School Behavioral Health Expansion Evaluation

Summary of Findings from SY 2021-2022:

Providing Multi-tiered Support for Behavioral Health

Child Trends

DBH
DEPARTMENT OF BEHAVIORAL HEALTH

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Executive Summary

The behavioral health needs of students have been brought to the forefront nationwide by the COVID-19 pandemic, which exacerbated and introduced new stressors and trauma for students and families. Prior to the pandemic, in 2018, the District of Columbia Department of Behavioral Health (DBH)—alongside community-based organizations (CBOs), Office of the State Superintendent of Education (OSSE), the District of Columbia Public Schools (DCPS), and the District of Columbia Public Charter School Board (DCPCSB), among other partners—launched an effort to increase access to behavioral health supports for students attending public and public charter schools across the city. That effort included a four-year, phased approach to facilitating partnerships between schools and community-based behavioral health providers. The 2021-2022 school year, which is the focus of this report, marked the return of all students and staff to in-person instruction in schools since the pandemic began for the full school year. The 2021-2022 school year is also the year the final cohort of schools joined the expansion. This report discusses findings from the second year of an evaluation of the expansion of behavioral health services within DC public and public charter schools, and reflects the perceptions and experiences of students, families, and staff surveyed across more than 200 schools. Findings highlight overall patterns and differences across groups and offer related recommendations around strengthening supports for all stakeholders.

Bright spots

- Students and families reported positive experiences within the school environment, including a sense of connectedness, having a trusted adult, and perceived support from teachers and principals.
- Most students and families reported comfort seeking help from a therapist or counselor at school.
- Few families said that they had attempted to access behavioral health supports at school for their child and been unsuccessful.
- It is promising that both LGBQ and heterosexual students have similar experiences with having a trusted adult and feeling connected to school and that most Hispanic and Black families feel comfortable talking with an adult at their child's school – these strengths can be leveraged to addressed noted challenges.
- Staff reported feeling knowledgeable about warning signs of behavioral health challenges and familiarity with the referral process. School behavioral health coordinators (SBHCs) felt confident in staff utilization of the referral process.
- Staff, including SBHCs, expressed positive views around the adequacy of multi-tiered supports.
- Many staff who reported referring students for behavioral health services believed the students benefited in several ways such as decreased behavior incidents and improved symptoms.

- Most SBHCs who reported using Community of Practice (CoP) resources found them helpful.

Challenges & opportunities

- About half of students are not confident that they know where to go for help and more than one third would not want to see a therapist or counselor at school.
- Student exposure to services across tiers is low, with only about one-third reporting exposure to most tiers of support. Of students who reported exposure to services, about 1 in 10 did not find it helpful. Additionally, about 2 out of 5 students reported not participating in services across tiers.
- Some groups report more negative experiences than their peers: LGBQ students perceived lower levels of support from teachers and principals and reported greater unmet need; Hispanic and Black families reported less comfort with their child seeing a therapist or counselor at schools and Hispanic families felt less confident in knowing how to get help; classroom teachers tended to have a less positive assessment of supports at their school than behavioral health staff.
- SBHCs report limited or no involvement of students and families in the development and monitoring of school behavioral health plans.
- Though staff report feeling relatively hopeful and engaged, many report high levels of stress and exhaustion.
- SBHCs spend a limited amount of time each week on related duties.
- Attendance at CoP sessions is limited, and application of related skills and knowledge varies across months.

Recommendations

The provision of high-quality, multi-tiered behavioral health supports in schools requires coordination across multiple partners. We highlight potential strategies for enhancing school-based behavioral health supports at the system-level and the school-level.

System-level recommendations

- The Coordinating Council on School Behavioral Health should develop a written, strategic, cross-sector plan for promoting the behavioral health of students, families, and school staff that outlines specific contributions of government agencies and community partners.
- The Department of Behavioral Health should establish additional positions to: (1) focus on the collection and use of implementation and outcomes data for CQI and (2) provide training and technical assistance to build the capacity of school teams to use data to plan and monitor their efforts.

- The Department of Behavioral Health, with input from the Coordinating Council on School Behavioral Health, should provide clear guidance for school behavioral health teams with respect to involving students and families in planning and monitoring their efforts.
- The Community of Practice (CoP) should receive additional resources to pilot a new strategy to increase participation of school leaders, educators, students, families, health professionals, and behavioral health providers to promote effective teaming.
- The Coordinating Council on School Behavioral Health should explore the potential benefits of a dedicated School Behavioral Health Coordinator position in each school.

School-level recommendations

- All school behavioral health teams should involve students and families in planning and monitoring their efforts.
- All school behavioral health teams should have a plan to ensure awareness of available behavioral health supports among students, families, and staff that includes roles for school leadership and educators, not just behavioral health providers.
- School behavioral health teams should identify groups of students and families who are not benefiting from current behavioral health supports and set specific goals to address their needs, including strategies for assessing progress.
- School leaders should work with school behavioral health teams to develop and implement a plan to promote employee wellness.
- School leaders should ensure that responsibilities for coordinating school behavioral health supports do not fall solely on School Behavioral Health Coordinators (SBHCs), especially in schools that do not have a position exclusively dedicated to that role.

Introduction

Schools play a key role in the lives of students and have bearing on their behavioral health, as well as overall learning and development. Students' experiences within schools can positively or negatively impact their behavioral health, and supports available within schools can promote positive behavioral health as well as identify challenges and link students with early intervention or treatment services.[1] In 2018, the District of Columbia Department of Behavioral Health (DBH)—alongside community-based organizations (CBOs), the Office of the State Superintendent of Education (OSSE), the District of Columbia Public Schools (DCPS), and the District of Columbia Public Charter School Board (DCPCSB), among other partners—launched a phased approach to increase access to behavioral health supports for students attending four successive cohorts of public and public charter schools across the city. During the 2021-2022 school year, the focal period of this report, the final cohort of schools joined the expansion. The 2021-2022 school year also marked the first full school year of in-person instruction in schools in the District of Columbia since the public health emergency related to the COVID-19 pandemic began.

This report complements an earlier report that summarized data collected in the 2020-2021 school year and updates the following elements with data collected during the 2021-2022 school year: (1) resources to expand school-based behavioral health supports; (2) school-based activities to support behavioral health; (3) student, family, and staff experiences with those activities; and (4) outcomes related to school connectedness and reports of unmet behavioral health need. In the 2021-2022 school year, additional data were collected related to student participation and satisfaction with activities across all three tiers of support.

In addition to broad patterns across all survey respondents, this report examines differences across specific groups of students and families who face disparities in services—especially LGBQ students and Hispanic and Black families—as well as differences across staff based on their roles within schools. This report also provides a summary of school-based behavioral health providers' experiences with the District of Columbia Community of Practice (CoP), an initiative to build the capacity of school-based behavioral health providers that is funded by DBH and facilitated by the Center for Health and Healthcare in Schools at the Milken Institute School of Public Health at the George Washington University. This report also includes a summary of DBH's CQI efforts during the 2021-2022 school year. The report concludes with recommendations around strengthening supports and responding to the varied needs of members within the school community.

[1] Hoover, S., & Bostic, J. (2021). Schools as a vital component of the child and adolescent mental health system. *Psychiatric services*, *72*(1), 37-48.

Methods

Data collection

The Child Trends evaluation team coordinated with school administrators, local education agencies, the state education agency, and other community partners to distribute web-based surveys to students, families, staff, and school behavioral health coordinators (SBHCs) in February and March 2022. The evaluation team also obtained administrative data related to CoP attendance and self-reports of the application of knowledge and skills acquired through participation in the CoP during the 2021-2022 school year.

Surveys

Brief, web-based surveys were distributed by schools to students in grade 4 and up, families, and school staff. Students were asked questions about their school environment, perceptions of behavioral health and related supports, and experiences seeking help. The survey included several items related to participation in different tiers of behavioral health services, as well as perceptions of helpfulness and support from school staff that were not in the School Year 2020-2021 survey. Families and caregivers were asked to complete a parallel survey. To encourage participation, all survey responses were anonymous and, as such, family and student data are not linked. Students and families had the option to complete surveys in English, Spanish, or Amharic. School staff were also asked to complete a survey regarding their perceptions of student behavioral health supports and staff wellness supports. SBHCs were asked to complete a survey about the planning, delivery, and monitoring of behavioral health services and supports. See Appendix A for student, family, staff, and SBHC surveys.

Community of Practice

The evaluation team obtained administrative data on monthly CoP meetings held from September 2021 through May 2022, including participant affiliation, attendance, and reported application of skills or knowledge obtained through CoP participation. The data that were shared with the evaluation team did not include personally identifying information and therefore attendance of individuals could not be tracked over time. However, a file was shared that included the total number of activities SBHCs attended.

Sample characteristics

A total of 8,631 surveys across 206 schools were completed, including 4,899 student surveys, 1,656 family surveys, and 2,076 staff surveys.

Student and family demographics

Most student survey respondents identified as Black, followed by Hispanic/Latino and students who identify as more than one race (see Table 1). A majority of students identified as heterosexual although a large minority identified as LGBQ. Students categorized as LGBQ included students who selected "not sure" regarding their sexuality. Student survey respondents were evenly split across female and male gender; very few identified as transgender or non-binary. More than half of students attended schools with elementary grades or that combined elementary and middle grades; one-quarter attended high schools.

Most family survey respondents identified as Black, followed by White and Hispanic/Latino (see Table 1). Notably, the percentage of family survey respondents who identified as Black was lower compared to student survey respondents and the percentage who identified as White was higher. Nearly all family survey respondents identified as heterosexual. With respect to gender, most identified as female; very few identified as transgender or non-binary. More than half of family survey respondents indicated they had a child in elementary school and less than twenty percent indicated they had a child in high school; very few indicated they had a child in pre-K or middle school.

Student survey sample compared to DC enrollment

Student survey respondents largely reflect the demographics of students enrolled in public and public charter schools in the District of Columbia with Black students followed by Hispanic/Latino students as the largest respondent groups (see Table 2). Notably, twenty percent of students in our sample identified as more than one race/ethnicity or as a race/ethnicity other than Black, Hispanic/Latino, or White; the combined percentage for these groups in DC student enrollment data is only 5%. Therefore, while our survey sample has smaller percentages of Black, Hispanic/Latino, and White students compared to District-wide student enrollment, we believe our survey sample reflects the diversity of students attending public and public charter schools in the District of Columbia.

Table 1. Student and Family Survey Respondent Characteristics (%)

	Students	Families
Race/ethnicity		
Black	58%	42%
Hispanic/Latino	16%	17%
White	6%	28%
Two or more races	8%	6%
Other	12%	7%
Gender		
Girl/Woman (cisgender)	48%	88%
Boy/Man (cisgender)	49%	12%
Transgender	3%	1%
Non-binary	<1%	<1%
Sexual orientation		
Heterosexual	64%	82%
LGBQ	16%	6%
Do not understand question	9%	N/A
Prefer not to answer	11%	12%
Grade		
Prekindergarten	N/A	4%
Elementary	43%	56%
Elementary and Middle	12%	15%
Middle	17%	7%
High	27%	17%
Adult	>1%	N/A

Table 2. Student Race/Ethnicity and Grade (%) Survey Sample compared to DC Enrollment

	Sample	District
Race/Ethnicity		
Black	58%	64%
Hispanic/Latino	16%	19%
White	6%	12%
Two or more races	8%	3%
Other	12%	2%
Grade		
Prekindergarten through Kindergarten	N/A	20%
Elementary (Grades 1-5)	43%	35%
Middle (Grades 6-8)	17%	18%
Elementary and Middle (Grades 1-8)	12%	--
High (Grades 9-12)	27%	21%
Adult	>1%	5%

Note. District estimates are based on 2021-2022 OSSE Enrollment Audit report and reflect public and public charter school enrollment data. "Other" includes American Indian or Alaska Native (n = 76), Asian (n=49), Middle Eastern or North African (n < 20), Native Hawaiian or Other Pacific Islander (n < 20), A different race/ethnicity not listed (n < 20); sample sizes yielded concerns about representativeness and interpretation. Students preferring not to answer the race/ethnicity question (n = 395) are also included in the "Other" category. The survey was designed for students in Grades 4 and above. Grade level information is not comparable in some cases as some schools were categorized as serving both elementary and middle grades for the survey.

