School Behavioral Health Crisis Response

Crisis plans and engagement with crisis teams in the District of Columbia

March 2021

Child TRENDS

Executive summary

Overview

The Department of Behavioral Health (DBH) partnered with Child Trends, a nonprofit research organization, to assess the Crisis Services and Response among DC Public Schools (DCPS) and DC Public Charter Schools (DC PCS). Through surveys, interviews, focus groups, and administrative data, Child Trends sought to better understand schools' experiences responding to behavioral health crises including the nature of schools' crisis response plans and how services from the Child and Adolescent Mobile Psychiatric Service (ChAMPS) are experienced.

Key findings

- School staff see crisis plans as adequate with room for improvement.
- Schools do a better job of informing school staff about crisis plans than families.
- School staff and families have a positive view of ChAMPS but see room for improvement.
- School staff have varied expectations about the role of ChAMPS in addressing crises.
- School staff see a need to update school crisis plans to reflect the circumstances of the pandemic.
- The School Behavioral Health Expansion has increased schools' capacity to provide behavioral health supports.

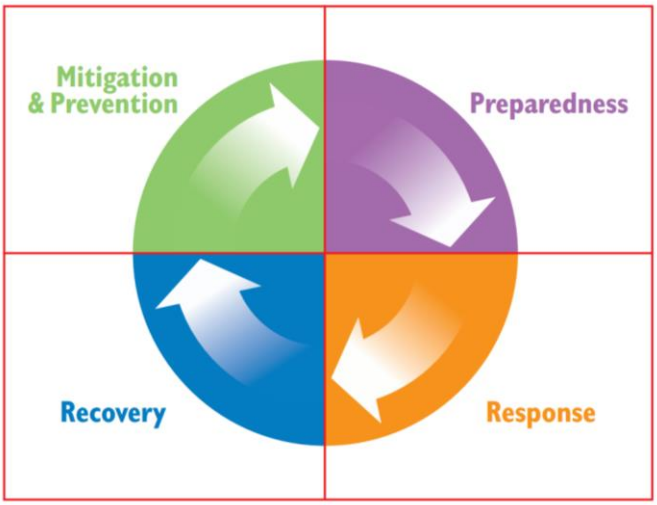
Recommendations

1. Encourage schools to ensure staff are aware of resources to provide crisis supports in a language other than English.
2. Integrate crisis response plans within the larger framework of the Multi-Tiered Systems of Support that the School Behavioral Health Expansion is addressing.
3. Provide schools with guidance on addressing behavioral health crises during remote learning.
4. Encourage schools to take efforts to increase awareness of school crisis plans among families.
5. Increase awareness of the role of ChAMPS among schools across the city.

Background

The Department of Behavioral Health (DBH) partnered with Child Trends, a nonprofit research organization, to assess the Crisis Services and Response among DC Public Schools (DCPS) and DC Public Charter Schools (DC PCS). Through this assessment, Child Trends sought to better understand schools' experiences responding to behavioral health crises including the nature of schools' crisis response plans and how services from the Child and Adolescent Mobile Psychiatric Service (ChAMPS) are experienced.

Crisis planning is an important aspect of ensuring the physical and emotional safety of students and staff. The United States Department of Education has prepared a practical guide for schools that addresses four key phases of crisis management as depicted below. **Mitigation & Prevention** refers to the strategies that schools employ to reduce the potential for crises. For example, robust social and emotional learning initiatives are a way to prevent behavioral health crises by equipping students with knowledge and skills relative to violence prevention and behavioral health promotion. This also includes efforts to foster a positive school climate. **Preparedness** refers to the steps that schools take in advance to be ready to address a crisis. For example, ensuring that the crisis plan is clear and easy to understand and that staff, students, and families are aware of the protocols and procedures for responding to a crisis. **Response** refers to the actions that are taken when a crisis occurs. This includes whether the steps in the plan are actually followed and whether roles and responsibilities are undertaken as outlined. This also includes appropriate involvement of external crisis teams such as ChAMPS. **Recovery** refers to the steps that are taken to restore and maintain a caring and supportive school environment. This includes determining what ongoing supports a student and their family might need to address the circumstances that precipitated the crisis. Such supports might include connections to community-based or school-based behavioral health supports.



How we collected and analyzed the data

Data Collection

From November 2020 through the end of January 2021, Child Trends administered a survey that was completed by school staff in DCPS and DC PCS including school administrators, behavioral health professionals, and classroom teachers representing 139 schools across the city (DCPS = 79; DC PCS = 60). Child Trends received a total of 292 responses. The survey covered topics such as (1) crisis plan content; (2) staff awareness of the crisis plan; (3) adherence to the crisis plan; (4) potential improvements to the content and implementation of the crisis plan; particularly in the context of COVID-19; and (5) engagement with ChAMPS including frequency and satisfaction. Child Trends researchers also facilitated 11 interviews and one focus group in December 2020 and January 2021 with the School Behavioral Health Coordinators at selected DCPS and DC PCS schools that varied in grade levels served and ward; in total, Child Trends spoke to 21 individuals. In November and December 2020, Child Trends researchers also facilitated separate focus groups with three ChAMPS Crisis Specialists, eight ChAMPS Clinical Managers, four members of the DBH Crisis Team, and three members of the DCPS Crisis Team; in total, Child Trends spoke to 18 individuals across these groups. Finally, Child Trends received administrative data from Catholic Charities with respect to ChAMPS, specifically how many engagements each school has had with ChAMPS in SY 2019-20 (see Table 1) and satisfaction survey data from referrals that came from a school during the 2019-20 school year. In total, Catholic Charities shared a total of 138 responses from the ChAMPS satisfaction survey; most survey respondents identified as a parent or family member (*n* = 101). To further understand experiences and satisfaction with ChAMPS' services, specifically from student's parents/families, Child Trends researchers also facilitated two interviews with a total of three parents. See Appendix A for more details.

Data Analysis

Surveys

From the 292 responses, surveys from individuals who only completed the demographics section were excluded from analysis. Two Child Trends researchers also sorted through the responses from each school to identify any duplicate entries (i.e., two responses for the same individual). In these cases, the most complete entry was kept. This resulted in a total of 245 responses, with at least one response from 130 schools (DC PCS = 59; DCPS = 71; see Appendix B). In order to increase comparability across schools, we created a dataset that includes one response per school for a total of 130 survey responses (See Appendix B). Basic descriptive analyses were conducted. Readers should note that, throughout the results section, respondents who selected "Strongly Agree" or "Agree" were combined; the same was done with respondents who selected "Strongly Disagree" or "Disagree."

Interviews, focus groups, and open-ended responses

Child Trends took a content analysis approach to analyze the data from the interviews, focus groups, and open-ended survey responses. The content analysis was conducted by establishing codes based on the research questions for this evaluation and the topics used in the interviews and focus groups; additional codes were added based on the content of the data as well as consensus among the two researchers who conducted the analyses. Once the researchers were finished coding, they examined patterns across the data to identify key themes.

Key findings

School staff see crisis plans as adequate with room for improvement.

