Continuous Quality Improvement

Recommendations for a phased approach to developing a Continuous Quality Improvement (CQI) system for the District of Columbia's School Behavioral Health Program

March 26, 2021

Child TRENDS

Executive Summary

This document summarizes Child Trends' recommendations as of the end of the first contract year for developing a Continuous Quality Improvement (CQI) system for the School Behavioral Health (SBH) Expansion. Engaging in a process of CQI will enable the Department of Behavioral Health (DBH) to (1) identify aspects of the Expansion that appear to be working well and opportunities for improvement; (2) flag specific schools and community-based organizations (CBOs), including school-CBO partnerships, where issues are arising in order to provide tailored supports; and (3) make a data-informed case for ongoing support of the initiative.

Recommendations

Child Trends recommends that DBH develop the Expansion CQI system using a phased approach. In each phase, DBH will oversee the CQI cycle by: (1) collecting data from multiple sources, (2) inputting them into a central data system, (3) summarizing data, (4) reviewing and discussing summaries with key stakeholders to identify next steps, and (5) monitoring implementation. Child Trends' researchers will serve in an advisory capacity, working to support DBH staff in establishing a process for compiling and reviewing data and trouble-shooting challenges as they arise. DBH will oversee the CQI system, including developing the relationships between Expansion partners necessary to enable systematic data collection about behavioral health activities and outcomes in DC schools and convening partners to engage in data-driven decision-making.

- **Phase 1 (CQI Establishment):** Operationalize the plan by setting priorities for the CQI data system and establishing processes for data collection and data review. Track a few priority measures from existing data sources. Garner buy-in from Expansion partners. We anticipate Phase 1 would start in spring 2021 and take about 12-18 months to complete, although collection and review of data would be ongoing during this time.

- **Phase 2 (CQI Refinement):** Continue to refine the CQI processes. Track additional priority measures from existing data sources after successfully completing a cycle of collecting, summarizing, reviewing, and monitoring data from Phase 1.

- **Phase 3 (CQI Expansion):** Expand the CQI system. Track additional measures from new data sources, measures or sources provided by Expansion partners, and/or additional schools to answer further questions about the Expansion's performance.

Next steps

Child Trends will work with DBH in the spring of 2021 to set up and begin to implement the CQI system. Specific questions that DBH staff should consider in a final review and continue to ask as the CQI system is developed include:

1. Does the timeline seem realistic?
2. What challenges with implementation of the plan do you foresee?
3. Does the proposed CQI system seem to be designed to answer DBH's highest priority questions?
4. Which 3–5 data sources should be prioritized to create the initial centralized dataset for the CQI system?

Purpose of Continuous Quality Improvement (CQI)

CQI, or performance management, is essentially the process of collecting data on key components of an initiative, reviewing those data to identify where the initiative is working as expected and where it is not, and adjusting the initiative based on those data. The process does not have a defined start and end point and is a continuous cycle of tracking, monitoring, and adjusting. As suggested in the Expansion evaluation plan, we recommend using the Collective Impact framework to guide evaluation—including ongoing CQI efforts—for the Expansion. Collective impact is a “structured approach to problem solving” used by multiple organizations or actors from different sectors to achieve a common goal.[1] Collective impact is defined by five core components; one of which is an entity that serves in a backbone function—coordinating other agencies and organizations—a role similar to DBH’s role in the Expansion. Part of what makes collective impact initiatives successful is a commitment to ongoing learning and to adapting as challenges are identified. To enable this kind of learning, collective impact initiatives use a shared measurement system to track program implementation and outcomes to ensure consistent data collection and measurement of results across partners as well as a shared system of accountability for progress toward the common goal. Establishing a CQI system will benefit the Expansion and support DBH, as the backbone organization, in managing and overseeing the initiative by helping to: [2]

- **Identify aspects of the Expansion that appear to be working well and opportunities for improvement.** For example, CQI data might reveal that planning tools and professional development opportunities are widely used and seen as effective but that few schools have been successful in implementing Tier 2 activities.

- **Flag specific schools and CBOs (or school-CBO partnerships) where issues are arising to provide tailored supports.** For example, if there are schools where outcomes are not improving, the CQI data can point to what aspects of implementation quality (such as coordination, high-quality implementation of evidence-based programs, etc.) are also not happening. DBH and partners could then offer tailored support for those schools to address their specific challenges.

- **Make a data-informed case for ongoing support of the initiative.** A CQI system will allow DBH and other partnering agencies to use data to drive conversations about growing, sustaining, or changing the Expansion.

Key CQI questions for SBH Expansion

- Are behavioral health activities being planned, coordinated, and staffed as expected within schools?
- Are professional development and continuous learning resources being utilized by staff across the city?
- To what extent are students being referred to and receiving services?
- To what extent are students receiving Tier 3 services experiencing improved outcomes?

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[1] For more information about collective impact, see the Collective Impact Forum (https://www.collectiveimpactforum.org/).
[2] National Center for School Mental Health (2020). *School Mental Health Quality Guide: Impact.* NCSMH, University of Maryland School of Medicine. Retrieved from https://dm0gz550769cd.cloudfront.net/shape/ad/adc885587f996b5ef3e63d656e4d4c60.pdf

Best practices in CQI

There are several best practices that inform the CQI plan laid out in this memo.

Examine both *what* is working and *why* it is working. Track information about the key components of the Expansion in order to understand not just *what* is working (or not working) but *why*. Using the Expansion logic model to guide decisions about what information to measure will ensure that the most critical activities and outcomes of the Expansion are included. The Expansion logic model is on the following page and outlines how the Expansion works, that is, the ways that resources are used to conduct the activities that are expected to drive outcomes.

Get input from end users like clinicians, students, and families. Involve staff and community members in the design of a CQI system and in the ongoing review of data collected as part of that system. Anyone involved in collecting or reviewing data as part of a CQI system needs to buy into that system, or else they will see data collection as a burden rather than a valuable tool for program improvement. This includes DCPS, DC PCS, DBH, and CBO clinicians and staff.

Establish clear roles, responsibilities, and timelines. Build and codify (i.e., in writing) clear processes and timelines for collecting and reviewing data, along with clear roles and responsibilities for people involved in the different components of the CQI system.