School staff roles and time at school

The majority of respondents to the staff survey were classroom teachers (see Table 3). Other respondents included behavioral health professionals and school administrators. Few principals and school nurses responded and were categorized as "other", along with respondents who indicated they served in a role not listed as a response option (e.g., paraprofessional, dedicated aid, educational aid) or who preferred to not answer the question. Staff respondents primarily reported having been in their current role between two to five years, followed by one year or less, six to ten years, and more than ten years.

Table 3. Staff Survey Respondent Characteristics (%)

Time at school	
1 year or less	28%
2 to 5 years	42%
6 to 10 years	19%
More than 10 years	11%
Current role	
Classroom teacher	56%
Behavioral health professional	8%
Other school administrator	8%
Other	25%

Respondents to the SBHC survey represent 92 schools and primarily reported serving in a behavioral health professional position at their school, although some reported another administrative role (see Table 4). More than one third of respondents had been at their school for three to five years and about one quarter have been at their school for six to ten years.

Table 4. SBHC Survey Respondent Characteristics (%)

Time at school	
Less than 1 year	8%
1 years	5%
2 years	7%
3 to 5 years	39%
6 to 10 years	24%
More than 10 years	17%
Current role	
Behavioral health professional	62%
Principal/Head of School	3%
Other school administrator	10%
Other	25%

Data analysis

Responses to survey items were summarized across all participating students, families, and staff and disaggregated to examine patterns across different characteristics. For analysis of group differences, student data were analyzed by sexual orientation, family data were analyzed by race/ethnicity, and school staff data were analyzed by role. To determine whether group differences were statistically significant, a series of binary logistic regression analyses were conducted to examine likelihood of responding more positively or negatively based on characteristics of respondents. While some survey questions had multiple response options, for the analysis, they were modified to be dichotomous; for example, response options ranging from Strongly Agree to Strongly Disagree were combined into two categories—Agree or Disagree.

Given the breadth of data, specific items were selected for significance testing based upon what the fields of research and practice have highlighted as key factors around behavioral health supports and related inequities, and observed patterns in 2020-2021 findings.[2] To minimize the chance of incorrectly identifying a difference as significant due to conducting a large number of analyses, not all items were analyzed and not all subgroup differences were examined.

General Findings

General findings are descriptive in nature and are intended to highlight broad patterns in 2021-2022 survey data. A complete summary of data across all surveys can be found in Appendix B.

School environment

Students were asked about how much they feel like they belong in school and whether they had a trusted adult at school to go to if they had a problem (see Table 5). Most students responding to the survey reported belonging at school and endorsed having a trusted adult. Additionally, nearly three quarters indicated that teachers and principals did a good job helping students learn to deal with their feelings, get along with others, and make good decisions. While most students felt connected to school, more than one third felt somewhat, a little, or not at all connected.

Table 5. Student experiences within school environment (%)	
Feel like you belong (% Quite a Bit, Completely)	60%
Have trusted adult (% Yes)	74%
Principals support students (% Agree or Strongly Agree)	69%
Teachers support students (% Agree or Strongly Agree)	75%

[2] U.S. Department of Education, Office of Special Education and Rehabilitative Services. (2021). Supporting child and student social, emotional, behavioral, and mental health needs, Washington, DC. Retrieved from https://www2.ed.gov/documents/students/supporting-child-student-social-emotional-behavioral-mental-health.pdf

> Most of the teachers and staff member[s] try their best to help the student who needs all the help.
>
> -Student

Student and family perceptions of behavioral health supports

Of students who responded to the survey, about half reported they know where to go for help with a behavioral health problem, but at least two out of five students did not know or weren't sure where to go for help (see Table 6). Additionally, nearly one in ten preferred not to answer the question. When compared to students, a greater percentage of caregivers reported probably or definitely knowing who to contact if their child needed help at school, with about one in four reporting some uncertainty about who to contact.

> If there is access to therapy at the school. Talking about it a lot, often, make sure the students know how to access it.
>
> -Caregiver

A majority of students reported that they would feel comfortable seeking help from a counselor or therapist at their school (see Table 6). However, nearly one third of students did not feel comfortable seeking help; additionally, about one in ten students did not want to answer this question. Nearly all families reported that they would want their child to see a therapist or counselor if they needed help.

Table 6. Student and family help-seeking (% endorsing item; i.e., agree/strongly agree, definitely/probably yes)

	Students	Families
Know how to get help	52%	76%
Would want (child) to see therapist or counselor	61%	92%

Behavioral health needs and experience with help-seeking

We asked students and caregivers whether there had been a time when they (students and caregivers) or their child (caregiver) experienced a behavioral health challenge and didn't get the help they needed (see Table 7). The question about unmet behavioral health need was not asked about school experiences specifically and responses likely reflect experiences with behavioral

health services both in and out of school. Nearly one in five students and family members reported unmet behavioral health needs. Notably, a smaller percentage of family survey respondents indicated their child had unmet behavioral health needs when compared to student reports.

> The rejection of not being able to actually get in touch with and make an appointment with the right person makes kids feel their mental health doesn't matter to their school.
>
> -Caregiver

If respondents told us they/their child had experienced unmet behavioral health needs, we asked them why they weren't able to get the help they needed. Notably, the top reason for both caregivers and students to not get the help they needed was thinking the problem would go away on its own (see Tables 8 and 9).

Table 7. Unmet behavioral health needs (% yes)

	Students	Families
Had unmet behavioral health need (self)	21%*	17%
Child had unmet behavioral health need	N/A	12%

*21% of students chose not to answer this question

Table 8. Top reasons for behavioral health needs not being met reported by families

Barrier for child (in or out of school)	**Barrier for self**
1. I could not get an appointment (32%)	1. Thought problem would go away on its own (38%)
2. Logistical challenges like insurance, transportation, childcare (29%)	2. Logistical challenges like insurance, transportation, childcare (31%)
3. I did not know where to go to get help (24%)	3. I could not get an appointment (26%)

Table 9. Top reasons for behavioral health needs not being met reported by students

Barrier (in or out of school)
1. Thought problem would go away on its own (46%)
2. Not wanting anyone to know they had a problem (41%)

Experiences with behavioral health supports in school

We asked students about their participation in behavioral health supports across tiers, from whole-school to individual approaches. We also asked how helpful they found those services (see Table 10). Response patterns were consistent across service type, with at least one in four students participating in a service and finding it helpful and about one in ten participating in a

service and not finding it helpful. Across service types, many survey respondents indicated they did not participate in activities and nearly one in five preferred not to answer.

Table 10. Student experiences with behavioral health supports (%)

	Participated and found helpful	Participated and did not find helpful	Did not participate	Prefer not to answer
Whole school activities with M/BH staff	23%	10%	43%	24%
Class led by M/BH staff	27%	10%	41%	22%
Small group meeting with M/BH staff and other students	23%	9%	48%	20%
Meeting with M/BH staff and family	20%	7%	52%	21%
One-on-one meeting with M/BH staff	26%	6%	47%	21%

Note. M/BH staff refers to behavioral health staff.

I like how [Provider Name redacted] listens to me. i don't talk to any other adult about my feelings.

-Student

One time we were promised a schoolwide session where we can express our mental grief with a school lockdown (an actual lockdown) and we never got it.

-Student

We asked families to describe their experience with seeking behavioral health supports for their child at school (Table 11). Most respondents indicated that they had not tried to access such services. Approximately one in four caregivers indicated that their child was receiving behavioral health services (16% at school and 8% outside of school). Very few caregivers indicated that their child was on a waitlist or that they had been unsuccessful in accessing supports for their child. Nearly one in ten respondents chose not to answer the question.

Table 11. Caregiver experiences accessing behavioral health supports for their child (%)

I haven't tried to access behavioral health services at school	62%
My child has seen a provider at school	16%
My child is seeing a provider outside of school	8%
I am currently seeking supports for my child outside of school	6%
I have been unable to access supports for my child at school	4%
My child is on a waitlist at school	1%
Prefer not to answer	12%

Note: respondents could select more than one option, numbers may not sum to 100.

Staff perceptions of behavioral health supports

Nearly nine in ten staff agreed or strongly agreed that they know how to identify warning signs or symptoms of behavioral health problems and how to refer a student for school-based supports (see Table 12). However, when asked about professional development opportunities, only two-thirds agreed that opportunities were adequate for increasing understanding of student behavioral health. About two-thirds of staff survey respondents reported referring students for behavioral health services in the past year, another third reported not making any referrals within the past year. Among staff who made a referral, at least half indicated that participation in behavioral health services yielded benefits for referred students. Notably, about one-third of staff making referrals reported not knowing whether/how students benefited. Across all service tiers, most staff indicated that their school provided adequate prevention, intervention, and treatment supports, although staff were least satisfied with treatment services. In terms of student service utilization, more than two-thirds indicated that students accessed available services as needed.

Table 12. Staff experiences and perceptions around student supports (%)

Behavioral health knowledge and related support (% Agree or Strongly Agree)	
Know how to identify warning signs	88%
Know how to make referrals	85%
Related professional development is adequate	65%
Number of referrals in past year	
Never	34%
Once	16%
Two to five	37%
Six to ten	7%
More than 10	6%
Benefit of service referrals (among those that made a referral) (% Agree or Strongly Agree)	
Decreased incidents	50%
Reduced symptoms	49%
Demonstrated coping skills	56%
Connected to school community	57%
Perceptions of adequacy of tiered supports (% Agree or Strongly Agree)	
Adequate promotion/prevention (Tier 1) supports	74%
Adequate early intervention (Tier 2) supports	69%
Adequate treatment (Tier 3) supports	61%
Students utilize services when needed	69%

School employee wellness

When asked about their own wellness, three-quarters of staff frequently or almost always felt engaged; however, nearly two-thirds reported frequently or almost always feeling exhausted and half reported frequently or almost always feeling stressed (see Table 13). Only about half of staff reported frequently or almost always feeling hopeful. When asked about staff wellness supports at their school, nearly half disagreed that the supports that were offered are adequate. While

more than half of staff reported that they had participated in offered services and supports, only about one third of staff who used wellness supports at their school were satisfied with them.

> Expectations are unreasonable, unrealistic, unattainable, and unsustainable. It's a highly stressful and unhealthy work environment. I can work all day every day, including nights and weekends and still be overwhelmed with work!
>
> -Staff member

Table 13. School employee wellness (%)

Wellness (% Frequently or Almost Always)	
Engaged	75%
Hopeful	52%
Exhausted	62%
Stressed	54%
'Offered staff wellness supports are adequate'	
Agree or Strongly Agree	41%
Disagree or Strongly Disagree	48%
Don't know	11%
Utilization of offered supports	
Participated (% Yes)	60%
Satisfied (among those that participated, % Quite or Extremely)	37%

Deep Dive Into Group Differences

To understand the experiences of different groups of survey respondents, we conducted analyses to determine whether observed differences in survey responses were statistically significant. Results here reflect the likelihood of an outcome based on select characteristics. Through these analyses, DBH can better understand the variation in experiences around behavioral health and align resources and policies to enhance behavioral health supports, outreach, and staff training to meet the shared and unique needs of students and families.