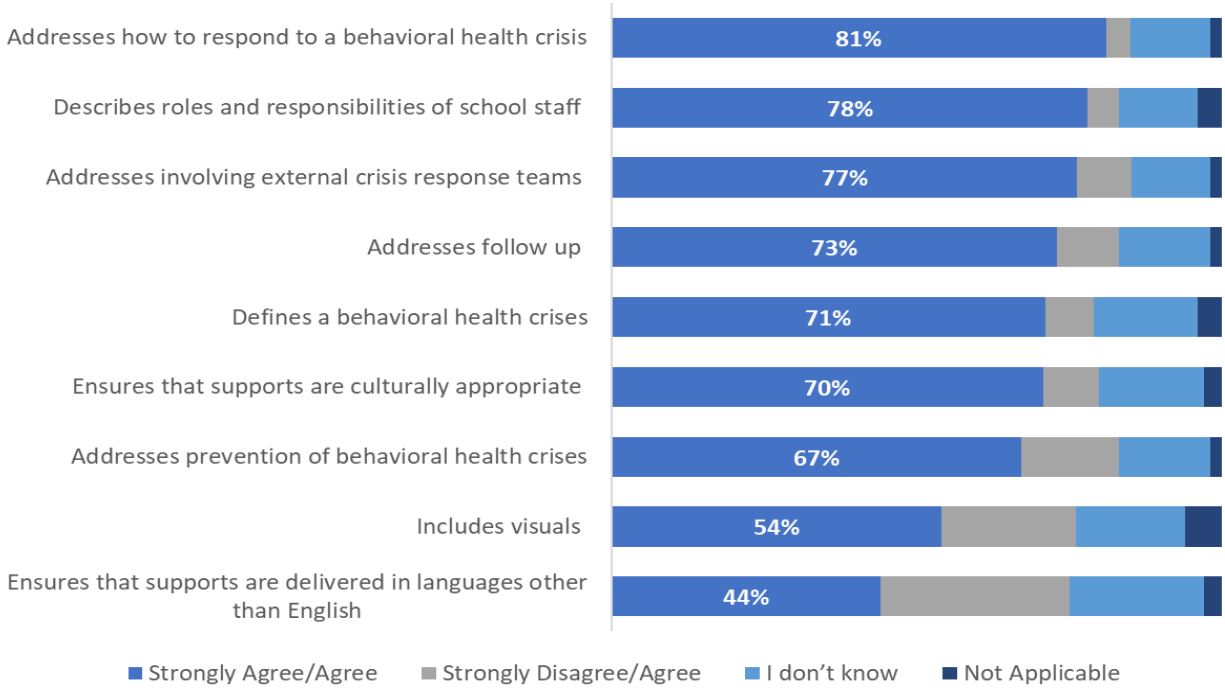
Most survey respondents (81 percent) believe their school crisis plan adequately addresses how to respond to a behavioral health crisis. Though each school has their own individual process specific to the context of the school, generally the plans described in the interviews included the same core elements: (1) a procedure for staff to contact the behavioral health team to alert them of the student potentially in crisis; (2) de-escalation and assessment of the student and the situation to determine what next steps are needed, such as involving an external crisis response team like ChAMPS, calling MPD, or transporting the student to the hospital; (3) engagement of the parent/caregiver; and (4) development of a safety or follow-up plan to provide the student with support after the crisis.

Most survey respondents (68 percent) believe staff at their school consistently followed their school crisis plan to respond to a behavioral health crisis in the previous school year (SY 2019-20). The data gathered from school interviews generally aligned with the survey data, with most participants indicating their plan is always followed when responding to behavioral health crises due to safety reasons. One interview participant indicated that their response may differ from the plan "if the parent is not completely on board".

Survey respondents perceive their school crisis plan to include sufficient information to address a behavioral health crisis, though some would like their school crisis plan to include more visuals and to ensure that linguistically appropriate behavioral health supports are available.

While 81 percent of survey respondents indicated that their school plan is written clearly and uses language that is easy to understand, more than 20 percent of respondents would like their school crisis plans to include visuals such as checklists, flowcharts, and maps to improve the clarity of the steps that must be taken when responding to a crisis (see Figure 1). Furthermore, though 70 percent of respondents believe their school crisis plan ensures that behavioral health crisis supports are culturally appropriate, only 44 percent believe their school crisis plan ensures that such supports are delivered in a language other than English. This pattern was also evident across school interviews where linguistically responsive and appropriate services were rarely addressed as part of school crisis plans; however, if translation is needed, some schools indicated having access to the Language Line and pulling in available bilingual school staff, both clinical and non-clinical, for support.

Figure 1:Information included in school crisis plans



Schools do a better job of informing school staff about crisis plans than families.

Most survey respondents (67 percent) felt that efforts to make school staff aware of the school crisis plan were adequate during the previous (SY 2019-20) and current (SY 2020-21) school year. Interview participants consistently noted that staff are made aware of the plan during training or professional development at the beginning of the school year. Nonetheless, more than 20 percent of survey respondents believe efforts could be improved. Through open-ended responses, respondents reported that their school should improve the way their school crisis plan is communicated to staff. For example, one respondent recommended that their school crisis plan should be "reviewed at least 3 times a year with staff and the core crisis team." Another respondent indicated that "placing [the school crisis plan] in a public space for all staff to have access" would be helpful.

Only one third (37 percent) of survey respondents agreed that schools did an adequate job of making families aware of their school crisis plan during the previous school year (SY 2019-20). Slightly more respondents (42 percent) disagreed. While these numbers improved slightly during the current school year (SY 2020-21), fewer than half (47 percent) of respondents thought efforts were adequate while one third (34 percent) did not. During the school interviews, some school staff noted that their schools do not share their crisis plan with families. For schools that do share their plan, school staff described a few different strategies including sharing the crisis plan in the family handbook or telling

families about the school's behavioral health services more broadly at an event such as back-to-school night.

The parents/caregivers that were interviewed also did not feel like their child's school provided them with adequate information around crisis response, especially regarding ChAMPS. All three parents/caregivers reported that, prior to their child's involvement in a crisis situation, they were not aware of the school's role in responding to behavioral health crises and had never heard of ChAMPS. All parents/caregivers suggested that schools need to do a better job of providing families with this information. While they understand that a parent/caregiver may never be prepared for what happens in a crisis situation, it would be helpful to have some information ahead of time such as what to expect when their child is in crisis, who ChAMPS is, and the role ChAMPS can play in responding to a crisis including providing parents with resources. The parents/caregivers also noted that their child's school does not include information around crisis response in the school handbook or share it during orientation; however, they believe that some parents may not pay attention to this information in the handbook or during orientation if they feel it does not apply to them. Therefore, two parents recommended that schools share this information through one-on-one conversations.

School staff and families have a positive view of ChAMPS but see room for improvement.

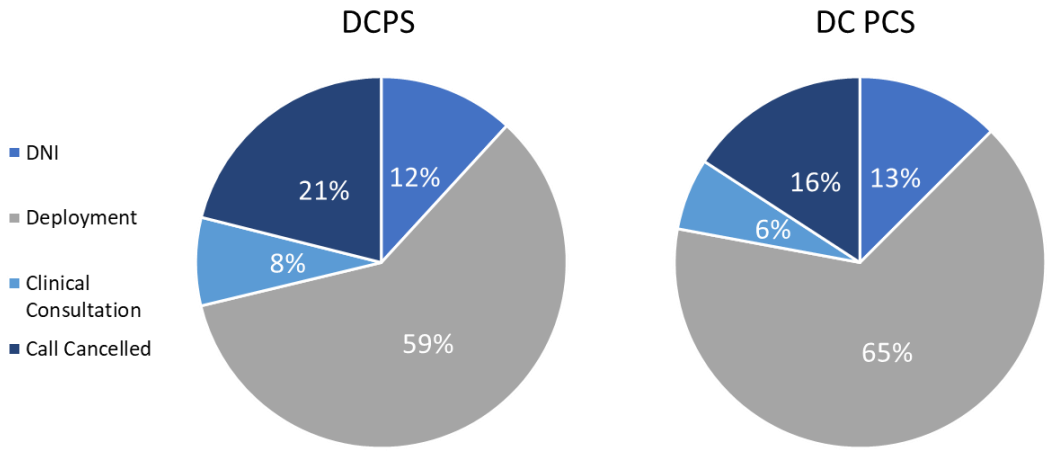
Nearly 60 percent of schools in the city requested support from ChAMPS during the 2019-20 school year. Among these schools (DCPS = 84; DC PCS = 55), a total of 553 calls were made. See Table 1 for more details.

