School Behavioral Health Expansion Evaluation

Executive Summary

The Department of Behavioral Health (DBH) has contracted with Child Trends, a nonprofit research organization, to evaluate the expansion of comprehensive school behavioral health supports in DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS). The Base Year is largely a planning and piloting year. Data collection will occur during Years 1 through 3, with annual reports each year. A summative report—including findings from the longitudinal analyses across all three years of data collection plus pre-expansion baseline data—will be submitted in Year 4.

The evaluation will include complementary process and outcomes evaluations to help understand the extent to which expansion activities are being implemented as intended and the associated outcomes for schools, youth, families, and staff. The evaluation will be conducted in collaboration with key stakeholders to provide insight into implementation quality and progress toward desired outcomes, as well as timely and actionable recommendations for program improvement. This summary briefly describes key aspects of the evaluation.

DC School Behavioral Health Expansion Logic Model

CITYWIDE COORDINATION…

led by Department of Behavioral Health & the Coordinating Council on School Behavioral Health

…distributes critical resources to schools and providers

- coordinating council
- funds for staffing
- planning tools
- city behavioral health programs
- best practices guidance
- community behavioral health programs
- data for improvement

…creates opportunities for

- raising citywide behavioral health awareness
- forming provider/school partnerships
- expanding behavioral health workforce
- sustaining provider/school partnerships
- using behavioral health data
- professional development

…efforts are on track when

- providers & schools have adequate staff
- providers & schools use behavioral health data
- professional development is well attended
- providers & schools use planning tools

…is making a difference when

- providers & schools across the city partner effectively
- families across the city are aware of services
- schools across the city address all 3 tiers
- providers engage more families
- behavioral health stigma is reduced citywide
- schools across the city coordinate behavioral health supports
- fewer youth & families across the city have unmet behavioral health need

SUPPORTS

IMPLEMENTATION IN SCHOOLS…

led by School Behavioral Health Coordinator and other school leaders

…requires resources to support behavioral health

- coordinating team including families
- staff wellness resources
- staffing
- treatment
- early intervention
- prevention
- evidence-based curricula & training

…supports behavioral health through

- coordination
- staff wellness activities
- treatment
- early intervention
- prevention
- evidence-based policies, programs, & practices

…is on track when

- behavioral health interventions are delivered with fidelity
- intervention participants are satisfied
- intervention participation goals are met
- students, family, & staff make referrals
- coordinating teams use data to monitor behavioral health supports

…is making a difference when

- positive school connections increase
- behavioral health stigma is reduced
- students, families, & staff have coping skills
- youth & families needs are met
- behavioral health symptoms decrease for youth receiving treatment

Evaluation Questions

Process Evaluation

1. What behavioral health needs is the School Behavioral Health Program designed to address? What resources existed prior to the expansion? What were the limitations of those resources?
2. How is the expansion being supported and managed at a system level?
3. To what extent is implementation of the expansion happening as planned at the system level?
4. How is the expansion experienced by partner organizations (i.e., DBH, OSSE, DCPS, DCPCS, CBOs, etc.)?
5. To what extent is implementation of the School Behavioral Health Program happening as planned at the school level?
6. How is the School Behavioral Health Program experienced by school staff, youth, and families?
7. How might expansion efforts be sustained and improved?

Outcome Evaluation

8. To what extent does the expansion make a difference for schools, youth, and families at the system level?
9. To what extent does the School Behavioral Health Program make a difference for youth at the school level?
10. Are there different patterns with respect to changes in outcomes across different school characteristics?
11. Do schools with higher levels of implementation experience greater improvement than similar schools with lower levels of implementation quality?
12. Are there specific aspects of implementation (ie., high-quality workplan, positive perception of partnerships) that are more, or less, associated with improved outcomes?

Evaluation Activities

Administrative data

1. DBH & CBO monthly reports obtained from DBH
2. Clinical outcomes data obtained from DBH
3. Principal survey obtained from DBH
4. Panorama data obtained from DCPS
5. DC CoP data obtained from CHHCS
6. Administrative data on risk behaviors (e.g., truancy, discipline) obtained from OSSE
7. Resource map data (i.e., School Health Profiles) obtained from OSSE
8. Youth Risk Behavior Surveillance System obtained from OSSE

New/primary data

1. Survey of families in 200+ schools
2. Survey of youth in 200+ schools
3. Survey of School Behavioral Health Coordinators in 200+ schools
4. Survey of staff in 200+ schools
5. Focus groups with principals (4), clinicians (4), SBHCs (4), and clinical supervisors (2)
6. Interviews with up to 20 SBHE partners

Stakeholder engagement

We will analyze data each year in collaboration with key stakeholder groups—including family members and youth as well as members of the Coordinating Council. Insights provided by key stakeholders will help ensure the analyses reflect critical contextual factors including changes to the policy landscape as well as the health, economic, and educational effects of the coronavirus pandemic.

Timeline Years 1-3

Spring
- Survey of staff, families, and students in 200+ schools
- Survey of SBHCs (Y1 & Y3 only)
- 14 focus groups with principals (4), clinicians (4), SBHCs (4), and clinical supervisors (2)

Summer
- Interviews with citywide partners (Y1 & Y3 only)
- Analyze data

Fall
- Collaborate with stakeholders to interpret final results

Winter
- Submit annual report

Timeline Final Year

Spring
- Collaborate with stakeholders to determine final analyses and reporting

Summer
- Conduct final longitudinal analyses

Fall
- Collaborate with stakeholders to interpret final results

Winter
- Submit final report