Analyses of student data focused on the experiences of LGBQ and heterosexual students, given patterns found in 2020-2021 survey findings as well as research documenting the challenges that LGBQ youth face with identity-based discrimination and stigma that contribute to behavioral health inequities.[3] The number of students identifying as transgender was too small to make

[3] Russell, S. T., & Fish, J. N. (2016). Mental health in lesbian, gay, bisexual, and transgender (LGBT) youth. *Annual review of clinical psychology*, *12*, 465-487.

comparisons, and are therefore not reflected in the analysis of LGBQ student experiences. For families, analyses focused on experiences across racial and ethnic groups, particularly how the experiences of Hispanic/Latino and Black families differ from that of White families, given the literature on inequities in systems, treatment, and access across a range of societal institutions for Black and Hispanic families.[4, 5] For staff, analyses focused on staff role and particularly how the perceptions of behavioral health professionals differed from other staff given their central role in making services and supports available to students and families. Note that analyses reflect the experiences and perceptions of survey respondents rather than all school community members.

Method Note!

The analyses in this section examine relationships between demographic characteristics (i.e., sexual orientation, race/ethnicity, or staff role) and perceptions of behavioral health in schools. Individuals who selected the "prefer not to answer" response relative to either the demographic characteristic or the survey question of interest were excluded from the analyses. Essentially, the "prefer not to answer" response was treated as missing an answer. In the previous section, "prefer not to answer" responses were included because the goal was to report the percentage of respondents who selected each of the available response options. As a result of excluding respondents who selected "prefer not to answer," percentages reported in this section may differ slightly from those reported in the previous section. Each table in this section includes a note highlighting whether there were differences in the percentage of respondents who selected "prefer not to answer" across the groups being compared.

Differences among students by sexual orientation

There were no statistically significant differences between students who identified as LGBQ and their heterosexual peers in having a trusted adult at school. However, LGBQ students were significantly less likely than heterosexual students to feel that administrators or teachers did a good job supporting students in learning how to deal with their feelings, get along with others, and make good decisions (see Table 14). Though there were no differences based on sexual orientation in comfort with seeking help from a therapist at school, LGBQ students were less likely to know how to get help at school if needed. Moreover, LGBQ students were significantly more likely to report having a behavioral health need that was unmet.

[4] Hill, L., Ndugga, N., & Artiga, S. (2023). Key data on health and health care by race ethnicity. Retrieved from https://www.kff.org/racial-equity-and-health-policy/report/key-data-on-health-and-health-care-by-race-and-ethnicity/

[5] Mental Health America. (N.D.) Latinx/Hispanic communities and mental health. Retrieved from https://www.mhanational.org/issues/latinxhispanic-communities-and-mental-health

Table 14. Sexual orientation, support within schools, and behavioral health need (% endorsing item; i.e., agree/strongly agree, yes/definitely yes)

	LGBQ	Heterosexual
Know how to get help[a]	54%	58%
Comfort seeking help	66%	68%
Unmet behavioral health need[a]	42%	21%
Have trusted adult	80%	82%
Administrators support students[a]	73%	81%
Teachers support students[a]	80%	84%

Note: [a] indicates a significant group difference in logistic regression analysis.
Note: A larger percentage of LGBQ respondents selected "prefer not to answer" compared to heterosexual students for the question about unmet behavioral health need (23% LGBQ, 16% heterosexual). The percentages selecting "prefer not to answer" were similar for all other questions, including know how to get help (4% LGBQ, 6% heterosexual), comfort seeking help at school (9% LGBQ, 9% heterosexual), trusted adult (10% LGBQ, 7% heterosexual), administrator support (15% LGBQ, 12% heterosexual), and teacher support (12% LGBQ, 10% heterosexual).

Differences among caregivers by race and ethnicity

Hispanic families were less likely to feel comfortable with their child seeing a therapist or counselor at school if they had a behavioral health challenge, as compared to Black, White, or multiracial families (see Table 15). White families were significantly more likely than both Black and Hispanic families to feel comfortable with their child seeing a therapist or counselor. Differences between White and Hispanic families persisted for knowing how to get their child help for a behavioral health need at school, with Hispanic families significantly less likely to know how to get help. No differences in knowing how to get help were observed for Black families as compared to White and Hispanic families.

Table 15. Family race/ethnicity and help-seeking for child (% Agree or Strongly Agree)

	Hispanic	Black	White	Multiracial
Would want child to see therapist or counselor	85%[abc]	96%[ad]	99%[bd]	97%[c]
Know how to get help	73%[b]	77%	80%[b]	74%

Note. Groups sharing a superscript (a, b, c, or d) differed significantly based on logistic regression analysis.
Note: For the question about wanting their child to see a therapist, 6% of Hispanic, 3% of Black, and 2% of multi-racial respondents selected "prefer not to answer." For the question about knowing where to get help, 4% of Hispanic, 2% of multi-racial, and 1% of Black respondents selected "prefer not to answer"

Differences among staff by role

Behavioral health professionals were significantly more likely than classroom teachers to perceive that students and families were aware of behavioral health services and supports at school; however, their perceptions were similar to those of other school administrators (see Table 16). Perceptions varied around the adequacy of tiered supports for students. Behavioral health professionals were significantly less likely than school administrators to rate Tier 1 (prevention) services as adequate but significantly more likely to rate Tier 3 (treatment) services as adequate

compared to classroom teachers. Behavioral health professionals had comparable perceptions of Tier 2 (early intervention) services to teachers and other administrators. There were also notable differences between teachers and other administrators around perceived student and family awareness of services, and adequacy of services across all tiers: teachers were significantly less likely to have favorable perceptions, especially for Tier 3 services. Because relatively few staff survey respondents identified as principals (n = 27) or school nurses (n = 13), results for these groups are not included; "other administrators" reflect those in non-principal roles.

Table 16. Staff perceptions of student and family awareness and adequacy of supports (% Agree or Strongly Agree)

	Behavioral Health Professionals	Other Administrators	Classroom Teachers
Students aware of services	90%[a]	88%[b]	72%[ab]
Families aware of services	84%[a]	87%[b]	71%[b]
Tier 1 (prevention) services adequate	79%[c]	89%[b]	79%[bc]
Tier 2 (early intervention) services adequate	77%	80% [b]	70%[b]
Tier 3 (treatment) services adequate	84%[a]	82%[ab]	64%[b]

Note: Groups sharing a superscript (a, b, c, or d) differed significantly based on logistic regression analysis.

School Behavioral Health Coordinator experiences

Given the central role that school behavioral health coordinators (SBHCs) play in the administration of multi-tiered supports, we surveyed them to understand their perceptions of school behavioral health supports and processes. In the following section, we present information on SBHC experiences and perceptions relative to the Community of Practice (CoP). SBHC data were not examined for significant differences in comparison to any other staff groups, however, where applicable, parallel items between the SBHC and staff surveys are compared descriptively.

About half of SBHC survey respondents reported spending 1 to 2 hours per week fulfilling their responsibilities as an SBHC and about one quarter reported spending 3 to 4 hours per week on related responsibilities (see Table 17). While nearly all SBHC respondents indicated they satisfied with resources to fulfill their role, in an open-ended question about resources that could be helpful many cited wanting more time, as exemplified by the quote below.

> If there were protected time to complete SBHC duties that was respected by everyone then it would make the job better and easier. I enjoy being the SBHC but it is tricky finding time.
>
> -SBHC

Table 17: SBCH role (%)	
Weekly time spent in role	
Less than 1 hour	12%
1 to 2 hours	48%
3 to 4 hours	25%
5 or more hours	15%
Resources for role (% Agree or Strongly Agree)	
Satisfied with resources to support role	82%

As part of the development and monitoring of school behavioral health workplans, SBHCs reported that principals and other administrators were the individuals most often playing a decision-making role (see Table 18). Teachers, students, and families had limited or no involvement (see Table 19).

Table 18. Stakeholder level of involvement in behavioral health plan (%)

Developing plans			
	Decision-maker	Involved	Not involved
Behavioral health professionals	91%	7%	3%
Principals	66%	19%	14%
Other administrators	60%	27%	11%
Community partners	58%	19%	18%
School health professionals	42%	20%	35%
Teachers	23%	49%	27%
Families	12%	42%	45%
Students	3%	37%	59%

Note: Rows do not sum to 100% as some SBHCs reported not knowing the level of involvement.

Table 19. Stakeholder level of involvement in behavioral health plan (%)

Monitoring plans			
	Decision-maker	Involved	Not involved
Behavioral health professionals	92%	7%	1%
Principals	60%	19%	19%
Community partners	56%	15%	25%
Other administrators	50%	26%	21%
School health professionals	46%	17%	33%
Teachers	13%	29%	56%
Families	1%	23%	71%
Students	0%	22%	77%

Note: Rows do not sum to 100% as some SBHCs reported not knowing the level of involvement.

> The schools seem to only tap into or include parents within a very closed circle. This ultimately impacts access to supports, such as mental health.
>
> -Parent

Consistent with respondents to the staff survey, most SBHCs perceived services across different tiers to be adequate (see Table 20). Additionally, nearly three quarters of SBHC survey respondents believed that the referral process for students was appropriately utilized and about 9 out of 10 agreed or strongly agreed that students were aware of and accessed available services. This perception of student use of services contrasts with staff survey respondents (see Table 10); 69% believed students accessed services as needed. Regarding wellness supports for staff, about two thirds of SBHC felt staff wellness supports were adequate. The positive assessment of wellness supports contrasts with the staff survey results which found that among staff who participated in wellness supports at their school, only about one-third were satisfied with the supports (see Table 13).

> Counselors have many bureaucratic responsibilities, so they also have little time to actually counsel students. We are woefully understaffed for mental health supports for students!!
>
> -Staff member

Table 20. SBHC perceptions of wellness supports and processes (% Agree or Strongly Agree)

Supports Adequate	
Tier 1	83%
Tier 2	83%
Tier 3	86%
Staff wellness	63%
Student Referral and Utilization	
Appropriate utilization of referral process	76%
Student aware of available services	86%
Student access available services	90%

Community of Practice

The DC School Behavioral Health Community of Practice (CoP) focuses on supporting individuals working within and across all Washington, DC school-based behavioral health systems by providing collaborative spaces, and by supporting their ability to deliver comprehensive school behavioral health services and supports to students, families, and the school community. The CoP facilitates several different types of supports:

- *monthly CoP meetings*, each of which focus on a specific topic and include skill development as well as peer-learning,
- *skill-building chats* which are intended to allow individuals who are interested in going deeper on a topic to engage with others to share resources and engage in joint problem-solving,
- *trainings* to build knowledge and awareness,
- *working groups* that are established among individuals interested in exploring an emerging issue or addressing a persistent problem that requires some sustained attention to address (e.g., staff wellness, suicide prevention), and
- *practice groups* that foster ongoing collaboration among members focused on: crisis response and intervention, family and youth engagement, positive school climate and social and emotional learning, and trauma-informed practices in schools.

Participation

The CoP tracks attendance at monthly meetings, chats, and trainings. When registering, participants are asked to indicate the setting in which they work: community-based organization providing school-based supports, DC Department of Behavioral Health, DC Public Schools, DC Public Charter Schools or another affiliation. At this time, attendance at working groups and practice groups that are primarily peer-led is not consistently reported. Below we summarize attendance data for monthly meetings, skill-building chats, and trainings.

Monthly meetings and skill-building chats

Skill-building chats averaged an attendance of 10 participants, ranging from a low of 7 participants in April to a high of 15 participants in March. More than half of participants each month identified as something other than a school-based provider. On average, two CBO providers and one DBH provider attended each skill-building chat.

CoP meetings averaged 63 participants, although attendance ranged from a high of 79 in November to a low of 46 in February (see Table 21). On average, 25 CBO providers and 10 DBH providers attended monthly CoP meetings. Topics covered included: creating safe and welcoming schools (September), successful school strengthening workplans (October), youth suicide prevention (November), restorative practices (December), teacher wellness (January),

family engagement (February), provider wellness (March), supporting LGBTQ+ youth (April), and a review of learning and accomplishments across the year (May).