Table 1: Number of calls made to ChAMPS (SY 2019-20)

School Type	Number of Schools	Total Number of Calls	Average	Minimum	Maximum
DCPS	84	313	3.7	1	21
DC PCS	55	240	4.4	1	24

Most calls made to ChAMPS in the previous school year (SY 2019-20) resulted in the ChAMPS team being deployed to the crisis site to do an in-person intervention. However, some calls were cancelled by the caller before the ChAMPS team arrived at the crisis site, resulted in ChAMPS arriving to the crisis site but not needing to intervene (DNI), or consisted of providing clinical consultation to the caller (e.g., discussing different strategies for symptom reduction or recommendations to ensure student safety; see Figure 2). With the 2020-21 school year still in progress at the time of writing this report, full data on the number of schools that have called ChAMPS is not available. However, data from the first few months of the school year indicate a drastic reduction in calls.

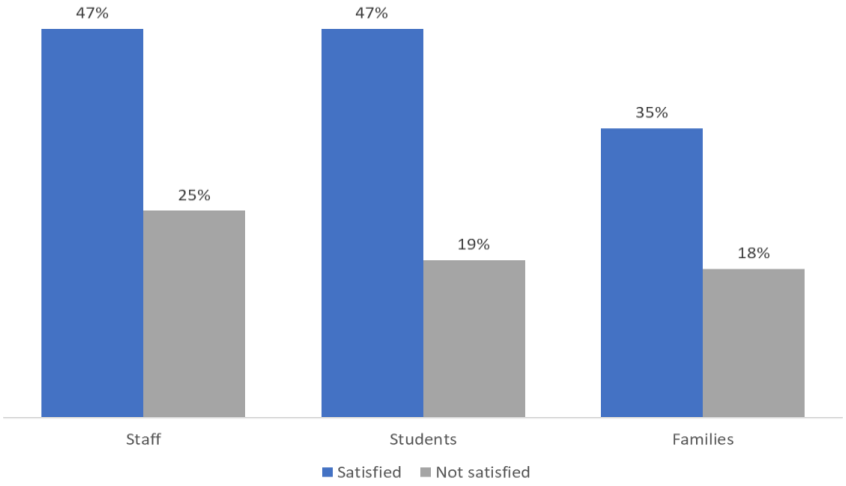
Figure 2: Type of ChAMPS response (SY 2019-20)



Among the schools that call ChAMPS, interview and focus group participants expressed satisfaction with ChAMPS' follow up-but survey respondents expressed wanting more. Throughout the school interviews and focus groups, participants that viewed ChAMPS positively described ChAMPS as helpful, communicative, and an additional layer of behavioral health support and expressed satisfaction with their follow-up. For example, some participants indicated that ChAMPS does a great job of connecting families to outside services. Similarly, one participant reported that sometimes it is through ChAMPS' follow-up that the school will find out that parents are still waiting on a call from a partner agency; the school is then able to follow up with the partner to make sure that happens. However, survey respondents perceived follow-up less positively, particularly follow-up with staff (see Figure 3). One survey respondent shared:

> *"I think I would like better follow-up with staff, students, and families after a call is made. It would be helpful to know what supports they offered so we can provide support as well."*

Figure 3: Satisfaction with ChAMPS follow-up with staff, students, and families (N = 100)



Parents/family members who have engaged with ChAMPS expressed satisfaction with their services but would like more support with follow-up services. Among the parents/family members who responded to the ChAMPS satisfaction survey (N = 101), 92 percent reported being satisfied with the services provided with ChAMPS and 93 percent found the services that ChAMPS provided to be beneficial. A similar sentiment was expressed by one of the interview participants who shared the following when asked how satisfied they were with the way things turned out for their child:

> *"Very satisfied – overly satisfied. ChAMPS always gives consistent information across situations and I'm not hearing different things from different people at ChAMPS. They follow the same steps (e.g., follow up, check in, check out, hospital visit). They give real information and resources, not textbook answers. They also do not belittle parents because that would put parents on the defensive; they talk to parents like they'll figure out together how to handle things. ChAMPS gets on the child's level and shows they child they completely understand – they don't approach them as an adult or being demanding."*

Among the parents/family members that responded to the ChAMPS satisfaction survey, more than half reported that ChAMPS provided them with a referral to outpatient services for their child. While almost 50 percent of these parents/family members reported being satisfied with the outpatient services they were referred to, approximately one in five reported they were not. Similarly, all three parents that were interviewed reported that ChAMPS provided them with resources to support their child after the incident; however, two of the parents reported feeling alone in trying to get support for their child after the incident, noting that they received no support from ChAMPS to ensure needed services or external resources were accessed.

Among the schools that call ChAMPS, respondents had mixed feelings about ChAMPS response times. Some schools (38 percent) perceived ChAMPS' response times to calls to be adequate, although an equal number (38 percent) were not satisfied with ChAMPS' response time. Schools that were less likely or unlikely to call ChAMPS consistently highlighted the long response times to calls as the main point of dissatisfaction, either because the crisis had been resolved by the time ChAMPS arrived or because students have to wait a long time for ChAMPS to arrive to be assessed. Given the perception of long response times, some interview participants stated that their school only calls ChAMPS when the behavioral health staff believe a student needs to go to the hospital and either the parent consents but cannot get to the school to take the student themselves or the parent cannot be reached and the school staff do not have the authority to recommend emergency psychiatric assessment.

School staff have varied expectations about the role of ChAMPS in addressing crises.

Perceptions of what warrants a call to ChAMPS do not always align between school staff and ChAMPS staff. ChAMPS staff remarked that sometimes they are contacted by schools for situations that align with their role, such as when school staff have done all that they can to intervene with a student in crisis and need additional support or a specialist's opinion. However, at other times, their perception is that school staff may call ChAMPS without attempting to address the situation internally. For example, ChAMPS staff reported sometimes arriving to the school and learning that the school behavioral health professionals were not aware of the crisis situation, suggesting that other school staff contacted ChAMPS without attempting to intervene first. They noted that, for effective coordination between the school and ChAMPS, it is ideal that the person who makes the call and supports ChAMPS' staff when they arrive is also knowledgeable about the crisis and the student.

School staff expectations do not always align with ChAMPS' scope of services. ChAMPS staff noted that some school staff expect that ChAMPS staff will physically restrain students to deescalate a situation, whereas ChAMPS staff state that they can only verbally deescalate a situation. Similarly, some school staff do not believe it should be necessary for ChAMPS staff to do their own assessment of students once they arrive when school staff have already made a recommendation with respect to the most appropriate response, particularly in the case of hospitalization. Finally, while ChAMPS staff noted that in some instances school staff are very involved, helpful, and willing to work closely with ChAMPS to support the student in crisis, in other instances school staff expect that once ChAMPS arrives, they no longer need to be involved in addressing the crisis.

School staff see a need to update school crisis plans to reflect the circumstances of the pandemic.

Although more than half of the survey respondents (57 percent) indicated that their school crisis plans were updated to address dealing with behavioral health crises during remote/online learning, several respondents reported wanting more guidance. When asked how, if at all, they would change the content of their school's crisis plan, some survey respondents noted that they would update the plan to address the challenges of COVID-19. For instance, one respondent explained that it would be helpful to "include what the response would look like in the hybrid environment." Similarly, another respondent shared that "the crisis plan would benefit from explicit instructions on how to manage a crisis in a virtual setting and what steps need to take place." Although some schools have not formally updated their school crisis plans to address responding to behavioral health crises during remote/online learning, interview participants described adaptations such as monitoring chats during virtual classes and using virtual breakout rooms to pull students out of a class if there is a concern.

The School Behavioral Health Expansion has increased schools' capacity to provide behavioral health supports but schools report some limitations.