Start small to establish a strong foundation. CQI systems are not built overnight, and organizations often start their CQI efforts by focusing on describing an intervention before collecting data on outcomes. Start with collecting data on a few key metrics that will answer important initial questions about the Expansion. Use that data to test and refine the CQI tracking system before scaling it up to include a more comprehensive set of measures that will require data from other partners (such as Office of the State Superintendent for Education [OSSE], DC PCS, and DCPS) or data from new sources (such as surveys of families and students). Starting small will allow for early successes that can establish critical buy-in from stakeholders.

Focus on improvement and avoid using data punitively. Use CQI data to create opportunities for learning, to identify areas in which staff need support, and to engender a culture of continuous improvement; do not use CQI data for punitive purposes. As the CQI processes are being developed, it will be important to consider what public reporting, if any, will use CQI data in order to make sure schools, CBOs, and other partners have a clear understanding of how the data will be used.

Additional resources on CQI

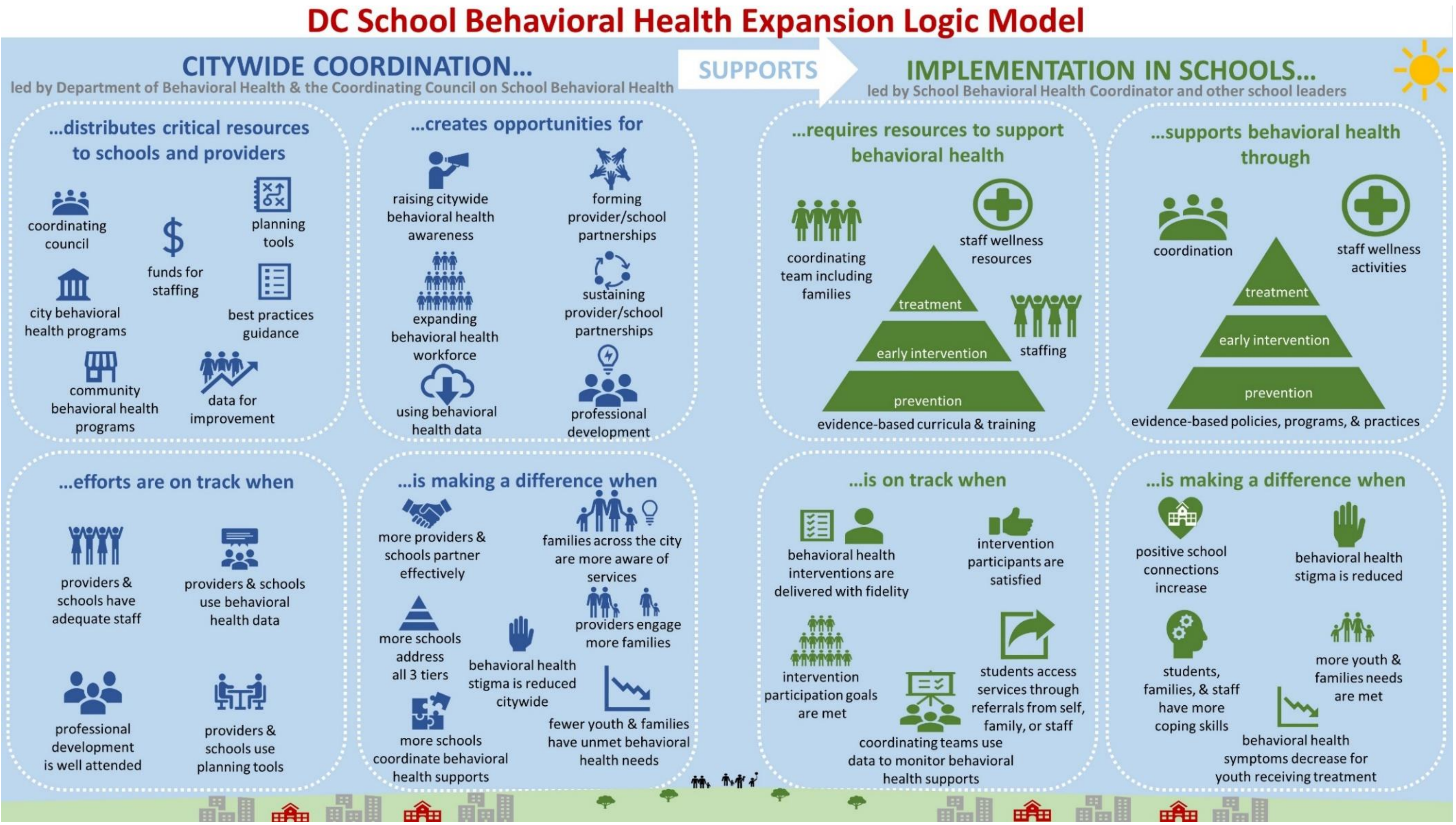
- Building Evidence for Effective Programs
  This is a series of brief videos. In addition to describing key concepts, the videos also illustrate the concepts through a case study. The final video includes a conversation with the former Director of Evaluation at the Latin American Youth Center. The webpage also includes links to several practical resources.

- Working Hard and Working Well: A Practical Guide to Performance Management
  This is a book with practical guidance about using data to monitor and improve programs that serve children, adults, and families. The author makes a case for the importance of performance management and outlines a process for establishing a culture of improvement.

- Making Data Pay Off
  This is a practical guide that outlines several different uses for data with respect to program quality and improvement. For each potential use, the guide includes a brief, real life example of an organization that sought to apply data to solve a problem or otherwise improve their program effectiveness.

Logic model

The Expansion logic model visually depicts how the initiative works, including describing the inputs, activities, outputs, and outcomes that make up the Expansion at both the systems-level (i.e., city-wide components of the Expansion) and the school-level (i.e., implementation of the Expansion in the schools). The logic model guides the CQI plan, in that it identifies the most important resources, outputs, and outcomes that should be tracked and monitored on an ongoing basis. As the logic model evolves and/or is refined (for example, based on lessons learned through ongoing data collection and review), the CQI plan should also be updated.