Table 21. CoP Attendance in 2021-2022 by Participant Group Affiliations (N)

Affiliations	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total
CBO	19	21	32	16	29	15	19	20	13	184
DBH	5	10	10	1	10	4	9	5	6	60
DCPCS	8	6	9	5	11	8	26	7	7	87
DCPS	8	14	7	7	7	4	21	3	7	78
Other	17	23	21	22	24	15	25	25	25	197
Total	**57**	**74**	**79**	**51**	**81**	**46**	**57**	**60**	**58**	**561**

SBHC participation in CoP activities

Administrative data for SBHC participation in CoP activities during 2021-2022 summarizing the number of touchpoints, or number of times SBHCs joined CoP meetings or chats is presented in Table 22. SBHCs play a critical role in coordinating behavioral health supports in schools. Note that data are based on a small sample of 46 SBHCs who registered for one or more CoP activity; identifiable touchpoint data are not available for other participant groups. Of the 46 SBHCs for whom we had touchpoint data, nearly half had no touchpoints, which reflects those who registered for activities but did not join. Of those joining at least one of the 16 activities (9 meetings, 7 chats), there were an average of 2.5 touchpoints, with 1 being the lowest and 11 being the highest (see Table 22); most had one or two touchpoints.

Table 22. SBHC CoP touchpoint summary (N = 46)

0 touchpoints	20
1 touchpoint	11
2 touchpoints	9
3 touchpoints	3
4 touchpoints	1
11 touchpoints	2

Trainings

The CoP facilitated the following trainings:

1. A webinar on supporting a positive transition back to school: strategies for students, teachers and families, was offered at the beginning of the school year to address the anxiety about returning to school. There was a total of 33 participants in the session.
2. A 1 ½ day training on grief, loss, and trauma among children and youth delivered in partnership with the Wendt Center for Loss and Healing. A total of 22 participants attended.

Awareness and satisfaction among SBHCs

In the survey of SBHCs (described in more detail earlier in this report), they were asked about participation in, or use of, various CoP resources and their perception of the utility of those resources (see Table 23). About half of SBHC survey respondents participated in and found the CoP useful, but one third did not participate in the CoP. A similar pattern emerged for tip sheets and training on planning tools. The fewest respondents found training around data useful (37%) while most found professional development around behavioral health useful (58%). Notably, time constraints may have played a role in who participated in the CoP or engaged with other resources, as illustrated by the quote below (in response to a question about challenges in fulfilling their role as an SBHC).

> The strain on finding adequate time to plan and service the volume of students who needed support this year along with managing duties as assigned in the school setting. I would have also loved to participate in the CoP trainings but the timing did not allow for me to attend.
>
> -SBHC

Table 23. SBHC Survey items about the CoP and related resources (%)

	Useful	Not Useful	Did Not Use	Not Familiar
Participation in CoP	51%	5%	34%	10%
Tip sheets	54%	3%	25%	18%
Training on planning tools	49%	5%	30%	16%
Training on collecting, submitting, and using data	37%	4%	30%	29%
Professional Development on Behavioral Health	58%	4%	28%	11%

Application of skills and knowledge

To assess whether participants apply content learned in the CoP in their work, we looked at whether registrants reported having applied knowledge or skills related to at least one of the three tiers in the past month, restricting our analyses to participants who indicated that they have a school-based, clinical position. Not everyone who registers for a session attends; however, we did not exclude registrants who ultimately did not attend in order to have a larger sample. On average, 40 percent of registrants reported applying CoP knowledge or skills in the previous

month, with a low of 36 percent in February and a high of 62 percent in March. Notably, February also had the lowest attendance and March had the second highest attendance.

Continuous Quality Improvement

In school year 2021-2022, DBH took steps to enhance its CQI system and expand the data available to DBH to use in monitoring the expansion. DBH elected to prioritize enhancing three sources of data:

1. Principal satisfaction surveys
2. Student assessments
3. Clinician activity reports

DBH, with support from Child Trends, revised a previously-used principal satisfaction survey to better align with the expansion logic model. Following discussions with the Coordinating Council, DBH leadership selected the Child and Adolescent Functional Assessment Scale (CAFAS) as a student assessment tool for all DBH- and CBO-hired clinicians to use with Tier 3 clients going forward and rolled out training for all CBO clinicians and new DBH clinicians on CAFAS. Additionally, DBH expanded the data collected from CBO-hired clinicians about their activity each month to align it with the data that DBH-hired clinicians were already reporting monthly. DBH and Child Trends presented data on clinician activity to the Coordinating Council in June and July 2022; these presentations focused primarily on referrals, caseload, therapy sessions, whether Tier 1 and Tier 2 interventions were being delivered, as well as reported trends in these data across the school year by cohort. By aligning the data being collected across schools and clinicians in school year 2021-2022, DBH has laid the foundation for DBH and the expansion partners, including the Coordinating Council, to make data-informed decisions.

In school year 2022-2023, DBH – with support from Child Trends – will continue to build out its CQI system to work toward the goal of having a system that will enable DBH, the Coordinating Council, schools, and providers to use data to set priorities and monitor progress. DBH plans to launch a new clinician activity reporting system, regularly report data to the Coordinating Council, launch a committee of the Coordinating Council that will engage in CQI activities, test ways to increase principal satisfaction survey response rates, hire staff to focus on data collection and review, and monitor the implementation of CAFAS and PECFAS among clinicians.

Data collected for the purpose of CQI can also be used to inform the overall evaluation of the expansion. As the quality of the data collected improves (e.g., as more principals report their satisfaction and experience with providers in their school, clinicians regularly administer the CAFAS, and more providers regularly report on their activity), these data could be used to examine whether there is any relationship between provider activity and outcomes such as students' feelings of belonging at school; or between provider activity and families' access to behavioral health supports.

Recommendations

Based on an analysis of data that were collected from students, families, and school staff, and School Behavioral Health surveys, a review of administrative data, and published literature on the implementation of high quality, multi-tiered behavioral health supports in schools, we offer the following recommendations, which are divided across system-level and school-level recommendations.

System-level recommendations

The Coordinating Council on School Behavioral Health should develop a written, strategic, cross-sector plan for promoting the behavioral health of students, families, and school staff that outlines specific contributions of government agencies and community partners. The data summarized in this report point toward gaps in awareness of school-based behavioral health supports. While DBH plays a lead role in managing the expansion of school-based behavioral health, multi-tiered systems of support cannot be implemented entirely by behavioral health professionals. School leaders, educators, school-based health professionals, and community partners also play key roles. There is a need for a cohesive, cross-sector implementation and communication plan to improve the integration of behavioral health supports within schools and provide clear, consistent, citywide messaging to ensure students, families, and staff are aware of the supports that are available.

There are many examples of school-based supports for behavioral health that are led by education and health agencies in the District of Columbia. The Office of the State Superintendent of Education has outlined mental and emotional health standards, beginning in Kindergarten, to offer guidance to schools in addressing mental health literacy and social and emotional learning. Most of these standards align with the goals of evidence-based programs that would be considered Tier 1 interventions. Schools in the District of Columbia also administer a standardized Health and Physical Education Assessment (HPEA) annually to test the knowledge of students in grades 5, 8, and high school (high school students take the assessment during the year in which health class is provided), including questions on mental and emotional health that are aligned to the previously mentioned health education standards. Additionally, DC Health's 2017 report on the District of Columbia's School Health Services Program highlights the following goal: *improve population health outcomes for children by timely utilization of age appropriate physical, mental, oral, and behavioral health services*. The behavioral health-focused guidance and resources currently offered by education and health agencies in the District of Columbia should be integrated into a broad plan for supporting behavioral health in schools.

We are not aware of a formal plan that clearly outlines at a system level the contributions that the education, health, behavioral health, and community sectors make, which can make it challenging to prioritize the sort of collaborative planning and implementation that could help

make cross-sector efforts more impactful. Such collaborative efforts are essential for establishing a citywide vision of behavioral health, aligning policies and resources across sectors to achieve that vision, and ensuring staff training and development are integrated and complementary across sectors. Taking the time to outline the cross-sector and interconnected nature of current efforts would be an important first step to more efficiently coordinate efforts at the system level. Once a vision and plan have been established, it will be necessary to develop shared messaging across partners to clearly communicate the role of school leaders, school-based health and behavioral health staff, and community partners in working together—in collaboration with students and families—to achieve common goals related to behavioral health.

The Department of Behavioral Health should establish additional positions to: (1) focus on the collection and use of implementation and outcomes data for CQI and (2) provide training and technical assistance to build the capacity of school teams to use data to plan and monitor their efforts. School teams, CBOs, DBH, and the Coordinating Council should use data to regularly monitor the implementation of the expansion to ensure student, family, and staff needs are being met. DBH, in partnership with the Coordinating Council, has a responsibility to use data collected at the school level to monitor progress on citywide goals to help direct resources to CBOs and school teams that are not meeting expectations while also holding them accountable for adhering to clearly articulated expectations. Establishing a CQI system for an initiative as complex and far-reaching as the expansion requires significant resources, particularly staff time. While Child Trends has been contracted to support DBH in building their data infrastructure, sustainability of a CQI system will require adequate staffing of data-focused positions within DBH's School Behavioral Health Program. The National Center for Safe and Supportive Learning Environments, a technical assistance center funded by the U.S. Department of Education, recommends the following:

- Collect data on: (1) which students are being referred and served as well as which staff are being trained, (2) program fidelity, in this case, adherence to the model of implementing a public health approach that is tailored to school needs through a data-driven needs assessment, planning, and monitoring process, (3) quality of training for staff and services for students and families, (4) behavioral health outcomes, and (5) educational outcomes.
- Examine data by subgroups to guide efforts to eliminate disparities.
- Develop data management support systems with technical assistance provided to CBOs and school teams in accessing and using data to monitor quality and identify training and resource needs.
- Provide training and technical assistance to clinicians on data reporting systems, such as the systems through which providers report their activity data, and outcomes data, such as the PECFAS and CAFAS.

It is important to note that there are two levels to data use: system-level and school-level. This recommendation focuses on how DBH can make data-driven decisions by collecting and analyzing data at a citywide level to understand what supports are being delivered and the outcomes that result from those supports. However, the data will largely be collected and submitted by members of school teams. As a result, DBH will also need to align policies and resources to ensure that members of school teams are collecting and submitting high-quality data in a timely manner, as well as using the data themselves to monitor efforts at the school-level.

Child Trends submitted a CQI plan to DBH in March 2021 that outlines a phased approach to achieving many of the components outlined above. The plan outlines four key roles:

- **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 various sources (e.g., DCPS, OSSE, DC Health, charter networks, etc.), 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.

The roles outlined above do not necessarily each require a full-time position initially; for example, one person could do the role of reporting manager and data manager while DBH continues to build the number of data sources and types of data that it reviews as part of its CQI system. However, current staff cannot add these roles on top of their existing full-time responsibilities; the current staffing structure is not adequate and has led to delays in the implementation of the CQI plan. We recommend DBH assess its current capacity to fully staff the roles outlined above in order to better leverage data to make programmatic decisions.

The Department of Behavioral Health, with input from the Coordinating Council on School Behavioral Health, should provide clear guidance for school behavioral health teams with respect to involving students and families in planning and monitoring their efforts. The data summarized in this report indicate that few school behavioral health teams engage students and families in planning and monitoring their efforts. DBH should work with the Coordinating Council to develop recommendations for school teams related to obtaining input from students and families. For example, school teams could be asked to document what information they used to assess the needs of students and families, including whether/how data sources centered the voices of students and families. School teams could also be asked to

document whether students and families were a part of their planning team and what role they played (i.e., in an advisory role to offer feedback on the plan or in a position with authority to participate in decision making). The Coordinating Council may also suggest required elements of planning, such as calling on school behavioral health teams to include students and families on planning teams; however, even simply requiring school behavioral health teams to document involvement of students and families (as opposed to requiring specific activities/strategies) can be an important step in increasing student and family engagement.