Survey respondents reported that the School Behavioral Health Expansion has positively influenced their school's ability to provide behavioral health services. Through open-ended responses, various respondents indicated that the biggest benefit of being assigned a CBO and/or a DBH clinician is being able to provide more students with behavioral health services and supports and meet the needs of the students and their families. Several respondents had positive things to say about their CBO clinician, noting that they are responsive and willing to support in any way they can, and many have developed great relationships with the students and families at their schools. For example, one person shared:

> *"The CBO clinician definitely provides extra support for students in need, particularly those students in the general education setting. The partnership is effective, significant, and needed for the success of our clinical services and building school culture, which emphasizes collaboration and partnerships."*

Similarly, respondents and interview participants had positive things to say about their DBH clinician, noting that they are "proactive and hands on when offering support," and some "help ensure that the school is following their workplan and implementing their crisis plan as well as updating goals and changing strategies as needed." Specifically, one survey respondent shared:

> *"DBH School Behavioral Health Program clinicians are more dedicated to providing consistent, high quality therapy to students and families. DBH clinicians have years of experience and know the school's families well. They do not have high turnover."*

Some respondents perceive restrictions when it comes to the services CBO clinicians can deliver. When asked to describe any successes and/or challenges they have experienced since being assigned a CBO clinician, one respondent noted:

> *"While it helps that there is an additional resource for referring students for therapy, the CBO clinicians are interested only/mostly in activities that are billable. In addition, they are not available for student [sic] that might have a non-billable diagnosis, have private insurance, or have some other problems with their Medicare [sic] insurance (expired, need to be renewed/updated). They also don't work with the younger students (under 6 yo)."*

This sentiment was reflected among a few other survey respondents who indicated that their CBO clinician is only allowed to work with general education students, yet they have a large special education population at their school. For example, two respondents shared the following:

"If a CBO is seeking a full caseload of students that they can bill for it will limit the time available to provide tier 1 and tier 2 supports to larger populations. Most of the school's clinicians are typically providing services to Student's with IEPs and 504s."

"Our school is struggling to refer enough students for a complete caseload for our CBO clinician. A barrier has been that students with IEPs are not eligible to receive services."

The role of the CBO and DBH clinician in responding to behavioral health crises varies by school. Throughout the school interviews, some participants reported that their CBO and/or DBH clinician is part of the team of behavioral health staff who are called on to respond to crises, including doing threats and risk assessments, trying to deescalate the student, calling the student's parent(s)/caregiver(s), and reaching out to ChAMPS, if needed. However, other participants noted that their CBO and/or DBH clinician does not have an explicit role or may only be pulled in when a student on their caseload is in crisis or there are no other behavioral health staff available at the time. Nonetheless, while the CBO and/or DBH clinician may not always be involved in responding to a behavioral health crisis, participants consistently indicated that these clinicians are often involved in providing the students and their families with services afterwards.

Five Recommendations

1 Encourage schools to ensure staff are aware of resources to provide crisis supports in a language other than English.

Fewer than half of survey respondents reported that their school ensures crisis supports are available in a language other than English. Notably, nearly one in five respondents did not know whether their school has the capacity to provide crisis services in a language other than English. Whether the services do not exist or school staff responding to the survey are merely not aware of available language supports, there is a clear need to increase access to supports in multiple languages. Some schools noted that they rely on staff that speak languages other than English and others described using a language hotline. The District of Columbia has a large immigrant population, especially in Wards 1, 2, 3, and 4. School behavioral health teams and school leaders should consider engaging with key stakeholder groups to ensure crisis supports are culturally relevant and available in the languages spoken by students and their families. This presentation entitled "Language Access in Schools: Requirements and Resources for School Leaders" includes information about the languages spoken in DC and contact information about how to access language assistance.

2 Integrate crisis response plans within the larger framework of the Multi-Tiered Systems of Support (MTSS) that the School Behavioral Health Expansion is addressing.

Only two thirds of survey respondents reported that their school's crisis response plan adequately addressed the prevention of behavioral health crises. One approach to improve this key component of crisis planning is to ensure that school behavioral health plans explicitly incorporate crisis planning across all three tiers of supports. For example, it may be the case that some school staff that did not positively assess their school's prevention efforts may not see the connections between existing Tier 1 activities and the prevention of behavioral health crises. Helping all staff to better understand the role of Tier 1 activities could result in improvements to this key metric. For other schools, it may be that more investments in Tier 1 supports, such as universal social and emotional learning and mental health literacy programming, are needed. In either case, integration of crisis planning within the larger framework of MTSS may enhance prevention efforts with respect to behavioral health crises.

3 Provide schools with guidance on addressing behavioral health crises during remote learning.

While most survey respondents assessed their schools' crisis plans favorably, many also reported that they did not think their school's plan provided adequate guidance for remote learning conditions. This is a struggle that many schools and districts are grappling with given that most school crisis plans and school behavioral health programs have been designed for in-person learning. The National Association of School Psychologists has compiled resources, including resources related to threat assessment and suicide assessment in virtual settings, that schools and LEAs may find useful in considering the unique circumstances of remote learning.

4 Encourage schools to take efforts to increase awareness of school crisis plans among families.

While survey respondents assessed schools' efforts to inform staff about crisis plans positively, many respondents saw room to grow when it comes to informing parents and caregivers. In open-ended responses and during interviews, school staff explained that parents are generally informed about the school crisis plan through the parent handbook or during back-to-school events. However, they also shared concerns about whether most parents read the parent handbook and acknowledged that not all parents and caregivers attend back-to-school events. A 2019 survey conducted by the Center for American Progress examined the perceptions of parents, teachers, and school leaders when it comes to communication between schools and families. According to the survey, parents tend to want more frequent communication when it comes to issues like their child's behavioral and discipline. With respect to how parents, teachers, and school leaders prefer to communicate, the report suggests that parents most value parent teacher conferences and personalized calls or emails; robocalls and social media were the least valued by parents. Notably, school leaders tend to value websites and social media more than parents and teachers.

While the Center for American Progress survey was conducted on the national level, it offers some useful information as schools consider strategies for increasing awareness among families. For a more local perspective, LEAs and schools may consider partnering with parent organizations in their school community or citywide family-facing and family-run organizations to tailor their communication approaches.

5 Increase awareness of the role of ChAMPS among schools across the city.

Survey, interview, and focus group data suggest that school staff are generally happy with the services that ChAMPS provides. However, there are some opportunities to ensure that everyone has a common understanding of the services that ChAMPS offers and the role of school-ChAMPS partnership in meeting the needs of students and their families. It is important to note that we heard from ChAMPS staff that they offer to conduct information sessions with schools but that schools rarely request such informational sessions. It may be useful to follow up with schools that have availed themselves of this opportunity to learn more about their experience. Additionally, School Behavioral Health Coordinators may want to collaborate with their behavioral health teams, school leaders, students, and family members to develop a plan for increasing awareness among all relevant stakeholders about the role of ChAMPS. Communication to the entire school community about ChAMPS could help to destigmatize behavioral health crisis services and raise awareness about ChAMPS as a resource that families can access outside of the school as well.