SBH Expansion CQI Plan

Overview

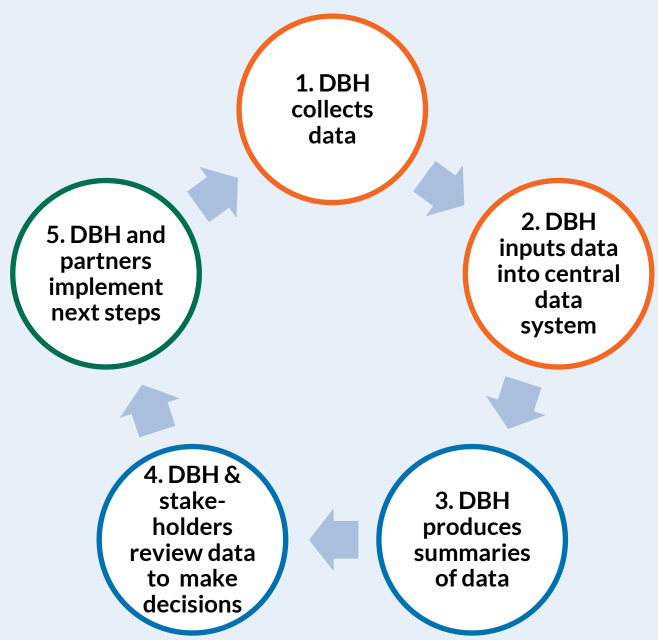
The SBH Expansion CQI system can be implemented using a phased approach that will enable DBH to gather input from and generate interest among key stakeholders to ensure that the system is set up to answer DBH and its partners' most important questions about the Expansion.

Phase 1: DBH will spend the first several months operationalizing the plan, including identifying DBH staff for each role, selecting measures, and developing and codifying processes for data collection and data review. These initial steps will require a fair amount of effort from DBH and the Expansion partners and are critical steps to ensure that the CQI system is user-friendly, informative, and functional. In Phase 1, a few priority measures from existing data sources will be tracked (see Table 1 for a list of measures for which Child Trends is aware of an existing data source; note that Child Trends recommends starting with a small number of data sources from Table 1). DBH has identified three data sources as the priority for Phase 1: (a) DBH and CBO clinician self-reported activities, (b) school principal satisfaction surveys, and (c) behavioral health outcome data for students receiving Tier 3 services from DBH and CBO clinicians. These data can be used by DBH and its partners to engage in the CQI process outlined in Figure 1 in order to demonstrate the ways CQI can support the implementation and improvement of the Expansion, although the data may not provide a complete picture of all behavioral health supports in all schools. Data from DCPS or other Expansion partners could be added gradually during Phase 1.

Phases 2 & 3: Once the system is running smoothly with a few initial measures, additional data can be added (see Table 2 for a list of potential measures). As other partners see the value of the CQI system for monitoring the Expansion as demonstrated in Phase 1, they may be increasingly motivated to find ways to collect and input data on additional schools and clinicians into the system. DBH can then continue to expand and refine the CQI system, adding data to answer additional questions about the Expansion's performance.

In implementing the CQI plan, DBH will engage in a cycle of continuous data collection and review. The first step is to collect data from multiple sources and input them into a central data system; those data are then summarized into charts, graphs, tables, and/or reports; those summaries are used to guide conversations about what is happening in the expansion with key stakeholders including the Coordinating Council, OSSE, DCPS, DC PCS, DC CoP, clinicians, school principals, youth, and families; those conversations help identify next steps (which could include collecting additional data); those next steps are then implemented; and data are monitored to see whether improvements are happening after changes are made.

Figure 1. The SBH Expansion CQI Cycle



In its role as the backbone of a collective impact strategy, DBH is the driver of the CQI system and is responsible for supporting the collection of data, synthesizing that data, and presenting that data to the other organizations and decision makers across the Expansion. To create a culture of continuous learning, staff at all levels across organizations involved in the Expansion need to use data to inform their work and need to be supported in developing capacity for data-driven decision-making (for example, through DC CoP trainings and/or by providing summaries of data collected back to school teams). Another key role in collective impact frameworks is the oversight group or steering committee, such as the Coordinating Council for School Behavioral Health, which is responsible for overseeing progress of the entire initiative.

The key roles in operating a CQI system include:

- **CQI manager** – oversees process, ensures process is codified, involves stakeholders in review sessions, and communicates next steps.
- **Data manager** – sets up CQI data system, coordinates getting data from respective "owners," compiles data into the CQI data system, and checks data for quality (e.g., following up on missing data, flagging when there are unexpected values).
- **Reporting manager** – works with CQI manager and data manager to determine format for summaries of data and produces summary charts, tables, and written overviews.
- **CQI advisory group** – this group of stakeholders from across the initiative provides input on what data to collect (or the most important questions to be answered, which, in turn, determines what data to collect), reviews data summaries, and advises DBH and its partners on course corrections or actions to take in response to that data.

One person could fulfill multiple roles, for example, someone could be both the data and reporting manager and serve on the advisory group. Identifying staff to fill these roles and clearly defining their responsibilities will be a key activity during Phase 1. This includes coordinating with Expansion partners, such as OSSE, DC PCS, and DCPS, to identify who will be on the CQI advisory group responsible for reviewing data and making decisions about next steps and further defining the scope of this advisory group, particularly to clarify how its role is different or overlaps with the roles of other improvement-focused bodies in DC working to address school behavioral health.

