool to answer some of their own questions about SBH services across the District. Following that session and any additional feedback from OSSE and DBH, Child Trends will need two weeks to finalize the tool. We anticipate that the building, testing, and review of the tool will occur during Quarter 3.

Clinician monthly reports

DBH expressed a desire to align the monthly reports CBO clinicians and DBH clinicians are required to submit. DBH asked Child Trends for their support and guidance on how to improve the monthly reporting during a biweekly check-in call on August 13. Child Trends used the logic model to identify potential items and shared the suggested items for the clinician monthly report with DBH on August 26. Child Trends suggested that the report requirements include both monitoring and performance elements. This will allow DBH to be able to know what's going on in the field (e.g., insight into clinicians' satisfaction with how things are going, monitoring clinical services provided) as well as have performance management-related questions that could allow supervisors to check in with supervisees and provide guided feedback based on what is submitted within reports. Child Trends requested DBH review the monthly report and meet with CRP to learn more about the infrastructure of the dashboard system and whether the dashboard can handle the proposed performance management strategies.

Challenges

The circumstances related to COVID-19 have impacted some of the activities that have taken place during Quarter 2. Most notably, all focus group 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. Following the focus group with the Family and Youth subcommittee of the Coordinating Council for School Behavioral Health, Child Trends incorporated feedback from the subcommittee co-chairs on the need to adapt the virtual activities Child Trends used, removing the Jamboard activities so family and youth participants could easily engage in their focus groups without need for a specific technology.

Child Trends also recognized that it may be useful to provide members of the Coordinating Council a capacity building training related to program evaluation to establish common language when discussing evaluation design to ensure high quality feedback on evaluation documents that are shared with the Coordinating Council. Child Trends will plan to host a 60-minute virtual training in September for the committee co-chairs. Child Trends will work with Dr. Scott and the committee co-chairs to schedule the training early in Quarter 3 before offering a second training to all committee members, using feedback from the co-chairs' training to adjust the training materials.

Next steps

In the next quarter, Child Trends will begin to conduct the crisis services evaluation and finalize the expansion evaluation plan to address the priority research questions identified in Quarter 1 and Quarter 2. Child Trends will use the finalized logic model to draft the evaluation plan and work with DBH, OSSE, and other stakeholders to determine the feasibility of the evaluation design. Child Trends will heavily engage with key stakeholders throughout Quarter 3 to identify appropriate data collection activities and key themes to be addressed with each data collection activity; determine the best strategy for engaging

individuals with diverse perspectives; and finalize the evaluation plan. Child Trends will also finalize the 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 3 are listed below.

- **Project management and reporting**
    - Biweekly meetings with DBH in September, October, November, and December.
    - Quarter 3 report will be submitted on January 15, 2021.
- **Crisis intervention and response**
    - Begin data collection by September 30.
    - Complete data collection by December 1.
    - Begin data analysis by December 4.
    - Consult stakeholders to interpret initial findings by January 15.
- **Cross-task activities (process evaluation, outcomes evaluation)**
    - Submit a draft evaluation plan for the process evaluation and outcomes evaluation on September 18.
    - Conduct evaluation capacity-building discussions/trainings with Coordinating Council members in September and October.
    - Consult stakeholders to finalize research design by October 30.
    - Submit final evaluation plan by November 13.
- **Process evaluation**
    - Recruit up to five schools to participate in pilot by December 31.
    - Complete pilot data collection in up to five schools by January 29.
- **Outcomes evaluation**
    - Work with stakeholders to build data collection and storage system and inform the buildout of a secure data transfer and integration system by January 29.
- **CQI**
    - Submit recommendations for clinician monthly reports by September 30.
    - Establish CQI advisory group to consist of 6-8 stakeholders (families, youth, school staff, providers) by September 30.
    - Facilitate advisory group orientation by October 30.
    - Facilitate advisory group meeting to review unmet need and matching process by November 13.
    - Submit recommendations to DBH and Coordinating Council on metrics to identify unmet need and metrics to match schools and CBOs by November 30.
    - Facilitate advisory group to review draft CQI plan by December 11.
    - Submit draft CQI plan to DBH by December 31.
    - Integrate feedback from DBH, CoP contractor, and Coordinating Council on School Behavioral Health by January 29.