Appendix A: Methods

Study Sample

Table A1: Characteristics of Survey Sample (Full Dataset, N = 245)

Total sample = 245 respondents	Number	Percent
School type		
DCPS	113	46%
DC PCS	125	51%
Unknown*	7	3%
Ward		
1	19	8%
2	9	4%
3	6	2%
4	23	9%
5	50	20%
6	34	14%
7	50	20%
8	47	19%
Unknown	7	3%
Grade level		
Elementary school (PreK-5)	91	37%
Middle school (6-8)	43	18%
High school (9-12)	23	9%
Other**	80	33%
Adult	1	0.4%
Unknown	7	3%
Respondent's role		
Principal	29	12%
Other school administrator	33	13%
Behavioral health professional	140	57%
Health professional	3	1%
Classroom teacher	6	2%
Other	34	14%
Respondent's years at school		
Less than 1 year	37	15%
1 year	31	13%
2 years	35	14%
3 to 5 years	71	29%
6 to 10 years	42	17%
More than 10 years	29	12%

*Respondent did not select their school from drop-down list

**Includes schools that fall under more than one of the categories listed above (e.g., PK-8)

Table A2: Characteristics of Survey Sample (Reduced Dataset, N = 130)

Total sample = 130 schools	Number	Percent
School type		
DCPS	71	55%
DC PCS	59	45%
Ward		
1	6	5%
2	6	5%
3	4	3%
4	15	12%
5	26	20%
6	19	15%
7	30	23%
8	24	18%
Grade level		
Elementary school (PreK-5)	54	42%
Middle school (6-8)	17	13%
High school (9-12)	17	13%
Other**	41	32%
Adult	1	1%
Respondent's role		
Principal	11	8%
Other school administrator	15	12%
Behavioral health professional	84	65%
Health professional	1	1%
Classroom teacher	0	0%
Other	19	15%
Respondent's years at school		
Less than 1 year	13	10%
1 year	15	12%
2 years	21	16%
3 to 5 years	46	35%
6 to 10 years	19	15%
More than 10 years	16	12%

** Includes schools that fall under more than one of the categories listed above (e.g., PK-8)

Table A3: Characteristics of School Interview/Focus Group Participants

School characteristics (N = 13 schools)	Number of schools
School type	
DCPS	6
DC PCS	7
Ward	
1	2
4	2
5	3
6	2
7	1
8	3
Grade level	
Elementary school	4
Middle school	2
High school	5
Other*	2
School staff characteristics (N = 21)	**Number of staff**
Role	
School counselor	1
School social worker	9
School psychologist	1
Other behavioral support staff (e.g., Director of Student Wellness, Intervention Coach, Clinical Manager, etc.)	10
Years at school	
Less than 1 year	1
1 to 2 years	4
3 to 5 years	8
6 to 10 years	8

* Includes schools that fall under more than one of the categories listed above (e.g., PK-8)

Quantitative Methods

Data Collection

The survey items were designed in partnership with the Department of Behavioral Health (DBH) and other members of the Coordinating Council on School Behavioral Health based on the research questions for the crisis services and response evaluation. Child Trends built the survey and administered it online using REDCap from November 2020 through the end of January 2021. Child Trends worked closely with DC Public Schools (DCPS) and DC Public Charter Schools (DC PCS) to promote the survey. Efforts included sharing information about the study and the survey link with schools via DC PCS's Weekly Bulletin, sending emails to all the School Behavioral Health Coordinators (SBHC) in both DCPS and DC PCS, and following up via phone calls.

Data Analyses

Child Trends developed two datasets after deleting incomplete responses and duplicate entries: one that includes all 245 responses and one that includes one response per school for a total of 130 survey responses. Basic descriptive analyses were conducted for both datasets; however, findings described in the report reflect the 130 survey responses. Child Trends chose to select one respondent per school to increase comparability across schools since, in schools with multiple respondents, the true opinions of school staff may not be captured accurately by relying on average scores. To identify one response for a school where more than one person responded to the survey, Child Trends selected the response from the respondent who identified as the behavioral health professional as DCPS and DC PCS identified behavioral health professionals as more likely to be familiar with their schools' response to behavioral health crises. If more than one respondent identified as a behavioral health professional, Child Trends selected the response from the behavioral health professional who reported the highest familiarity with their crisis plan, had been at the school the longest, or had the most complete entry. If a response from a behavioral health professional from a school was not available, Child Trends selected the response from the respondent who identified as the Principal, expressed the highest level of familiarity with their crisis plan, had been at the school the longest, or had the most complete entry.

Qualitative Methods

Data Collection

Qualitative data were collected through interviews, focus groups, and open-ended survey items.

School Interviews/Focus Groups. A total of 20 schools (10 DCPS and 10 DC PCS) were invited to participate in the interviews. Child Trends staff reached out directly to the School Behavioral Health Coordinator (SBHC) in the school via email. Most DC PCS schools that were invited to participate were selected based on their survey responses, specifically their adherence to their crisis plans; only two DC PCS schools were invited based on recommendations from our partners at DC PCS. The DCPS schools that were invited to participate were all recommended by our partners at DCPS. The selected schools were those which our partners at DCPS felt would be knowledgeable about their response to crises and their engagement with their school crisis plans. Originally, DCPS schools were to be identified for interviews based on their survey responses. However, in order to avoid conflicting with other district-wide surveys and priorities, interviews were completed with DCPS schools before all DCPS schools had an opportunity to complete the survey. A total of 11 schools participated in semi-structured, virtual interviews. To accommodate schools who were unable to participate in individual interviews, Child Trends also facilitated one focus group with two schools. Across the interviews and focus group, Child Trends spoke to a total of 21 SBHCs about their school crisis plans and their experiences responding to behavioral crises in their school, including their engagement with ChAMPS.

Focus Groups with Crisis Teams. Child Trends facilitated focus groups with members of ChAMPS, the DBH Crisis Team, and the DCPS Crisis Team. Recruitment of focus group participants was supported by our points of contact at ChAMPS, DBH, and DCPS. Each point of contact was asked to identify at least five members of their team who were knowledgeable about crisis services delivered in schools. Four focus groups (two with ChAMPS' staff) were conducted; in total, Child Trends spoke to 18 crisis team members about their experiences responding to behavioral health crises in schools.

Interviews with Parents/Caregivers. To further understand the experiences of parents/caregivers of students who had experienced a behavioral health crisis and received support from ChAMPS, Child Trends facilitated interviews with three parents/caregivers. Recruitment was supported by our contacts at ChAMPS who reached out to six to eight parents/caregivers who had engaged with ChAMPS in the past one to two years. Parents/caregivers received an email with information about the study, the purpose of the interview, and a link to sign-up for an interview date. Each participant received a $15 gift card for participating in the interview.

Open-Ended Survey Items. The survey included the following open-ended questions:

- How, if at all, would you change the content of your school's crisis plan with respect to addressing behavioral health crises?
- How, if at all, would you change the implementation of your school's crisis plan with respect to addressing behavioral health crises?
- How, if at all, would you change the way that ChAMPS supports students, families, and staff at your school?
- How, if at all, would you change the way your school engages with ChAMPS?

Respondents were asked to consider any changes needed to address the challenges of COVID-19 or other public health emergencies while answering these questions.

Data analyses

Child Trends took a content analysis approach to analyze the data from the interviews, focus groups, and open-ended survey responses. The content analysis was conducted by establishing codes based on the research questions for this evaluation as well as the topics used in the interviews and focus groups; additional codes were added based on the content of the data as well as consensus among the two researchers who conducted the analyses. Once the researchers were finished coding, they examined patterns across the data to identify key themes.