Data Collection (Steps 1 & 2)

The Expansion CQI system should track the system- and school-level outputs ("on track when…") and outcomes ("making a difference when…") laid out in the logic model in order to identify what parts of the Expansion are happening as expected (i.e., outputs) and where progress is being made toward the goals of the Expansion (i.e., outcomes). Although eventually the ideal CQI system will track all aspects of the Expansion that are identified in the logic model, the process of collecting data for all schools on every component will be resource- and time-intensive. Instead, we recommend that DBH start by identifying one or two priority measures of each of the Expansion's key components that can be monitored using existing data that is collected either by DBH or by DBH contractors or data that would take a relatively minimal effort to collect (see Table 1 for a full list of measures that meet these criteria to consider for Phase 1 and 2). DBH has identified three data sources as the priority for Phase 1: (a) DBH and CBO clinician self-reported activities, (b) school principal satisfaction surveys, and (c) behavioral health outcome data for students receiving Tier 3 services from DBH and CBO clinicians (the timing for collecting these data are outlined in Table 3). Data will need to be collected from various sources, then combined and stored in a central database. DBH may want to consider investing in a data management system; starting with a limited set of data at the beginning could possibly allow DBH to start by storing data in spreadsheets if there are concerns about the process of acquiring a data management system taking too long. For school-level data, the database should allow for sorting data by school (and possibly also by CBO) and tracking data over time in order to examine trends. Since the data will be coming from several different sources, before data can be uploaded into the CQI data system, the data manager will need to review data for quality (e.g., checking for missing data or values that are impossible such as reporting an unreasonable number of sessions given reported caseloads) and may need to aggregate data up from the clinician or student level to the school level. Data systems may be able to reduce some of this data management burden, for example, if schools enter data directly into the CQI data system.

Data Review and Reporting (Steps 3 & 4)

Once data have been compiled into a CQI data system, they need to be reviewed regularly by multiple stakeholders in review sessions that allow for reflection and discussion of the data to identify the important messages and next steps indicated by the data. This process is sometimes referred to as “sense making.” It is during this time that stakeholders practice “asking questions” of the data. Initially, questions may be more about understanding what is happening city-wide and in schools related to the Expansion. After the CQI system has been in place for some time, questions may become more granular and specifically focused on areas of challenge or follow up on how course corrections appear to be working.

At a minimum, the CQI advisory group should be included in data review sessions, and members of the group should help the DBH CQI manager facilitate discussion of the data, asking questions of the group and guiding the group to define actionable next steps (one of which may be to gather additional information in order to better understand some aspect of the Expansion). The advisory group should include stakeholders from across the Expansion, including representatives from the Coordinating Council, DC CoP (such as the DC CoP facilitators), OSSE, DCPS, DC PCS, CBOs, school staff, and clinicians. At times, students and families should be included in data review sessions to help interpret that data and to help shape decisions about next steps. The recommendations that come out of these sessions should not always be to make changes to some part of the Expansion; often, next steps will be to reach out to schools and/or CBOs to offer additional support and resources or to engage in conversation and collaboration around an issue identified in the data.

To make these sessions productive and facilitate discussion, DBH should produce summaries of the data in the form of brief written reports (e.g., bulleted high-level descriptions on PowerPoint slides), tables of data, or graphs that lay out the descriptive statistics (e.g., average percent of students at schools who receive Tier 2 interventions) and any patterns or themes (e.g., schools with high quality workplans have higher numbers of youth self-referrals).

Potential stakeholder discussion questions

- Is this what we would have expected, given what we know about how the Expansion was designed and how we think it is going?
- Are different schools implementing the Expansion differently? For example, are some schools doing more of one component and less of the other? What do those schools have in common?
- Are behavioral health services happening at all three tiers? If not, are interventions being offered more as part of one tier than others? What do we know about why that is?
- What questions do we have about the Expansion that cannot be answered with the data we have? What information do we need to answer those questions?

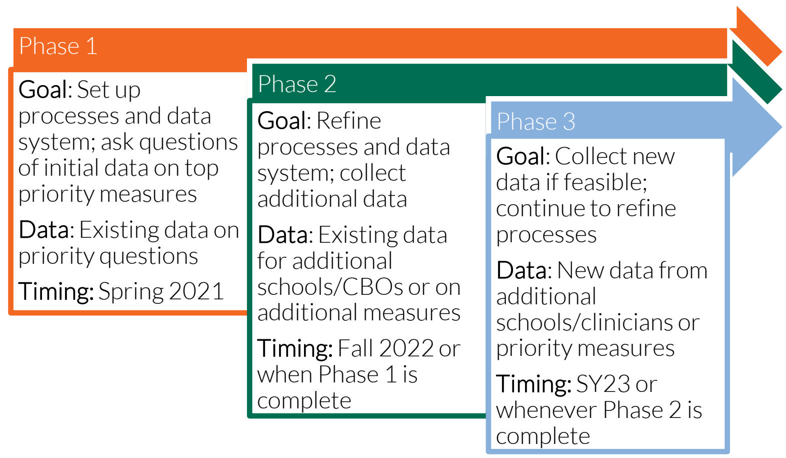
Implement and monitor changes (Step 5 → Step 1)

When DBH and its partners determine next steps to be implemented (e.g., offering additional supports to a set of schools with a particular challenge or implementing a citywide campaign to address behavioral health stigma), the planning process should include consideration of which data will be needed to determine whether the change was effective. When existing data are not sufficient, DBH and its partners should determine what data to collect and develop a joint plan for collecting and reviewing those data.

Timeline

Building a strong CQI system takes time. Many of the things that we most want to know about school behavioral health in DC—in particular, the overall behavioral and emotional health of students, staff, and families—are not easily known with the data that is immediately available. However, there are several existing sources of data that, when compiled into a single system, can give DBH and its partners a sense of how the Expansion is being implemented in schools, without having to develop extensive new systems for data collection and monitoring. In the recommended phased approach to developing a CQI system for the Expansion, data that is more readily available is collected into a centralized system and reviewed first. Data that will require additional effort to collect or that are already collected but would be difficult to gather into a single data system could be incorporated in later phases over the course of several school years. An overview of the phases is in Figure 2.

Figure 2. Overview of CQI system phases



A detailed description of the phases starts on page 9, with a checklist of major tasks for each phase. The timeline for data collection for Phase 1 is in Table 3, and the detailed workplan timeline for the initial months of Phase 1 is in Table 4. An overall timeline for the CQI system rollout is in Table 5. We do not recommend that Phase 2 begin until DBH has completed an entire cycle of collecting, summarizing, reviewing, and drawing conclusions from Phase 1 data. This may take longer than is laid out in the suggested timeline, but it is important that the CQI system and processes are in place and running smoothly before scaling it up. The timeline was developed with the specific phased approach of collecting data from existing sources first; should DBH and its partners decide not to use this approach and instead prioritize gathering new data in Phase 1, the Phase 1 timeline would have to be adjusted and the installation of the CQI system would likely need to be extended.