Once expectations for involving students and families in planning have been communicated and school teams have a mechanism for reporting how they engage with students and families, it is critical that DBH collect and review these data to track progress and provide needed supports. For example, if school teams are required to document how students and families are engaged in planning within school strengthening workplans, DBH staff—in partnership with the youth and family committee of the Coordinating Council—could review the data and align training resources to achieve agreed-upon benchmarks. Such a process could include reviewing school-specific data with CBO and DBH supervisors as well as school leaders to identify potential strategies for school teams that are not meeting expectations (see the school-level recommendations for more on how school teams can engage students and families in planning). Additional training opportunities could be identified, including peer learning opportunities that highlight successful strategies from schools that are meeting expectations. The CoP has relevant practice groups and existing resources that could be leveraged to support schools in meeting expectations. It is important for DBH to foster cross-sector collaboration within school teams to ensure education, health, behavioral health professionals, and community partners efforts are coordinated and sustainable. DBH and the Coordinating Council could also highlight schools with high levels of engagement, or notable improvements year over year, to promote best practices and recognize their efforts. While DBH should lead this effort with input from the Coordinating Council, a cross-sector plan with a multi-pronged set of supports at the system level will likely be necessary to achieve equitable improvements in student and family engagement across all schools.

The Community of Practice (CoP) should receive additional resources to pilot a new strategy to engage school leaders, educators, students, families, health professionals, and behavioral health providers to promote effective teaming. The data summarized in this report suggest that many school behavioral health teams rely primarily on behavioral health professionals to plan and monitor behavioral health supports. This pattern is at odds with guidance from the National Center for School Mental Health that suggests a diverse set of staff—including administrators, teachers, school health staff, and facilities/operations staff— as well as students, families and community partners be involved in planning behavioral health supports in schools.

DBH has funded the CoP to support school-based behavioral health providers in implementing a public health approach to delivering high quality behavioral health supports that are tailored to

the needs of their school. In that role, the CoP has facilitated discussions, developed a tipsheet, and compiled other resources that provide guidance for teaming at the school-level. However, there remains a gap between best practice and the reality of teaming in many schools. We believe that the CoP's support for teaming in schools could be enhanced if CoP participants better reflected the full range of stakeholders within school communities. To that end, we recommend augmenting the mission of the CoP—and the resources dedicated to its fulfillment—to actively engage non-clinical school community members in promoting behavioral health. Such an approach could help to bridge the gap between best practice and reality, equipping school teams to effectively organize efforts across school administrators, educators, behavioral health and health professionals, and community organizations in partnership with students and families.

Funding the expansion of CoP activities to focus on this broader set of participants should not supplant or diminish the ongoing work to advance the clinical skills of school-based behavioral health providers. It is often helpful to pilot new approaches prior to large-scale implementation to ensure adequate capacity to assess the implementation quality and outcomes of the changes. This pilot should include a planning phase that allows sufficient time for obtaining input from groups that currently are underrepresented in meetings—including school leaders, students and families. A pilot can facilitate making mid-course corrections based on ongoing feedback from participants more nimbly given the focus on a smaller group. We recommend starting with a cohort of ten to twelve schools representing a mix of grade levels, sectors, and wards. Additionally, the smaller set of participants in a pilot can make it easier to collect outcomes data, which can provide critical information for aligning resources to support scaling up strategies that prove effective.

The Coordinating Council on School Behavioral Health should explore the potential benefits of a dedicated School Behavioral Health Coordinator position in each school. As demonstrated in the data summarized in this report, about half of SBHCs spend two hours or less per week fulfilling their role. However, responses to open-ended questions in the SBHC survey suggest that many feel like they do not have enough time to dedicate to the role because of their other responsibilities. There is strong agreement in the literature that a coordination position within a school is important for promoting high quality, multi-tiered behavioral health supports. While responsibilities currently are likely to vary across schools, common responsibilities for SBHCs include:

- Establish a common vision for school behavioral health that is shared by school leadership, school staff, and school behavioral health team members
- Ensure that clear goals are set for the school with respect to behavioral health and that all members of the school community are aware of the goals
- Facilitate the development and implementation of a school-wide, multi-tiered plan to promote behavioral health
- Assess and address mental health literacy of school staff as a part of developing a school-wide plan

- Ensure data are collected on all tiers of a multi-tiered system of supports and are used for continuous quality improvement. This may include annual surveys such as the Strengthening School Behavioral Health surveys and school climate surveys (e.g., Panorama)
- Facilitate the partnership with the CBO
- Manage other community partnerships with respect to how partners are contributing to the school's behavioral health goals
- Ensure regular communication with all members of the school community to ensure awareness and understanding of the school's efforts to support behavioral health
- Ensure that a consistent referral process is established and followed
- Oversee coordination of related supports, such as homeless liaison, special education coordination, school health services, etc.

Schools vary across the city with respect to the grades they serve, risk and protective factors that students, families, and staff experience, and their current staffing; some schools may have a level of need that warrants more than one coordinator position while others may only need a part-time position. The implementation committee of the Coordinating Council could be convened to explore the potential benefits and implementation challenges associated with staffing a dedicated SBHC position.

School-level recommendations

All school behavioral health teams should involve students and families in planning and monitoring their efforts. The data summarized in this report indicate that most SBHCs report their school does not engage students and families in planning. The National Center for Safe and Supportive Learning Environments recommends that schools: (1) reach out to community organizations that parents already trust, (2) conduct interviews and focus groups with students, (3) engage families through an advisory group, and (4) ensure that families providing input represent the diversity of the school community. The National Center for School Mental Health also recommends that school teams include students, parents, and caregivers on a team to plan and monitor implementation of school behavioral health efforts. In alignment with the recommendations listed above, school teams should develop a plan to increase student and family engagement that is multi-pronged. No matter what set of strategies school teams use to ensure their efforts are informed by the needs and preferences of students and their families, it is critical that teams reflect on feedback and communicate back to the school community about how that feedback has been addressed. This should include periodic updates to the school community about behavioral health efforts, including opportunities to provide ongoing feedback. As noted in the systems-level recommendations, DBH and the CoP can play a key role in ensuring that SBHCs and other members of school behavioral health teams have access to high quality training and resources to support them in authentically partnering with students and families.

All school behavioral health teams should have a plan to ensure awareness of available behavioral health supports among students, families, and staff that includes roles for school leadership and educators, not just behavioral health providers. The data summarized in this report indicate that many students and families are not confident in their knowledge of how to access school behavioral health services. School behavioral health teams should include annual goals related to raising awareness of school-based behavioral health supports in their workplans. Such plans should be informed by a needs assessment so that tailored goals can be established and clear benchmarks set. Schools that participate in the Strengthening School Behavioral Health surveys should leverage their survey data to assess how familiar students, families, and staff are with the supports that are offered. Schools that have not previously participated in the survey collection, or with limited participation, should consider developing a plan to achieve high participation in the survey in the future so that they can use the data for planning and monitoring their efforts. Teams can also engage in other strategies such as individual or group discussions with students, families, and staff to learn more about their level of awareness of available supports and factors that play a role in their comfort with seeking support. Such discussions can be particularly helpful in learning about the barriers that specific groups face to inform selection of potential solutions. For example, a focus group with Spanish-speaking families may reveal cultural differences in the perceptions of behavioral health, experiences of discrimination in past involvement with behavioral health services, or a lack of information available in their preferred language. Each of these potential reasons could point to the need for very different solutions. Taking time to understand these needs will allow teams to prioritize strategies with the greatest potential for success. The CoP has compiled a number of resources related to engaging youth and families, including a tip sheet, to increase the capacity of school teams to partner with youth and families to ensure supports that are offered align with the needs of the school community.

It is important to keep in mind that school leaders must also play a role in informing families about the behavioral health supports that are available at the school, including raising awareness about prevention activities as well as early intervention and treatment services. Building messages about school behavioral health into effective, existing student and family engagement strategies is an important way to ensure that messaging is consistent. In schools where there is not an effective, schoolwide communication strategy in place, school behavioral health teams should make sure to involve education and health professionals in the school to develop a coordinated approach.

It would be nice to see this [information about behavioral health] offered. I had to find it out myself when my son had issues. I've never seen a principal's email or any school announcement saying "we have counselors you can talk to if you or your child need."
-Parent

School behavioral health teams should identify groups of students and families who are not benefitting from current behavioral health supports and set specific goals to address their needs, including strategies for assessing progress. The data summarized in this report highlight group differences that should be addressed. For example, survey data demonstrate that LGBQ students reported greater unmet behavioral health needs than their heterosexual peers and that Hispanic families felt less confident in knowing how to get help than Black or White families. It is important to keep in mind that research suggests many behavioral health disparities among groups that share marginalized identities are linked to experiences of interpersonal and institutional discrimination and other structural barriers.[6] To support behavioral health providers in better meeting the needs of these groups, the CoP has compiled resources to support behavioral health providers in better meeting the needs of LGBTQ youth and also reflecting on ethics and multiculturalism.

Citywide trends may not be reflective of the specific needs in each school; school behavioral health teams should take the time to review their own data and to engage with students, families, and school staff to identify any groups within their school community that warrant additional efforts. School behavioral health teams can analyze their data on referrals to determine if certain groups of students are underrepresented (or overrepresented) with respect to overall referrals or referral types. For example, are students in a certain class, or students of a particular gender or race referred more—or less—often that their peers? Another important source of data for identifying groups that are not benefitting from behavioral health supports is treatment outcomes data. DBH requires providers to use the Child and Adolescent Functional Assessment Scale (CAFAS) and the Preschool and Early Childhood Functional Assessment Scale (PECFAS) to obtain baseline functioning and monitor progress over time. It is critical for school teams to engage with groups who are experiencing more barriers to develop a plan to effectively address those barriers (see the previous recommendation for more on engaging with youth and families). Such plans should be based on data whenever possible and include specific metrics to assess whether progress is being made. School behavioral health teams should ensure that their efforts are implemented in collaboration with any other relevant efforts across the school. Teams should also consider reaching out to trusted community partners who may be able to provide additional support, especially organizations that have unique expertise in understanding and addressing the needs of specific populations.

School leaders should work with school behavioral health teams to develop and implement a plan to promote employee wellness. As demonstrated by the staff survey data, school employees report high levels of stress and exhaustion, and nearly half do not believe the staff wellness supports offered at their school are adequate. The US Surgeon General's Framework for Mental and Emotional Well-Being at Work reinforces that employee wellness is multi-

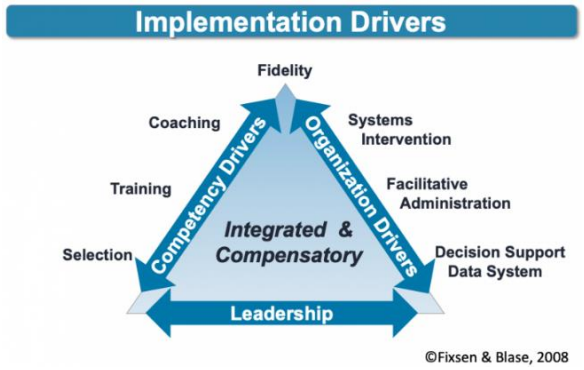
[6] Khan, M., Ilcisin, M., & Saxton, K. (2017). Multifactorial discrimination as a fundamental cause of mental health inequities. *International Journal for Equity in Health, 16*, 1-12.

dimensional. OSSE's Educator Wellness model further highlights the critical role that schools play in supporting educator wellness through four key domains: (1) school environment and structure, (2) job demands, (3) work resources, and (4) social emotional learning competencies. School behavioral health teams are well-equipped to support efforts that promote staff social-emotional competence, as a way to improve well-being and help staff better manage stress. Tier 1 supports delivered by behavioral health providers can also help to promote a positive school environment. However, school leaders are best positioned to address job demands and work resources as part of a comprehensive approach to promoting staff wellness. In addition to partnering with school behavioral health teams, school leaders should also seek input from a range of school employees to ensure investments in school employee wellness are tailored to meet the specific needs of employees and are aligned to promote equitable improvements in well-being.