Appendix B: Survey Responses

Survey Responses of Full Sample (N = 245)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	208	21%	42%	15%	1%	17%	3%
Our school crisis plan is written clearly, using plain language that is easy to understand.	204	25%	55%	2%	0%	14%	3%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	205	20%	53%	6%	0%	18%	4%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	205	23%	54%	4%	0%	15%	3%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	205	11%	41%	19%	1%	20%	6%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	204	12%	34%	20%	5%	25%	5%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	203	18%	52%	6%	1%	20%	3%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	202	24%	52%	5%	0%	15%	2%
Our school crisis plan adequately addresses prevention of behavioral health crises.	204	13%	54%	14%	0%	16%	2%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	204	22%	57%	4%	0%	15%	2%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	203	19%	54%	9%	0%	16%	2%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	203	12%	40%	19%	1%	26%	2%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	202	10%	51%	20%	0%	14%	5%
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	201	5%	31%	37%	1%	20%	5%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	202	11%	49%	24%	0%	13%	3%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	202	8%	34%	36%	0%	19%	3%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	177	13%	51%	11%	1%	20%	4%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	179	11%	27%	9%	5%	17%	31%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	177	34%	43%	2%	1%	12%	8%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	126	9%	54%	7%	1%	24%	6%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	126	11%	40%	11%	3%	15%	20%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	126	25%	47%	2%	1%	13%	12%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	186	6%	33%	20%	9%	19%	13%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	185	10%	44%	12%	3%	19%	11%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	186	6%	37%	20%	3%	22%	12%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	186	8%	36%	11%	2%	30%	13%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	186	6%	26%	11%	2%	41%	13%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	74	4%	15%	4%	5%	26%	46%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	73	5%	16%	1%	5%	33%	38%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	74	4%	20%	3%	4%	31%	38%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	74	4%	19%	1%	4%	35%	36%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	73	4%	15%	1%	4%	40%	36%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don't know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	201	8%	6%	35%	15%	11%	24%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	194	36%	15%	25%	2%	1%	22%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	231	19%	13%	31%	10%	2%	25%
In the CURRENT school year, how many times has ChAMPS been called to your school?	230	68%	9%	3%	0%	0%	20%

Survey Responses of Reduced Sample (N = 130)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	117	19%	46%	15%	2%	15%	4%
Our school crisis plan is written clearly, using plain language that is easy to understand.	115	21%	60%	3%	1%	12%	3%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	117	18%	53%	7%	1%	17%	4%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	117	24%	54%	4%	1%	13%	4%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	117	12%	42%	21%	2%	18%	6%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	116	10%	34%	25%	6%	22%	3%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	116	20%	50%	8%	2%	17%	3%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	115	22%	55%	8%	1%	13%	2%
Our school crisis plan adequately addresses prevention of behavioral health crises.	116	15%	53%	16%	1%	15%	2%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	116	21%	60%	3%	1%	13%	2%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	115	21%	52%	10%	0%	15%	2%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	116	12%	45%	19%	2%	21%	2%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	115	10%	53%	22%	0%	11%	3%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	115	6%	30%	41%	1%	17%	4%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	115	10%	55%	21%	0%	12%	3%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	116	8%	39%	34%	0%	16%	3%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	101	15%	53%	13%	0%	15%	4%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	102	12%	25%	12%	6%	11%	34%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	101	39%	44%	2%	0%	6%	10%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	67	9%	54%	7%	1%	21%	7%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	67	12%	39%	9%	4%	13%	22%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	67	25%	46%	1%	1%	10%	15%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	99	5%	33%	26%	12%	17%	6%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	99	10%	49%	15%	3%	16%	6%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	100	5%	42%	20%	5%	23%	5%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	100	8%	39%	15%	4%	27%	7%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	100	6%	29%	15%	3%	39%	8%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	35	3%	14%	3%	11%	26%	43%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	35	3%	17%	3%	11%	31%	34%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	35	3%	20%	3%	9%	37%	29%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	35	3%	17%	0%	9%	43%	29%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	34	3%	12%	3%	9%	47%	26%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don't know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	116	10%	10%	35%	13%	12%	19%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	113	42%	15%	24%	1%	0%	19%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	126	21%	14%	34%	11%	2%	18%
In the CURRENT school year, how many times has ChAMPS been called to your school?	126	72%	10%	2%	0%	0%	15%

Survey Responses from DCPS (N = 71)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	60	15%	43%	12%	3%	25%	2%
Our school crisis plan is written clearly, using plain language that is easy to understand.	57	14%	60%	2%	2%	19%	4%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	59	14%	54%	3%	2%	24%	3%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	59	22%	49%	0%	2%	22%	5%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	59	10%	36%	19%	0%	29%	7%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	58	12%	41%	16%	2%	29%	0%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	59	22%	46%	5%	2%	24%	2%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	58	14%	59%	3%	2%	22%	0%
Our school crisis plan adequately addresses prevention of behavioral health crises.	59	12%	54%	8%	2%	24%	0%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	59	15%	56%	5%	2%	22%	0%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	58	14%	50%	10%	0%	26%	0%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	59	5%	47%	17%	0%	31%	0%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	58	10%	43%	24%	0%	21%	2%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	59	7%	24%	39%	0%	27%	3%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	59	10%	51%	22%	0%	17%	0%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	59	7%	39%	29%	0%	25%	0%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	52	8%	52%	12%	0%	25%	4%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	53	8%	25%	8%	8%	13%	40%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	52	33%	42%	4%	0%	10%	12%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	32	6%	47%	9%	3%	31%	3%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	32	9%	38%	6%	6%	16%	25%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	32	16%	50%	3%	3%	19%	9%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	54	6%	28%	24%	13%	26%	4%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	53	11%	43%	15%	2%	23%	6%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	54	4%	41%	17%	4%	31%	4%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	54	7%	39%	13%	4%	33%	4%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	54	6%	30%	15%	2%	41%	7%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	19	0%	5%	0%	16%	32%	47%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	19	0%	5%	0%	16%	37%	42%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	19	0%	11%	0%	11%	47%	32%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	19	0%	11%	0%	11%	47%	32%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	19	0%	11%	0%	11%	47%	32%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don't know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	59	7%	12%	34%	10%	12%	25%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	57	44%	14%	18%	2%	0%	23%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	68	21%	12%	35%	12%	1%	19%
In the CURRENT school year, how many times has ChAMPS been called to your school?	68	72%	4%	4%	0%	0%	19%

Survey Responses from DC PCS (N = 59)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	57	23%	49%	18%	0%	4%	7%
Our school crisis plan is written clearly, using plain language that is easy to understand.	58	28%	60%	3%	0%	5%	3%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	58	22%	52%	10%	0%	10%	5%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	58	26%	59%	9%	0%	3%	3%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	58	14%	48%	22%	3%	7%	5%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	58	9%	26%	34%	10%	16%	5%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	57	18%	54%	11%	2%	11%	5%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	57	30%	51%	12%	0%	4%	4%
Our school crisis plan adequately addresses prevention of behavioral health crises.	57	18%	51%	23%	0%	5%	4%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	57	26%	65%	2%	0%	4%	4%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	57	28%	54%	11%	0%	4%	4%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	57	19%	42%	21%	4%	11%	4%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	57	11%	63%	19%	0%	2%	5%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	56	5%	38%	43%	2%	7%	5%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	56	9%	59%	20%	0%	7%	5%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	57	9%	39%	40%	0%	7%	5%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	49	22%	55%	14%	0%	4%	4%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	49	16%	27%	16%	4%	8%	29%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	49	45%	45%	0%	0%	2%	8%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	35	11%	60%	6%	0%	11%	11%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	35	14%	40%	11%	3%	11%	20%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	35	34%	43%	0%	0%	3%	20%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	45	4%	40%	29%	11%	7%	9%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	46	9%	57%	15%	4%	9%	7%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	46	7%	43%	24%	7%	13%	7%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	46	9%	39%	17%	4%	20%	11%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	46	7%	28%	15%	4%	37%	9%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	16	6%	25%	6%	6%	19%	38%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	16	6%	31%	6%	6%	25%	25%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	16	6%	31%	6%	6%	25%	25%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	16	6%	25%	0%	6%	38%	25%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	15	7%	13%	7%	7%	47%	20%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don't know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	57	14%	9%	37%	16%	12%	12%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	56	39%	16%	30%	0%	0%	14%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	58	21%	17%	33%	10%	2%	17%
In the CURRENT school year, how many times has ChAMPS been called to your school?	58	72%	17%	0%	0%	0%	10%

Survey Responses from Schools in Wards 1, 2, and 3[1] (N = 16)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	15	7%	53%	20%	7%	13%	0%
Our school crisis plan is written clearly, using plain language that is easy to understand.	15	13%	67%	0%	7%	13%	0%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	15	13%	53%	0%	7%	20%	7%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	15	20%	60%	0%	7%	13%	0%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	15	20%	47%	7%	0%	20%	7%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	15	20%	27%	20%	7%	27%	0%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	15	40%	27%	0%	7%	27%	0%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	15	20%	47%	7%	7%	20%	0%
Our school crisis plan adequately addresses prevention of behavioral health crises.	15	0%	73%	7%	7%	13%	0%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	15	20%	60%	0%	7%	13%	0%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	14	7%	79%	0%	0%	14%	0%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	15	0%	53%	7%	0%	40%	0%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	15	7%	47%	20%	0%	27%	0%

[1] Survey responses from schools in Wards 1, 2, and 3 were combined due to the low number of respondents from these wards.