Information to Guide Planning for SBH Expansion CQI

The information and tables on the following pages provide additional details that can inform the further development and operationalization of the CQI plan.

- **Phases at a glance** describes each phase in more detail, including a checklist of the major tasks to be accomplished.
- **Tables 1 and 2** list measures of the Expansion components and outcomes. Table 1 is the list of measures for which Child Trends is aware of an existing data source for at least some schools, but Child Trends is not aware of an existing data source collected by DBH that includes every school in DC. The reader can use the information in these tables to:
    - Guide discussion about what measures are a priority to include in the CQI data system.
    - Assess if there are any questions of interest that would not be addressed by at least one of these measures.
    - Consider how each measure would help Expansion partners monitor the initiative. For example, if you learn that only 20% of schools have workplans that address all three tiers, what would be some possible next steps? What information would still be needed to determine next steps?
- **Table 3** is an overview of the data collection timeline for Phase 1 for the data sources that were identified by DBH as the top priority for Phase 1.
- **Table 4** is a timeline for the first six months of Phase 1.
- **Table 5** is timeline for the phases and rollout of the CQI system.

Phases at a glance: Phase 1

Level of effort considerations

Phases at a glance: Phase 2

Level of effort considerations

Continuing to use only data for schools with a DBH clinician and/or a CBO clinician would require the least additional effort. Collecting data for schools with DCPS clinicians would require additional effort but would enable a more complete picture of the expansion and outcomes across the city as well as identify more DCPS schools in need of support.

Questions to be answered about behavioral health supports in additional schools:

- What components of the expansion are happening as planned and has this changed year over year?
- What components of the expansion are not happening as planned?
- Is there evidence of improvement after adjustments were made or support was provided based on Phase 1 CQI cycle?
- What schools and/or CBOs appear to need additional support to implement the expansion, and in what areas do they need support?
- What are the behavioral health outcomes of youth receiving Tier 3 services from DBH clinicians and how have they changed year over year?

Existing data collected by or easily accessible to DBH (Table 1):

- Additional measures from the same data sources as Phase 1, with the possible addition of data on DCPS clinician activities

Checklist of key tasks

- ☐ Review Phase 1 measures and refine or drop any that have not been informative
- ☐ Collect data for Phase 2 measures (this could include setting up data sharing agreements with partners or adding questions to existing surveys)
- ☐ Enter/upload data on Phase 2 measures into CQI data system
- ☐ Review data quality
- ☐ Produce data summaries of Phase 1 and 2 data
- ☐ Hold CQI advisory group meeting(s) to review data summaries
- ☐ Make plans based on data, such as identifying schools in need of support
- ☐ Identify data needed to monitor results of plans
- ☐ Implement plans and monitor progress
- ☐ Work with partners to develop data sharing agreements for Phase 3 measures as needed
- ☐ Develop new surveys or data collection tools for Phase 3 measures as needed

* The exact questions and data sources for each phase will depend on which measures DBH prioritizes for Phase 1, 2, and 3.

Phases at a glance: Phase 3

Level of effort considerations

Table 1. CQI measures from logic model recommended for Phase 1 and 2.

In order to ensure the CQI system will be able to answer questions about what is happening in the SBH Expansion as well as why things are happening the way they are, it is important to include a mix of implementation-focused data and outcomes-focused data. We have proposed a phased approach to building the CQI system, starting with existing data that answer high-priority questions. Because establishing those priorities will likely require some discussion among DBH and its partners in the Expansion, we have provided a list of potential data points for consideration along with information related to what each data point might contribute to the CQI system and likely existing sources of data. This data comes from various sources, but it is our understanding that it is all accessible to DBH or would be assessable with minimal effort (such as adding a question to an existing survey). DBH may be able to identify additional measures for which there is data. There are other existing data sources such as the Health and Physical Education Assessment (HPEA), the Youth Risk Behavior Survey (YRBS), and Panorama survey that contain some measures of behavioral health outcomes, including mental health knowledge and school climate, but Table 1 does not include those sources because DBH would most likely need to enter into a data sharing agreement in order to gain access to the data. The priority measures identified for Phase 1 by DBH are bolded below. Data sources being collected by Child Trends for the SBH Expansion evaluation are marked with an asterisk.

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*	**Youth survey***	**Family survey***	**Staff survey***	**Principal satisfaction survey**	**DBH records/admin. data**	**DBH clinician iCAMS data**	**DBH & CBO clinician survey**	**DC CoP records/admin. data**	**DC CoP participant survey**
System	Implementation	Providers and schools have adequate staff	DBH-CBO coordination	# of joint DBH/CBO supervisor meetings					X				
System	Implementation	Providers and schools have adequate staff	Quality of staffing supports	# of positions filled via portal					X				
System	Implementation	Providers and schools have adequate staff	Use of staffing supports	# of resumes/profiles submitted via workforce portal					X				
System	Implementation	Providers and schools have adequate staff	Use of staffing supports	# of CBOs/employers accessing portal					X				
System	Outcomes	Providers and schools have adequate staff	Adequate clinician staffing levels	# of clinicians in schools with high levels of need or ratio of clinicians to students in schools with high level of need					X				
System	Outcomes	Providers and schools have adequate staff	Adequate clinician staffing levels	% CBOs assign clinician to a school within 3 months of matching and prior to the start of school					X				