There are several sources of support for schools to focus on promoting school employee wellness. For example, OSSE has developed resources through an initial pilot project to promote school employee wellness that was launched in the 2021-2022 school year that may be useful for schools. DBH also has an educator mental health initiative that is geared towards P-12 educators, with a strong focus on early childhood educators, that was launched in Spring of the 2021-2022 school year. Additionally, the CoP has a teacher wellness practice group that meets monthly and has compiled a range of resources to guide school leaders and school behavioral health teams in developing and implementing a comprehensive plan to promote school employee wellness.

School leaders should ensure that responsibilities for coordinating school behavioral health supports do not fall solely on School Behavioral Health Coordinators (SBHCs), especially in schools that do not have a position exclusively dedicated to that role. As demonstrated in the data summarized in this report, about half of SBHCs spend two hours or less per week fulfilling their role. However, responses to open-ended questions in the SBHC survey suggest that many feel like they do not have enough time to dedicate to the role because of their other responsibilities. As noted in the system-level recommendations, the Coordinating Council should consider examining the potential benefits of having dedicated coordinator positions in each school. Implementation of such a strategy, should it become a priority, would take time. In the meantime, school behavioral health teams should work to distribute responsibilities to ensure that critical coordination activities receive adequate and timely attention. School leaders have a unique role to play in ensuring SBHCs and other members of the school behavioral health team have adequate time to dedicate to the teaming and coordination activities that are essential for the effective delivery of multi-tiered systems of support. For example, while many resources exist, including the CoP, survey results suggest that SBHCs are often not engaging with those resources—and in many cases are unaware of the resources that are available. While there may be many different factors contributing to this lack of use, open-ended survey responses indicate that the limited time SBHCs report dedicating to the role, due in part to their many other responsibilities, influences their ability to leverage resources.

Research from the National Implementation Research Network (NIRN) highlights the critical role of leadership in removing barriers to implementation success (see image below). For example, school leaders can consider how to leverage available resources, such as involving teachers, families, and students (e.g., development and monitoring of plans) to support coordination. As noted earlier, students and families look to school leaders to provide clear and ongoing communication with respect to the behavioral health supports that are available in a school. See the system-level recommendation about expanding the charge of the CoP to build the capacity of school leaders to effectively support multi-tiered behavioral health supports in their schools.



Conclusion

It is important to consider the larger context within which the data summarized in this report were collected. The 2021-2022 school year was marked by the continuing health and economic impact of the global COVID-19 pandemic as well as the effects of public health measures to respond to the pandemic. This included an increase in cases in the winter and spring of 2021 which occurred around the time that the surveys summarized in this report were being collected. The pandemic continued to exacerbate staffing shortages nationwide, including educators, health, and behavioral health professionals.[7] Those shortages were felt in schools across the District of Columbia, and are clearly reflected in the employee well-being data.

In the face of those challenges, this report is a testament to the efforts of educators, school-based behavioral health professionals, and other adults working in schools to provide a safe and supportive learning environment. For example, three quarters of students surveyed reported that they feel a strong sense of belonging in their schools and believe that school staff do a good job of supporting students in managing challenges. Families continue to value behavioral health in schools and report that they would feel comfortable speaking to school staff about their child's needs. Most school staff feel confident in their abilities to identify students who may need additional support and to be able to make appropriate referrals.

However, it is important to note that the benefits of high quality, school-based behavioral health supports are not felt by everyone. Many students and families remain unsure how to access behavioral health supports in schools, which may, in part, reflect schools' limited engagement of

[7] Cain, C., Natay, Q., Patton, K., & Price, N. (2022). How are staffing shortages affecting schools during the pandemic? Perspectives from 4 superintendents. Retrieved from https://www.brookings.edu/blog/brown-center-chalkboard/2022/02/18/how-are-staffing-shortages-affecting-schools-during-the-pandemic/

students and families as part of behavioral health planning. One in five heterosexual students—and nearly half of LGBQ students—reported having unmet behavioral health needs in the past year. School staff reported feeling stressed and exhausted. Supports that are well-regarded by those that use them—like the CoP—were underutilized; in some cases that may have been because staff had limited bandwidth to take advantage of services, or possibly some SBHCs were not familiar with many of the resources available to them. Additionally, DBH's efforts to enhance continuous quality improvement processes to better support data-driven decision making are headed in the right direction but are likely to require substantial investments given the complexity of collecting data from providers that work in public and non-profit agencies, partnering with schools across the city with a wide range of needs and assets. Therefore, the main message of this report must be that while significant progress is being made to integrate multi-tiered behavioral health supports that meet the need of all students, families, and school staff, much work remains.

Limitations

In this report, we have aimed to provide insight and recommendations around how the expansion is being experienced and how supports might be strengthened to meet the needs of those within schools and those coordinating or supporting expansion efforts. Notably, though, the analyses in this report are primarily descriptive and rely on the perspectives of those who participated in surveys or for whom other administrative data were available. As such, data may not fully capture varied experiences within and across those groups, including roles, lived experiences, and contexts. However, the demographics of our student sample closely mirror the demographics of students enrolled in DC schools. Additionally, these data have been shared in meetings with groups connected to the expansion of school-based behavioral health supports and participants of those meetings have confirmed that these trends reflect their experiences and those of people they work with. Future analysis of survey and expansion support data will examine patterns across years and account for school characteristics and implementation factors.

Appendices

Appendix A: Surveys

Appendix B: Data Tables

Appendix A. Surveys

Strengthening Schools - Youth Survey

About You

Page description:
Please tell us about yourself.

1. How old are you? *

- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21+

2. What grade are you in? *

- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

LOGIC Show/hide trigger exists.

3. What is your race/ethnicity? *(You can select more than one answer for this question)* *

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White
- A different race/ethnicity not listed
- I prefer not to answer

LOGIC Hidden unless: #3 Question "What is your race/ethnicity? *(You can select more than one answer for this question)*" is one of the following answers ("A different race/ethnicity not listed")

4. Please describe your race/ethnicity.

LOGIC Show/hide trigger exists.

5. Please select the gender that best describes you. *

- Boy/Male
- Girl/Female
- Non-binary
- A gender not listed here
- I prefer not to answer
- I do not understand this question

LOGIC Hidden unless: #5 Question "Please select the gender that best describes you. " is one of the following answers ("A gender not listed here")

6. Please describe your gender.

7. Are you transgender *

- Yes
- No
- I prefer not to answer
- I do not understand this question

LOGIC Show/hide trigger exists.

8. Which of the following best describes your sexuality? *

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Not Sure
- A sexuality not listed here
- I prefer not to answer
- I do not understand this question

LOGIC Hidden unless: #8 Question "Which of the following best describes your sexuality?" is one of the following answers ("A sexuality not listed here")

9. Please describe your sexuality.

Your School

Page description:
Please share how you feel about your school.

10. Where do you go to school? *(Begin typing the name of your school and it will fill in)* *

11. Overall, how much do you feel like you belong at your school?*

- Do not belong at all
- Belong a little bit
- Belong somewhat
- Belong quite a bit
- Completely belong
- I prefer not to answer

LOGIC Show/hide trigger exists.

12. Is there a teacher or another adult at your school who you would feel comfortable talking to if you had a problem? *

- Yes
- No
- I prefer not to answer

LOGIC Hidden unless: #12 Question "Is there a teacher or another adult at your school who you would feel comfortable talking to if you had a problem?" is one of the following answers ("Yes")

13. If yes, who would you go to at school if you had a problem? (You can select more than one answer for this question) *

- [ ] Teacher at school
- [ ] Principal or school administrator
- [ ] School resource officer (SRO)/School safety officer
- [ ] Therapist or counselor
- [ ] A cafeteria/food service worker at school
- [ ] A cleaning/custodian worker at school
- [ ] A club or sports coach at school
- [ ] Someone not listed here
- [ ] I do not go to anyone about problems or when I'm upset
- [ ] I prefer not to answer

Mental/Behavioral Health

Page description:
The next few questions will ask your thoughts about mental/behavioral health challenges and needs and therapists or counselors.

14. Do you think it is embarrassing to have a mental/behavioral health challenge? *

- Very embarrassing
- Somewhat embarrassing
- A little bit embarrassing
- Not at all embarrassing
- I prefer not to answer

15. Would students at your school make fun of someone who sees a therapist or counselor about a mental/behavioral health challenge? *

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No
- I prefer not to answer

16. Would you feel comfortable talking to a therapist or counselor **at school** if you had a mental/behavioral health challenge? *

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No
- I prefer not to answer

Getting Help

Page description:
Please share your thoughts about and experiences with getting help with a mental/behavioral health challenge.

17. If you needed help with a mental/behavioral health challenge at school, who would you go to for help? (You can select more than one answer for this question) *

- [ ] Teacher at school
- [ ] Principal or school administrator
- [ ] School resource officer (SRO)/School safety officer
- [ ] Therapist or counselor
- [ ] A cafeteria/food service worker at school
- [ ] A cleaning/custodian worker at school
- [ ] A club or sports coach at school
- [ ] A family member
- [ ] A friend
- [ ] Someone not listed here
- [ ] I do not know who to go to
- [ ] I prefer not to answer

LOGIC Show/hide trigger exists.

18. Was there any time this school year you had a mental/behavioral health challenge or need? For example, if you were feeling worried, sad, or having trouble getting along with others. *

- Yes
- No
- I prefer not to answer

LOGIC Show/hide trigger exists. Hidden unless: #18 Question "Was there any time this school year you had a mental/behavioral health challenge or need? For example, if you were feeling worried, sad, or having trouble getting along with others." is one of the following answers ("Yes")

19. If yes, did you get the help you needed at school? *

- Yes
- No
- I prefer not to answer

LOGIC Show/hide trigger exists. Hidden unless: #19 Question "If yes, did you get the help you needed at school? " is one of the following answers ("No")

20. If no, why did you not get the help you needed? (You can select more than one answer for this question)

- [ ] I got the help I needed, just not at school
- [ ] I thought the problem would get better by itself
- [ ] I did not want anyone to know I was having a problem
- [ ] I did not know where to get help
- [ ] I didn't think counseling would help
- [ ] People in my family didn't think counseling would help
- [ ] I went to counseling before and it did not work
- [ ] I had trouble getting to my counseling sessions
- [ ] I could not get an appointment
- [ ] Other
- [ ] I prefer not to answer

LOGIC Hidden unless: #20 Question "If no, why did you not get the help you needed? (You can select more than one answer for this question) " is one of the following answers ("Other")

21. Please describe the other reasons(s) you did not get the help you needed.

Getting Help continued

22. During this school year, how would you describe your experiences with mental/behavioral health staff at your school *

	I participated and it was helpful	I participated and it was not helpful	I did not participate in this activity	I prefer not to answer
One-on-one meetings with school mental/behavioral health staff	○	○	○	○
Meetings with school mental/behavioral health staff and my family	○	○	○	○
Small group meetings with school mental/behavioral health staff and with other students	○	○	○	○
Activities during class led by school mental/behavioral health staff	○	○	○	○
Whole school activities like an assembly with school mental/behavioral health staff	○	○	○	○

23. Teachers at my school do a good job helping students learn to deal with their feelings, get along with others, and make good decisions. *

- ○ Strongly agree
- ○ Agree
- ○ Disagree
- ○ Strongly disagree
- ○ Prefer not to answer

24. Principals and other school leaders at my school do a good job helping students learn to deal with their feelings, get along with others, and make good decisions. *

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Prefer not to answer

Feeling Better

Page description:
Please share about what you do to make yourself feel better when you have a problem.