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	15	7%	33%	20%	0%	40%	0%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	15	0%	53%	13%	0%	27%	7%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	15	0%	33%	13%	0%	47%	7%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	14	21%	43%	14%	0%	21%	0%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	14	0%	21%	0%	7%	29%	43%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	14	29%	43%	0%	0%	7%	21%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	7	14%	14%	29%	14%	29%	0%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	7	0%	43%	0%	14%	14%	29%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	7	14%	29%	0%	14%	14%	29%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	9	0%	33%	33%	0%	33%	0%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	9	0%	56%	0%	0%	33%	11%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	9	0%	33%	11%	0%	56%	0%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	9	0%	22%	0%	0%	78%	0%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	9	0%	11%	0%	0%	89%	0%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	3	0%	0%	0%	0%	33%	67%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	3	0%	0%	0%	0%	33%	67%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	3	0%	0%	0%	0%	33%	67%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	3	0%	0%	0%	0%	33%	67%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	3	0%	0%	0%	0%	33%	67%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don't know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	15	7%	13%	40%	0%	0%	40%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	15	53%	27%	0%	0%	0%	20%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	16	44%	25%	19%	0%	0%	13%
In the CURRENT school year, how many times has ChAMPS been called to your school?	16	81%	6%	0%	0%	0%	13%

Survey Responses from Schools in Ward 4 (N = 15)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	14	7%	50%	7%	7%	29%	0%
Our school crisis plan is written clearly, using plain language that is easy to understand.	13	8%	69%	0%	0%	23%	0%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	14	21%	43%	0%	0%	36%	0%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	14	7%	71%	0%	0%	21%	0%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	14	0%	50%	29%	0%	21%	0%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	14	14%	29%	21%	0%	36%	0%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	14	7%	29%	14%	0%	50%	0%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	14	7%	43%	21%	0%	29%	0%
Our school crisis plan adequately addresses prevention of behavioral health crises.	14	14%	50%	0%	0%	36%	0%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	14	0%	57%	14%	0%	29%	0%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	14	14%	50%	7%	0%	29%	0%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	14	14%	21%	43%	0%	21%	0%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	14	7%	57%	21%	0%	14%	0%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	14	0%	21%	64%	0%	14%	0%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	14	7%	50%	36%	0%	7%	0%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	14	7%	29%	50%	0%	14%	0%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	13	0%	69%	0%	0%	23%	8%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	13	8%	38%	0%	8%	8%	38%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	13	15%	62%	0%	0%	8%	15%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	9	0%	67%	11%	0%	22%	0%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	9	0%	33%	11%	11%	11%	33%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	9	0%	67%	0%	0%	11%	22%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	12	8%	50%	8%	0%	25%	8%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	12	17%	50%	0%	0%	25%	8%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	12	8%	42%	8%	0%	33%	8%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	12	8%	50%	0%	0%	33%	8%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	12	8%	33%	8%	0%	42%	8%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	4	0%	25%	0%	0%	50%	25%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	4	0%	25%	25%	0%	50%	0%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	4	0%	50%	0%	0%	50%	0%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	4	0%	50%	0%	0%	50%	0%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	4	0%	25%	25%	0%	50%	0%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don't know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	14	7%	21%	29%	7%	7%	29%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	14	36%	29%	14%	0%	0%	21%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	15	20%	7%	27%	20%	0%	27%
In the CURRENT school year, how many times has ChAMPS been called to your school?	15	73%	7%	13%	0%	0%	7%

Survey Responses from Schools in Ward 5 (N = 26)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	25	24%	40%	28%	0%	4%	4%
Our school crisis plan is written clearly, using plain language that is easy to understand.	25	28%	72%	0%	0%	0%	0%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	25	24%	64%	12%	0%	0%	0%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	25	36%	60%	4%	0%	0%	0%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	25	16%	40%	40%	0%	4%	0%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	25	8%	32%	52%	8%	0%	0%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	25	20%	60%	16%	0%	0%	4%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	25	28%	64%	8%	0%	0%	0%
Our school crisis plan adequately addresses prevention of behavioral health crises.	25	20%	48%	28%	0%	4%	0%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	25	32%	64%	4%	0%	0%	0%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	25	24%	60%	12%	0%	4%	0%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	25	16%	60%	20%	0%	4%	0%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	25	12%	64%	20%	0%	4%	0%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	25	4%	36%	56%	0%	4%	0%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	25	16%	60%	24%	0%	0%	0%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	25	12%	36%	52%	0%	0%	0%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	24	17%	63%	21%	0%	0%	0%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	24	21%	21%	17%	4%	4%	33%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	23	61%	35%	4%	0%	0%	0%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	16	6%	69%	6%	0%	6%	13%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	16	19%	44%	19%	0%	0%	19%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	16	31%	56%	0%	0%	0%	13%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	21	14%	33%	24%	24%	0%	5%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	21	19%	52%	19%	0%	5%	5%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	21	10%	52%	24%	5%	5%	5%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	21	10%	48%	24%	0%	10%	10%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	21	5%	38%	29%	0%	24%	5%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	5	0%	20%	0%	40%	0%	40%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	5	0%	20%	0%	40%	20%	20%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	5	0%	20%	0%	40%	20%	20%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	5	0%	20%	0%	40%	20%	20%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	4	0%	25%	0%	50%	25%	0%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don't know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	25	4%	4%	48%	16%	24%	4%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	25	36%	20%	28%	4%	0%	12%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	26	19%	12%	54%	12%	4%	0%
In the CURRENT school year, how many times has ChAMPS been called to your school?	26	81%	8%	4%	0%	0%	8%

Survey Responses from Schools in Ward 6 (N = 19)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	14	29%	21%	14%	0%	29%	7%
Our school crisis plan is written clearly, using plain language that is easy to understand.	15	20%	40%	7%	0%	27%	7%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	15	13%	40%	0%	0%	40%	7%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	15	27%	33%	0%	0%	33%	7%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	15	20%	33%	13%	0%	27%	7%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	15	7%	13%	20%	7%	47%	7%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	15	20%	40%	7%	0%	27%	7%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	15	20%	40%	7%	0%	27%	7%
Our school crisis plan adequately addresses prevention of behavioral health crises.	15	13%	40%	7%	0%	33%	7%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	15	20%	40%	0%	0%	33%	7%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	15	27%	20%	13%	0%	33%	7%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	15	13%	27%	20%	0%	33%	7%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	15	13%	40%	20%	0%	20%	7%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	15	20%	13%	33%	0%	27%	7%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	15	13%	47%	27%	0%	13%	0%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	15	13%	33%	40%	0%	13%	0%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	13	23%	23%	15%	0%	31%	8%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	13	23%	23%	8%	0%	23%	23%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	13	46%	15%	0%	0%	23%	15%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	9	11%	33%	11%	0%	33%	11%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	9	11%	22%	22%	0%	33%	11%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	9	22%	33%	0%	0%	33%	11%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	17	6%	24%	24%	6%	35%	6%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	17	12%	35%	12%	6%	29%	6%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	17	6%	41%	6%	6%	35%	6%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	17	12%	35%	6%	6%	35%	6%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	17	12%	29%	6%	6%	35%	12%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	6	17%	0%	0%	0%	50%	33%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	6	17%	0%	0%	0%	50%	33%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	6	17%	0%	0%	0%	67%	17%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	6	17%	0%	0%	0%	67%	17%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	6	17%	0%	0%	0%	67%	17%