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*	**Youth survey***	**Family survey***	**Staff survey***	**Principal satisfaction survey**	**DBH records/admin. data**	**DBH clinician iCAMS data**	**DBH & CBO clinician survey**	**DC CoP records/admin. data**	**DC CoP participant survey**
System	**Outcomes**	**Providers and schools have adequate staff**	**Adequate clinician staffing levels**	**% of principals satisfied with staffing levels**				**X**					
System	Implementation	Professional development is well attended	Participation in DC CoP	# of school-based participants in DC CoP								X	
System	Implementation	Professional development is well attended	Participation in DC CoP	# of DBH, DCPS, DCPCS, and CBO participants in CoP								X	
System	Implementation	Professional development is well attended	Participation in DC CoP	% of participants in DC CoP representing diverse roles (e.g., DBH, CBO, and DCPS clinicians, administrators, school staff)								X	
System	Implementation	Professional development is well attended	Quality of DC CoP activities	% satisfied with DC CoP activities/ sessions									X
System	Implementation	Professional development is well attended	Reach of DC CoP	# DC CoP sessions held								X	
System	**Implementation**	**Providers and schools have adequate staff**	**Quality of matching process**	**# of schools/CBOs satisfied with matching process**				**X**					
System	Implementation	Providers and schools use planning tools	Reach of TA supports	Average # interactions with TA/DBH clinical specialist across all school teams					X				
System	Outcomes	Providers and schools use planning tools	Quality of SBH plans	% of schools that complete planning activities/documents					X				
System	Outcomes	Providers and schools use planning tools	Quality of SBH plans	% of schools with plans that address all Tiers					X				
System	Outcomes	Providers and schools use planning tools	Quality of SBH plans	% of schools with clearly documented referral pathway					X				

Level	Measure of implementation or outcomes? • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	Logic model component *Which component of the logic model this measures*	Metric *The type of information that addressed by the measure related to components of the logic model.*	Measure *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*	Youth survey*	Family survey*	Staff survey*	Principal satisfaction survey	DBH records/admin. data	DBH clinician iCAMS data	DBH & CBO clinician survey	DC CoP records/admin. data	DC CoP participant survey
System	Outcomes	Reduced behavioral health stigma	Student perceptions of behavioral health	% of students reporting behavioral health stigma	X								
System	Outcomes	Reduced behavioral health stigma	Family perceptions of behavioral health	% of families reporting behavioral health stigma		X							
System	Outcomes	Increased awareness of services	Student awareness of services	% of students reporting awareness of services	X								
System	Outcomes	Increased awareness of services	Family awareness of services	% of families reporting awareness of services		X							
System	Outcomes	Fewer youth and families have unmet behavioral health needs	Family behavioral health needs	% of families reporting unmet behavioral health needs		X							
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Quality of SBH plans	% of schools with workplans deemed high quality using rubric					X				
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Quality of SBH plans	% of schools with workplan that clearly supports integration of all clinicians					X				
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Integration of clinicians into SBH team	% of clinicians that perceive support among other clinicians							X		
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Integration of clinicians into school staff	% of clinicians that perceive support from staff/leadership							X		
School	Implementation	Intervention participation goals are met	Tier 1 service delivery	% of students, staff, and families exposed to Tier 1 activities						X	X		
School	Implementation	Intervention participation goals are met	Tier 1 service delivery	# of Tier 1 sessions delivered						X	X		

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*	Youth survey*	Family survey*	Staff survey*	Principal satisfaction survey	DBH records/admin. data	DBH clinician iCAMS data	DBH & CBO clinician survey	DC CoP records/admin. data	DC CoP participant survey
School	Implementation	Intervention participation goals are met	Tier 2 service delivery	% of students, staff, and families exposed to Tier 2 interventions (ideally, this will be 15-20% of students at the most)						X	X		
School	Implementation	Intervention participation goals are met	Tier 2 service delivery	# of Tier 2 sessions delivered						X	X		
School	Implementation	Intervention participation goals are met	Tier 3 service delivery	% of students receiving Tier 3 intervention						X	X		
School	Implementation	Intervention participation goals are met	Tier 3 service delivery	# of Tier 3 sessions delivered						X	X		
School	Implementation	Behavioral health interventions are delivered with fidelity	Tier 1 service delivery	% of clinicians adequately prepared to deliver Tier 1 activities							X		
School	Implementation	Behavioral health interventions are delivered with fidelity	Tier 2 service delivery	% of clinicians adequately prepared to deliver Tier 2 activities							X		
School	Implementation	Behavioral health interventions are delivered with fidelity	Tier 3 service delivery	% of clinicians adequately prepared to deliver Tier 3 activities							X		
School	Outcomes	Behavioral health symptoms decrease for youth receiving treatment	Youth behavioral health outcomes	% of students in Tier 3 treatment with positive BH outcomes (e.g., reduced symptoms over time)					X				
School	Outcomes	Reduced behavioral health stigma	Student perceptions of behavioral health	% of students reporting behavioral health stigma	X								
School	Outcomes	Reduced behavioral health stigma	Family perceptions of behavioral health	% of families reporting behavioral health stigma		X							

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*	Youth survey*	Family survey*	Staff survey*	Principal satisfaction survey	DBH records/admin. data	DBH clinician iCAMS data	DBH & CBO clinician survey	DC CoP records/admin. data	DC CoP participant survey
School	Outcomes	Increased awareness of services	Student awareness of services	% of students reporting awareness of services	X								
School	Outcomes	Increased awareness of services	Family awareness of services	% of families reporting awareness of services		X							
School	Outcomes	Increased staff wellness	Perceived wellness among staff	% of staff reporting positive well-being			X						
School	Outcomes	Increased staff wellness	Perception of staff wellness supports	% of staff reporting positive perception of wellness supports			X						

Table 2. CQI measures from logic model recommended for consideration in Phase 3.

Table 2 describes the outputs and outcomes from the Expansion logic model that are recommended for consideration for Phase 3 because they will require additional data collection effort. For some of these measures, data is likely being collected by DCPS, OSSE, DC PCS, or other Expansion partners. For other measures, there is no known existing data source, and these data would need to be collected through new processes such as surveys of school staff, families, and students. An initial step for DBH is to review the measures in Table 2 to determine if there are existing data sources accessible to DBH that include these measures, in which case, they could be considered for Phase 1 or 2.