LOGIC Show/hide trigger exists.

25. Please list anything you do to make yourself feel better when you are feeling scared, angry, or sad. *(You can select more than one answer for this question)* *

- [ ] Talk with a close adult family member
- [ ] Spend time with my friends to get my mind off of whatever is bothering me
- [ ] Talk with my friends, or with a family member around my age (e.g., sibling/cousin), about whatever is bothering me
- [ ] Talk with a teacher or another adult at school that I trust
- [ ] Go somewhere to calm down, cool off, take a break, or relax (e.g., my bedroom, bathroom, somewhere at school)
- [ ] Do breathing exercises (e.g., take deep breaths) or calming exercises (e.g., think of things that make me happy)
- [ ] Play sports, dance, exercise, or do another activity where I move around
- [ ] Listen to music
- [ ] Watch TV/videos, play video games, or get on social media
- [ ] Sleep
- [ ] Cry
- [ ] Read, draw, or write/journal
- [ ] Something not listed here
- [ ] Nothing makes me feel better when I am feeling scared, angry, or sad
- [ ] I prefer not to answer

LOGIC Hidden unless: #25 Question "Please list anything you do to make yourself feel better when you are feeling scared, angry, or sad. *(You can select more than one answer for this question)* " is one of the following answers ("Something not listed here")

26. Please describe the other thing(s) you do to make yourself feel better when you are feeling scared, angry, or sad.

Recommendations

Page description:
Please share about what you think your school could do to help students handle their feelings, get along with others, and make good decisions.

27. How could your school better support the mental/behavioral health needs of **all students**?

28. How could your school better support students with mental/behavioral health needs or challenges?

29. What is one thing that you like about how your school supports the mental/behavioral health of students?

30. What could make students feel more comfortable talking to a counselor or therapist at school when they have a mental/behavioral health challenge?

LOGIC Show/hide trigger exists.

31. How did you learn about this survey? *

- [ ] My school
- [ ] Other
- [ ] I prefer not to answer

LOGIC Hidden unless: #31 Question "How did you learn about this survey?" is exactly equal to ("Other")

32. Please share how you learned about this survey (e.g., the name of the organization or program that shared the survey link).

Thank You!

Thank you for your time!

Strengthening Schools - Family Member Survey

Strengthening Schools - Family Member Survey

Page description:

This is a survey to hear your thoughts about, and experiences with, mental/behavioral health. You will not be asked to share your name, so your responses will not be connected to you. Please share your honest thoughts and experiences. Your responses will help schools in D.C. to improve mental/behavioral health services for students and families.

Esta encuesta tiene la finalidad de escuchar sus opiniones y experiencias con servicios de salud mental/conductual. No se le pedirá que comparta su nombre, por lo que sus respuestas no serán vinculadas a usted. Por favor, comparta francamente sus opiniones y experiencias. Sus respuestas ayudarán a las escuelas de D.C. a mejorar los servicios de salud mental/conductual para los estudiantes y sus familias.
Seleccione su idioma de la lista en la esquina superior derecha de esta página.

/

/

About You

Page description:
Please tell us about yourself.

LOGIC Show/hide trigger exists.

1. What is your race/ethnicity? *(Select all that apply)* *

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Hispanic or Latino
- [ ] Middle Eastern or North African
- [ ] Native Hawaiian or Other Pacific Islander
- [ ] White
- [ ] A different race/ethnicity not listed
- [ ] I prefer not to answer

LOGIC Hidden unless: #1 Question "What is your race/ethnicity? *(Select all that apply)*" is one of the following answers ("A different race/ethnicity not listed")

2. Please describe your race/ethnicity.

LOGIC Show/hide trigger exists.

3. Please select which gender best describes you. *

- ○ Man
- ○ Woman
- ○ Non-binary
- ○ A gender not listed here
- ○ I prefer not to answer

LOGIC Hidden unless: #3 Question "Please select which gender best describes you. " is one of the following answers ("A gender not listed here")

4. Please describe your gender.

5. Are you transgender?

- Yes
- No
- I prefer not to answer

LOGIC Show/hide trigger exists.

6. Which of the following best describes your sexuality?

- Heterosexual (straight)
- Gay or Lesbian
- Bisexual
- Not Sure
- A sexuality not listed here
- I prefer not to answer

LOGIC Hidden unless: #6 Question "Which of the following best describes your sexuality? " is one of the following answers ("A sexuality not listed here")

7. Please describe your sexuality.

8. In which ward do you live? *(Select "I don't know" if not sure)**

- I don't know
- Ward 1
- Ward 2
- Ward 3
- Ward 4
- Ward 5
- Ward 6
- Ward 7
- Ward 8
- I prefer not to answer

Your Child(ren)'s School

Page description:
Please share how you feel about your child(ren)'s school.

9. How many children do you have attending a public or public charter school in DC? (If you prefer not to answer, feel free to leave blank)

Please answer the remaining questions about only **one** of your children attending a public or public charter school.

10. What school does your child attend? *(Begin typing the name of your school and it will fill in)* *

11. How old is your child? *

- Under 5
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20
- 21+

12. What grade is your child in? *

- Pre-Kindergarten
- Kindergarten
- 1st
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th

13. I feel welcome at my child's school. *

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree
- I prefer not to answer

LOGIC Show/hide trigger exists.

14. I feel comfortable talking to someone at my child's school about my child's behavior. *

- ○ Strongly Agree
- ○ Somewhat Agree
- ○ Somewhat Disagree
- ○ Strongly Disagree
- ○ I prefer not to answer

LOGIC Hidden unless: #14 Question "I feel comfortable talking to someone at my child's school about my child's behavior." is one of the following answers ("Strongly Agree","Somewhat Agree")

15. If yes, who would you talk to about your child's behavior? (You can select more than one answer for this question) *

- ☐ Teacher at school
- ☐ Therapist or counselor
- ☐ Principal or school administrator
- ☐ A cafeteria/food service worker at school
- ☐ A cleaning/custodian worker at school
- ☐ A club or sports coach at school
- ☐ Someone not listed here
- ☐ I do not go to anyone about problems or when I'm upset
- ☐ I prefer not to answer

Mental/Behavioral Health

Please let us know your thoughts about mental/behavioral health challenges and needs and therapists or counselors.

Mental and behavioral health is the way we handle our feelings, get along with others, and make decisions. While everyone can experience difficulty with these things from time to time, mental and behavioral health challenges are when a person has more trouble than usual with handling their feelings or getting along with others or when it is causing serious problems for them.

A therapist or counselor is a school staff member that support students with mental/behavioral health and does many different things to help students learn to deal with their feelings, get along with others, and make good decisions. You may hear this person referred to as a clinician, therapist, counselor, or social worker.

16. People with mental health disorders are dangerous. *

- Strongly Agree
- Somewhat Agree
- Somewhat Disagree
- Strongly Disagree
- I prefer not to answer

17. I would want to see a therapist or counselor for help if I were sad, worried, or upset for a long period of time. *

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No
- I prefer not to answer

18. I would want my child to see a therapist or counselor for help if they were sad, worried, or upset for a long period of time. *

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No
- I prefer not to answer

Getting Help

Page description:
Please share your thoughts about and experiences with getting help.

19. If **you** needed help with a mental/behavioral health challenge, do you know where to get help? *

- Definitely Yes
- Probably Yes
- Probably No
- Definitely No
- I prefer not to answer

20. If your child needed help with a mental/behavioral health challenge, who would you go to for help? (You can select more than one answer for this question) *

- [ ] Teacher at school
- [ ] Principal or school administrator
- [ ] School resource officer (SRO)/School safety officer
- [ ] Therapist or counselor
- [ ] A cafeteria/food service worker at school
- [ ] A cleaning/custodian worker at school
- [ ] A club or sports coach at school
- [ ] A family member
- [ ] A friend
- [ ] Someone not listed here
- [ ] I do not know who to go to
- [ ] I prefer not to answer

21. Do you know how to contact a counselor or therapist at your child's school? *

- ○ Definitely Yes
- ○ Probably Yes
- ○ Probably No
- ○ Definitely No
- ○ My child's school does not have a counselor or therapist
- ○ I prefer not to answer

LOGIC Show/hide trigger exists.

22. Was there any time this year you had a mental/behavioral health challenge or need? *

- Yes
- No
- I prefer not to answer

LOGIC Show/hide trigger exists. Hidden unless: #22 Question "Was there any time this year you had a mental/behavioral health challenge or need?" is one of the following answers ("Yes")

23. If yes, did you get the help you needed? *

- Yes
- No
- I prefer not to answer

LOGIC Hidden unless: #23 Question "If yes, did you get the help you needed? " is one of the following answers ("No")

24. If no, what was the reason that you did not get the help you needed? *(Please check all that apply)* *

- [ ] I thought the problem would get better by itself
- [ ] I did not want anyone to know I was having a problem
- [ ] I did not know where to get help
- [ ] I didn't think counseling would help
- [ ] People in my family didn't think counseling would help
- [ ] I went to counseling before and it did not work
- [ ] I had trouble getting to my counseling sessions
- [ ] I could not get an appointment
- [ ] Other (e.g., insurance, metro fare, childcare)
- [ ] I prefer not to answer

LOGIC Hidden unless: Question "What was the reason that you did not get the help you needed? *(Please check all that apply)*" is one of the following answers ("Other (e.g., insurance, metro fare, childcare)")

25. Please use the space provided to describe the other reasons(s) you did not get the help you needed.

LOGIC Show/hide trigger exists.

26. Was there any time this school year your child had a mental/behavioral health challenge or need? *

- Yes
- No
- I prefer not to answer

LOGIC Show/hide trigger exists. Hidden unless: #26 Question "Was there any time this school year your child had a mental/behavioral health challenge or need? " is one of the following answers ("Yes")

27. If yes, did they get the help they needed at school? *

- Yes
- No
- I prefer not to answer

LOGIC Show/hide trigger exists. Hidden unless: #27 Question "If yes, did they get the help they needed at school? " is one of the following answers ("No")

28. If no, what was the reason that your child did not get the help needed? *(Please check all that apply)* *

- [ ] My child got the help they needed, just not at school
- [ ] I thought my child's problem would get better by itself
- [ ] I did not want anyone to know my child was having a problem
- [ ] I did not know where to get help for my child
- [ ] I didn't think counseling would help my child
- [ ] My child did not think counseling would help
- [ ] People in my family didn't think counseling would help my child
- [ ] My child went to counseling before and it did not work
- [ ] I had trouble getting my child to counseling sessions
- [ ] I could not get an appointment for my child
- [ ] Other (e.g., insurance, metro fare, childcare)
- [ ] I prefer not to answer

LOGIC Hidden unless: #28 Question "If no, what was the reason that your child did not get the help needed? *(Please check all that apply)* " is one of the following answers ("Other (e.g., insurance, metro fare, childcare)")

29. Please use the space provided to describe the other reason(s) your child did not get the help they needed.

30. During this current school year, which of the following best describes your child's experience with mental/behavioral health services **at school**? *(Please check all that apply)*

- [ ] I haven't tried to access mental/behavioral health services for my child at their school
- [ ] My child has seen a mental/behavioral health professional at school
- [ ] My child is on a waitlist to see a mental/behavioral health professional at school
- [ ] I have tried, but my child has not been able to access mental/behavioral health services at school
- [ ] I am seeking mental/behavioral health support for my child outside of school
- [ ] My child is receiving mental/behavioral health support outside of school
- [ ] Prefer not to answer

31. Overall, my child's school does a good job meeting their students' mental and behavioral health needs.

- ○ Strongly agree
- ○ Agree
- ○ Disagree
- ○ Strongly disagree
- ○ Prefer not to answer

Recommendations

Page description:
Please share about what you think your school could do to help students handle their feelings, get along with others, and make good decisions.