Question	Number of respondents	Never	1 time	2-5 times	6-10 times	More than 10 times	I don’t know
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	15	13%	7%	20%	13%	13%	33%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	15	40%	0%	20%	0%	0%	40%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	19	11%	21%	26%	11%	0%	32%
In the CURRENT school year, how many times has ChAMPS been called to your school?	19	68%	5%	0%	0%	0%	26%

Survey Responses from Schools in Ward 7 (N = 30)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	27	26%	56%	7%	0%	4%	7%
Our school crisis plan is written clearly, using plain language that is easy to understand.	25	32%	52%	0%	0%	4%	12%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	26	15%	65%	8%	0%	0%	12%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	26	27%	50%	8%	0%	0%	15%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	26	8%	54%	4%	8%	8%	19%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	25	12%	52%	12%	12%	8%	4%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	25	24%	60%	4%	4%	0%	8%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	25	24%	72%	0%	0%	0%	4%
Our school crisis plan adequately addresses prevention of behavioral health crises.	25	20%	60%	16%	0%	0%	4%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	25	28%	68%	0%	0%	0%	4%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	25	28%	52%	12%	0%	4%	4%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	25	20%	48%	12%	8%	8%	4%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	24	13%	46%	25%	0%	8%	8%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	25	4%	44%	32%	0%	8%	12%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	25	12%	60%	16%	0%	4%	8%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	25	12%	48%	24%	0%	8%	8%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	17	18%	59%	12%	0%	12%	0%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	18	11%	28%	11%	0%	11%	39%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	18	39%	39%	6%	0%	6%	11%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	13	15%	69%	0%	0%	0%	15%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	13	15%	46%	0%	0%	15%	23%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	13	38%	38%	8%	0%	0%	15%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	20	0%	35%	25%	15%	15%	10%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	21	5%	52%	10%	10%	14%	10%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	21	5%	38%	24%	10%	14%	10%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	21	5%	48%	14%	10%	14%	10%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	21	5%	29%	10%	10%	38%	10%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	9	0%	11%	11%	22%	11%	44%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	9	0%	22%	0%	22%	11%	44%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	9	0%	22%	11%	11%	11%	44%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	9	0%	22%	0%	11%	22%	44%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	9	0%	22%	0%	11%	22%	44%

Question	Number of respondents	Never	1 time	2-5 times	6-10 times	More than 10 times	I don’t know
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	25	20%	8%	28%	24%	12%	8%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	22	45%	9%	36%	0%	0%	9%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	26	19%	12%	42%	8%	0%	19%
In the CURRENT school year, how many times has ChAMPS been called to your school?	26	65%	23%	0%	0%	0%	12%

Survey Responses from Schools in Ward 8 (N = 24)

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
Our school crisis plan was developed by a group of people representing school leaders, educators, school health professionals, parents, and students.	22	14%	50%	9%	0%	23%	5%
Our school crisis plan is written clearly, using plain language that is easy to understand.	22	14%	59%	9%	0%	18%	0%
Our school crisis plan has a clear definition of behavioral crises that everyone seems to agree upon.	22	18%	41%	14%	0%	27%	0%
Our school crisis plan clearly describes roles and responsibilities for different school staff.	22	18%	50%	9%	0%	23%	0%
Our school crisis plan includes visuals such as checklists, flowcharts, and maps that are easy to use.	22	9%	27%	27%	0%	36%	0%
Our school crisis plan ensures that behavioral health crisis supports are delivered in a language other than English if appropriate.	22	5%	36%	18%	0%	36%	5%
Our school crisis plan ensures that behavioral health crisis supports are culturally appropriate.	22	9%	64%	5%	0%	23%	0%
Our school crisis plan clearly addresses when and how to involve crisis response teams from outside the school such as ChAMPS.	21	24%	48%	10%	0%	19%	0%
Our school crisis plan adequately addresses prevention of behavioral health crises.	22	14%	45%	23%	0%	18%	0%
Our school crisis plan adequately addresses how to respond to a behavioral health crisis.	22	14%	64%	5%	0%	18%	0%
Our school crisis plan adequately addresses how to follow up after a behavioral health crisis.	22	18%	50%	14%	0%	18%	0%
Our school crisis plan has been adequately updated to address dealing with behavioral health crises during remote/online learning.	22	5%	45%	18%	0%	32%	0%
In the PREVIOUS school year, efforts to make school staff aware of our school crisis plan were adequate.	22	9%	59%	23%	0%	5%	5%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, efforts to make families aware of our school crisis plan were adequate.	21	5%	24%	38%	5%	24%	5%
In the CURRENT school year, efforts to make school staff aware of our school crisis plan have been adequate.	21	5%	52%	14%	0%	29%	0%
In the CURRENT school year, efforts to make families aware of our school crisis plan have been adequate.	22	0%	45%	27%	0%	27%	0%
In the PREVIOUS school year, staff at our school consistently followed the school crisis plan when there was a behavioral health crisis.	20	10%	55%	10%	0%	15%	10%
In the PREVIOUS school year, our CBO clinician played a key role in addressing behavioral health crisis.	20	5%	25%	25%	15%	0%	30%
In the PREVIOUS school year, our school health professionals (excluding our CBO clinician) played a key role in addressing behavioral health crisis.	20	30%	65%	0%	0%	0%	5%
In the CURRENT school year, staff at our school have consistently followed the school crisis plan when there is a behavioral health crisis	13	8%	46%	0%	0%	46%	0%
In the CURRENT school year, our CBO clinician has played a key role in addressing behavioral health crisis.	13	15%	38%	0%	8%	15%	23%
In the CURRENT school year, our school health professionals (excluding our CBO clinician) have played a key role in addressing behavioral health crisis.	13	31%	46%	0%	0%	15%	8%
In the PREVIOUS school year, I was satisfied with the time it took for a ChAMPS team to arrive once they were called.	20	0%	30%	40%	15%	10%	5%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team interacted with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	19	5%	53%	37%	0%	5%	0%

Question	Number of respondents	Strongly Agree	Agree	Disagree	Strongly Disagree	I don't know	Not Applicable
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with staff.	20	0%	40%	35%	5%	20%	0%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with students.	20	10%	25%	30%	5%	25%	5%
In the PREVIOUS school year, I was satisfied with the way the ChAMPS team followed up with family members/caregivers.	20	5%	25%	25%	0%	35%	10%
In the CURRENT school year, I have been satisfied with the time it takes for a ChAMPS team to arrive once they were called.	8	0%	25%	0%	0%	25%	50%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team interacts with staff, students, and family members/caregivers when responding to a behavioral health crisis at my school.	8	0%	25%	0%	0%	38%	38%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with staff.	8	0%	25%	0%	0%	50%	25%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with students.	8	0%	13%	0%	0%	63%	25%
In the CURRENT school year, I have been satisfied with the way the ChAMPS team followed up with family members/caregivers.	8	0%	0%	0%	0%	75%	25%
Question	**Number of respondents**	**Never**	**1 time**	**2-5 times**	**6-10 times**	**More than 10 times**	**I don’t know**
In the PREVIOUS school year, we implemented our school crisis plan for a behavioral health crisis:	22	9%	14%	41%	9%	9%	18%
In the CURRENT school year, we have so far implemented our school crisis plan for a behavioral health crisis:	22	41%	9%	32%	0%	0%	18%
In the PREVIOUS school year, how many times was ChAMPS called to your school?	24	17%	13%	25%	17%	4%	25%
In the CURRENT school year, how many times has ChAMPS been called to your school?	24	67%	8%	0%	0%	0%	25%