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*
System	Implementation	Professional development is well attended	Quality of DC CoP activities	% of DC CoP participants that perceive DC CoP materials to be high quality
System	Implementation	Professional development is well attended	Quality of DC CoP activities	% of DC CoP participants that report opportunities to collaborate across roles
System	Implementation	Providers and schools have adequate staff	Financial sustainability	% of CBOs satisfied with financial support
System	Implementation	Providers and schools have adequate staff	Quality of clinician supervision	% of CBO supervisors that meet regularly with clinicians
System	Implementation	Providers and schools have adequate staff	Quality of DBH-CBO coordination	% of staff satisfied with joint DBH/CBO supervisor meetings
System	Implementation	Providers and schools have adequate staff	Quality of staffing supports	% of candidates and employers satisfied with the portal
System	Implementation	Providers and schools have adequate staff	Quality of staffing supports	% of CBOs satisfied with qualifications of candidates
System	Implementation	Providers and schools use behavioral health data	Use of shared data	# of city agencies and school leaders that report using the resource map for planning
System	Implementation	Providers and schools use behavioral health data	Use of shared data	# of schools/CBOs that are familiar with data requests related to Tier 1/2/3 services
System	Implementation	Providers and schools use behavioral health data	Use of shared data	% satisfied with data that is provided by DBH and OSSE to schools/CBOs for quality improvement
System	Implementation	Providers and schools use behavioral health data	Use of shared data	% of schools submit data on delivery of Tier 1/2/3 EBPs
System	Implementation	Providers and schools use behavioral health data	Use of shared data	% of CBOs submit data on delivery of Tier 1/2/3 EBPs
System	Implementation	Providers and schools use planning tools	Participation in SBH training	# of clinicians reporting attendance to school behavioral health-related training
System	Implementation	Providers and schools use planning tools	Quality of planning supports	% of staff satisfied with training on planning tools

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*
System	Implementation	Providers and schools use planning tools	Use of planning supports	# of school teams that complete training on planning tools
System	Outcomes	Behavioral health stigma is reduced citywide	Stigma	% of families with positive perceptions of help-seeking
System	Outcomes	Behavioral health stigma is reduced citywide	Stigma	% of youth with positive perceptions of help-seeking
System	Outcomes	Families across the city are aware of more services	Behavioral health awareness	# of youth and families that are familiar with the SBH Expansion
System	Outcomes	Fewer youth and families have unmet behavioral health needs	Unmet needs	% of families reporting unmet behavioral health needs
System	Outcomes	Fewer youth and families have unmet behavioral health needs	Unmet needs	% of youth reporting unmet behavioral health needs
System	Outcomes	More providers and schools partner effectively	Financial sustainability	% of CBOs achieve target billing amount
System	Outcomes	More providers and schools partner effectively	Partnership satisfaction	% of schools satisfied with CBO supports
System	Outcomes	More schools address all 3 tiers	Support for all 3 tiers	% of CBOs with professional development plans that address Tier 1/2/3 services and emphasize family engagement, trauma, and cultural relevance
System	Outcomes	More schools address all 3 tiers	Support for all 3 tiers	% of CBO supervisors with knowledge of school-based EBPs across all Tiers
System	Outcomes	More schools coordinate behavioral health supports	Cross-school learning	% of schools with School Behavioral Health teams that engage in cross-school sharing of best practices
System	Outcomes	Providers engage more families	Quality of clinician supervision	% of CBO supervisors with knowledge of family engagement strategies
School	Outcomes	More youth and family needs are being met	Unmet needs	% of families reporting unmet needs
School	Implementation	Behavioral health interventions are delivered with fidelity	Clinician knowledge	% of clinician with high family engagement capacity
School	Implementation	Behavioral health interventions are delivered with fidelity	Quality of staff wellness services	% of staff wellness activities delivered with fidelity
School	Implementation	Behavioral health interventions are delivered with fidelity	Quality of Tier 1 services	% of Tier 1 activities delivered with fidelity
School	Implementation	Behavioral health interventions are delivered with fidelity	Quality of Tier 2 services	% of Tier 2 activities delivered with fidelity
School	Implementation	Behavioral health interventions are delivered with fidelity	Quality of Tier 3 services	% of Tier 3 activities delivered with fidelity

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*
School	Implementation	Behavioral health interventions are delivered with fidelity	Staff behavioral health knowledge	% of staff with knowledge of EBP Tier 1/2 strategies
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Family engagement in planning	# of families and youth that participate in planning/monitoring quality
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Integration of clinicians into school BH team	% of staff with positive perceptions of integration of clinicians
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Quality of SBH plans	% of SSTs that are adequately thorough
School	Implementation	Coordinating teams use data to monitor behavioral health supports	SBH plans in place	% of stakeholders familiar with SBH plans
School	Implementation	Coordinating teams use data to monitor behavioral health supports	Use of shared data	SBH/wellness teams collected data on Tier 1/2/3 EBPs
School	Implementation	Intervention participants are satisfied	Quality of staff wellness services	% of staff satisfied with wellness activities
School	Implementation	Intervention participants are satisfied	Quality of Tier 1 services	% satisfied with Tier 1 activities (students, family members, staff)
School	Implementation	Intervention participants are satisfied	Quality of Tier 2 services	% satisfied with Tier 2 activities (students, family members, staff)
School	Implementation	Intervention participants are satisfied	Quality of Tier 3 services	% satisfied with Tier 3 activities (students, family members, staff)
School	Implementation	Intervention participation goals are met	Staff wellness service delivery	% of staff exposed to staff wellness interventions
School	Implementation	Intervention participation goals are met	Staff wellness service delivery	# of staff wellness activities / exposure
School	Implementation	Intervention participation goals are met	Exposure to Tier 1 services	Dosage of Tier 1 activities (e.g., hours of exposure)
School	Implementation	Intervention participation goals are met	Exposure to Tier 2 services	Dosage of Tier 2 activities (e.g., hours of exposure)
School	Implementation	Intervention participation goals are met	Exposure to Tier 3 services	Dosage of Tier 3 intervention (e.g., hours of exposure)
School	Implementation	Intervention participation goals are met	Adequate staffing levels	% of clinicians with optimal caseload
School	Implementation	Students access services through referrals from self, family, or staff	Referral system in place	# of family referrals to Tier 2 and 3 services
School	Implementation	Students access services through referrals from self, family, or staff	Referral system in place	% of staff familiar with referral pathways to Tier 2 and 3 services
School	Implementation	Students access services through referrals from self, family, or staff	Referral system in place	# of youth self-referrals to Tier 2 and 3 services

Level	**Measure of implementation or outcomes?** • *Implementation: related to outputs from the logic model* • *Outcomes: related to outcomes from the logic model*	**Logic model component** *Which component of the logic model this measures*	**Metric** *The type of information that addressed by the measure related to components of the logic model.*	**Measure** *How the metric will actually be measured. This is generally in the form of an increase or decrease in the amount (#) or proportion (%) of a given metric.*
School	Implementation	Students access services through referrals from self, family, or staff	SBH plans in place	% of referrals that follow referral pathways
School	Outcomes	Behavioral health stigma is reduced	Behavioral health stigma	% of students with positive perceptions of help seeking
School	Outcomes	Behavioral health stigma is reduced	Behavioral health stigma	% of staff with positive perceptions of help seeking
School	Outcomes	Coordinating teams use data to monitor behavioral health supports	Integration of clinicians into school BH team	% of CBOs participating in monitoring quality
School	Outcomes	Coordinating teams use data to monitor behavioral health supports	Staff collaboration with clinicians	% of staff reporting collaboration with clinicians
School	Outcomes	More youth and family needs are being met	Youth and family leadership	% of families in leadership positions
School	Outcomes	More youth and family needs are being met	Staff behavioral health knowledge	% of staff with knowledge of family engagement skills
School	Outcomes	More youth and family needs are being met	Youth and family leadership	% of youth in leadership positions
School	Outcomes	Positive school connections increase	Attendance	% of students chronically absent
School	Outcomes	Positive school connections increase	Clinician turnover	% of clinicians who leave the school each year
School	Outcomes	Positive school connections increase	Discipline	% of students suspended
School	Outcomes	Positive school connections increase	Family engagement	# of families actively participating in school activities
School	Outcomes	Positive school connections increase	School climate	% of students with positive perceptions of school climate
School	Outcomes	Positive school connections increase	Staff turnover	% of staff that leave the school each year
School	Outcomes	Positive school connections increase	Trusted adult	% of students that report having a trusted adult at school
School	Outcomes	Students, families, and staff have more coping skills	Family behavioral health outcomes	Families' behavioral health literacy /awareness
School	Outcomes	Students, families, and staff have more coping skills	Staff behavioral health outcomes	Staff behavioral health literacy/awareness
School	Outcomes	Students, families, and staff have more coping skills	Staff stress	% of staff reporting high stress levels
School	Outcomes	Students, families, and staff have more coping skills	Youth behavioral health outcomes	Youth behavioral health literacy/awareness
School	Outcomes	Students, families, and staff have more coping skills	Youth behavioral health outcomes	Youth coping skills

Table 3. Overview of Phase 1 data collection timeline for data sources identified by DBH as priority for Phase 1

	2021										2022					
Domain **Data source**	**March**	**April**	**May**	**June**	**July**	**Aug**	**Sept**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**March**	**April**	**May**	**June**
Student outcomes																
CAFAS (DBH clinicians)																
TBD assessment tool (CBO clinicians)																
Student survey*																
Family outcomes																
Caregiver survey*																
Teacher outcomes																
Staff survey*																
Partnership quality																
Principal satisfaction survey																
Clinician activity																
iCAMs (DBH clinicians)																
Self-report survey (CBO clinicians)																

** Data being collected by Child Trends for the SBH Expansion evaluation that can also be used for CQI purposes. Surveys will be sent to as many schools as possible, but response rates will likely vary and data may not be available for all schools.*

Table 4. Timeline for first five months of Phase 1 (Spring and Summer 2021)

	March		April		May		June		July	
	1-15	16-31	1-15	16-30	1-15	16-31	1-15	16-30	1-15	16-31
Data collection										
DBH sends CAFAS and iCAMs data to CT for Aug 2020-Feb 2021										
DBH sends CAFAS and iCAMs data to CT for previous month										
DBH identifies common student assessment tool										
DBH trains clinicians on common student assessment tool										
CT works with SBHCs to collect teacher survey as part of evaluation activities										
CT works with SBHCs to collect student survey as part of evaluation activities										
CT works with SBHCs to collect caregiver survey as part of evaluation activities										
DBH sends Principal satisfaction survey										
Operationalize CQI plan										
DBH and CT develop detailed timeline for Phase 1										
DBH identifies staff for key CQI roles										
CT meets with DBH CQI staff to plan Phase 1										
DBH begins to plan for CQI technology system/database										
Data reporting and review										
DBH identifies staff for CQI Advisory Committee										
CT works with DBH staff to aggregate, clean, analyze data										
DBH and CT prepare for 1st review meeting										
1st review meeting (data from DBH clinicians only)										
DBH prepares for 2nd review meeting with CT support										
2nd review meeting (data from DBH and CBO clinicians)										

Table 5. Suggested timeline for CQI phases.

	SY21		SY22			SY23			SY24	
Phase	**Spring 2021**	**Summer 2021**	**Fall 2021**	**Spring 2022**	**Summer 2022**	**Fall 2022**	**Spring 2023**	**Summer 2023**	**Fall 2023**	**Spring 2024**
1	Gather existing Phase 1 data	Input data into system, hold initial review meetings	Collect/review Phase 1 SY22 data on rolling basis	Collect/review Phase 1 SY22 data on rolling basis	Make any adjustments to Phase 1 measures					
2*				Add Phase 2 SY22 data into system	Review Phase 2 SY 22 data across schools	Collect/review Phase 2 SY23 data	Collect/review Phase 2 SY23 data	Make any adjustments to Phase 2 measures		
3					Plan for rollout of Phase 3 measures	Start to collect Phase 3 data	Add Phase 3 SY23 data into system	Review Phase 3 data across schools	Collect/ review Phase 3 SY24 data	Collect/ review Phase 3 SY24 data
Data in the CQI data system			Phase 1	Phase 1 Phase 2	Phase 1 Phase 2	Phase 1 Phase 2	Phase 1 Phase 2 Phase 3	Phase 1 Phase 2 Phase 3	Phase 1 Phase 2 Phase 3	Phase 1 Phase 2 Phase 3

** Phase 2 should only begin once DBH and partners have gone through an entire cycle of collecting, summarizing, and reviewing Phase 1 data. See Tables 1 and 2 as well as Phases at a glance for more information on data in the CQI system at each phase.*