32. How could your child's school better support the mental/behavioral health of **all students**?

33. How could your child's school better support students with mental/behavioral health needs?

34. What is one thing that you like about how your child's school supports the mental/behavioral health of their students?

35. What could make students feel more comfortable talking to a counselor or therapist **at school** when they have a mental/behavioral health challenge?

36. What could make families feel more comfortable with their child talking to a counselor or therapist **at school** when they have a mental/behavioral health challenge?

LOGIC Show/hide trigger exists.

37. How did you learn about this survey? *

- [ ] My child's school
- [ ] Other
- [ ] I prefer not to answer

LOGIC Hidden unless: #37 Question "How did you learn about this survey?" is exactly equal to ("Other")

38. Please share how you learned about this survey (e.g., the name of the organization or program that shared the survey link).

LOGIC Show/hide trigger exists.

39. Would you like to receive a summary of the findings from this survey in a few months?

(If you select "Yes", you will be redirected to a page to share your email after submitting this survey.)

- Yes
- No

Thank You!

Thank you for your time! If you have any questions, feel free to contact Brandon Stratford at bstratford@childtrends.org.

Strengthening Schools - Staff Survey

Respondent Information

1. Please select your CURRENT school. If you work at more than one school, pick the one you're most familiar with. (Begin typing the name of your school and it will fill in) *

LOGIC Show/hide trigger exists.

2. What is your current position at your school? *

- Principal
- Other school administrator
- Classroom teacher
- School nurse/health staff
- Behavioral health professional
- Other
- Prefer not to answer

LOGIC Hidden unless: #2 Question "What is your current position at your school?" is one of the following answers ("Other")

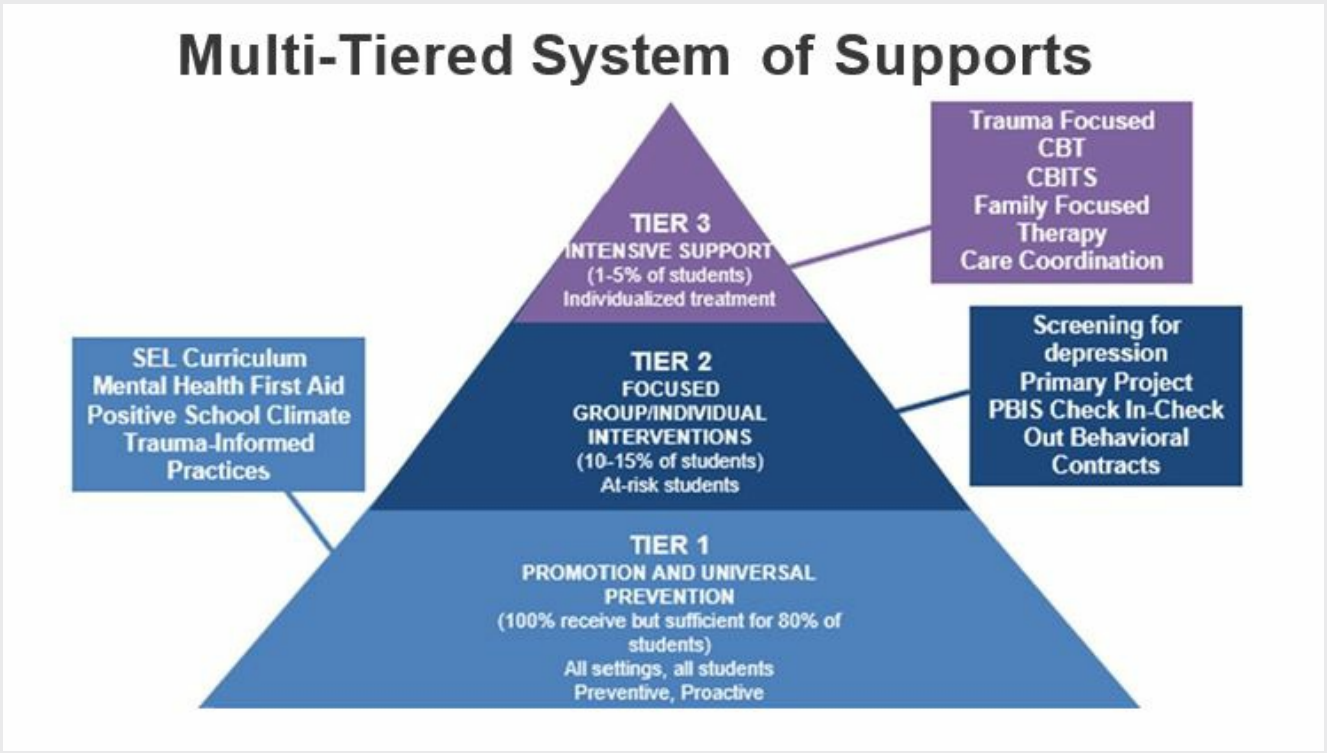
3. If answering "other", please specify here.

4. How long have you been at your school? *

- Less than 1 year
- 1 year
- 2 years
- 3 to 5 years
- 6 to 10 years
- More than 10 years

Staff Perspective on Behavioral Health Services/Supports in School

Page description:
The District's expansion of comprehensive school behavioral health services and supports is designed to help strengthen the planning, coordination, delivery, and monitoring of school-based behavioral health services for students, families, and staff. The goal of the expansion is for all schools to provide Tier 1, 2, and 3 services and supports for students and families, as well as staff wellness programming, to meet the needs of their communities.


Multi-Tiered System of Supports
TIER 3
INTENSIVE SUPPORT
(1-5% of students)
Individualized treatment
TIER 2
FOCUSED
GROUP/INDIVIDUAL
INTERVENTIONS
(10-15% of students)
At-risk students
TIER 1
PROMOTION AND UNIVERSAL
PREVENTION
(100% receive but sufficient for 80% of
students)
All settings, all students
Preventive, Proactive
Trauma Focused
CBT
CBITS
Family Focused
Therapy
Care Coordination
Screening for
depression
Primary Project
PBIS Check In-Check
Out Behavioral
Contracts
SEL Curriculum
Mental Health First Aid
Positive School Climate
Trauma-Informed
Practices

5. Please indicate how much you agree with each of the following statements about behavioral health services/supports available at your school. *

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	N/A - My school does not provide this
My school provides ADEQUATE promotion and universal prevention (Tier 1) programming to all/most students.						
My school provides ADEQUATE group/individual interventions (Tier 2) to students who are exhibiting risk factors.						
My school provides ADEQUATE intensive support/individualized treatment (Tier 3) to students who have identified behavioral health needs.						

(untitled)

6. Please indicate how often you felt the following emotions at work during the past week.

	Almost never	Once in a while	Sometimes	Frequently	Almost always	Don't know
Engaged	○	○	○	○	○	○
Exhausted	○	○	○	○	○	○
Hopeful	○	○	○	○	○	○
Stressed out	○	○	○	○	○	○

LOGIC Show/hide trigger exists.

7. What kinds of services/supports, if any, are available at your school to promote staff wellness? *(Select all that apply)* *

- ☐ Wellness days off
- ☐ Themed wellness challenges (e.g., water challenge, sleep challenge)
- ☐ Counseling or one-on-one support from school-based mental/behavioral health staff
- ☐ School leadership communicates and/or models the importance of wellness
- ☐ Peers/colleagues check in with one another to provide support
- ☐ Regular wellness check-ins, either by school leadership or mental/behavioral health staff
- ☐ Scheduling enhancements (e.g., intentional breaks, shorter days)
- ☐ Self-care strategies are taught, facilitated, or otherwise promoted (e.g., journaling, mindfulness, yoga)
- ☐ My school does not provide staff wellness supports
- ☐ Other

LOGIC Hidden unless: #7 Question "What kinds of services/supports, if any, are available at your school to promote staff wellness? *(Select all that apply)*" is one of the following answers ("Other")

8. Please use the space provided to briefly describe any services/supports that promote staff wellness at your school, not listed above.

LOGIC Show/hide trigger exists.

9. Have you participated in any of the services/supports offered at your school that promote staff wellness? *

- Yes
- No

LOGIC Hidden unless: #9 Question "Have you participated in any of the services/supports offered at your school that promote staff wellness?" is one of the following answers ("Yes")

10. How satisfied are you with the services/supports you have used? *

- Not at all satisfied
- Slightly satisfied
- Somewhat satisfied
- Quite satisfied
- Extremely satisfied

(untitled)

11. Please indicate how much you agree with each of the following statements about services/supports that promote staff wellness at your school. *

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
I think the services/supports offered at my school to promote staff wellness are relevant to the needs of our school staff.	○	○	○	○	○
I think the services/supports offered at my school to promote staff wellness are adequate.	○	○	○	○	○

Staff Feelings/Perceptions About the School Community

12. Overall, how positive is the working environment at your school?*

- ○ Not at all positive
- ○ Slightly positive
- ○ Somewhat positive
- ○ Quite positive
- ○ Extremely positive

13. How supportive are students in their interactions with each other? *

- ○ Not at all supportive
- ○ Slightly supportive
- ○ Somewhat supportive
- ○ Quite supportive
- ○ Extremely supportive

14. How respectful are the relationships between teachers/school staff and students? *

- Not at all respectful
- Slightly respectful
- Somewhat respectful
- Quite respectful
- Extremely respectful

15. Please indicate how much you agree with each of the following statements about your knowledge, attitude, and skills related to behavioral health. *

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
My school provides me with adequate professional development opportunities or trainings to increase my understanding of student behavioral health (e.g., to help staff recognize the signs/symptoms of behavioral health issues).	○	○	○	○	○
I think non-clinical staff (e.g., teachers) play an important role in identifying and/or referring students with behavioral health problems.	○	○	○	○	○
I can identify warning signs or symptoms of behavioral health problems in students (e.g., depression, anxiety, trauma, eating disorder).	○	○	○	○	○
I feel knowledgeable about the behavioral health services/supports available at my school.	○	○	○	○	○
I know how to refer a student for behavioral health services/supports at my school.	○	○	○	○	○
I have a good working relationship with a mental health clinician at our school.	○	○	○	○	○
I value having behavioral health services/supports available at my school.	○	○	○	○	○

16. Please indicate how much you agree with each of the following statements about the experiences of students and families at your school with behavioral

health services/supports. *

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
The behavioral health services/supports available at my school are relevant to the needs of our students.	○	○	○	○	○
The behavioral health services/supports available at my school are culturally/linguistically responsive and appropriate.	○	○	○	○	○
Students at my school are aware of the behavioral health services/supports available to them.	○	○	○	○	○
Families at my school are aware of the behavioral health services/supports available to support their children.	○	○	○	○	○
Students at my school can easily access the behavioral health services/supports available to them, if they choose to do so.	○	○	○	○	○
Families at my school can easily access the behavioral health services/supports available to support their children, if they choose to do so.	○	○	○	○	○
Students at my school utilize the behavioral health services/supports available to them, when needed.	○	○	○	○	○
Families at my school utilize the behavioral health services/supports available to support their children, when needed.	○	○	○	○	○
Students at my school are satisfied with the behavioral health services/supports available to them.	○	○	○	○	○

Families at my school are satisfied with the behavioral health services/supports available to support their children.					

Staff Perceptions of the Effectiveness of Services/Supports

17. During the PREVIOUS school year, how many times did you refer students to behavioral health services/supports at your school? *

- Never
- Once
- 2-5 times
- 6-10 times
- More than 10 times

18. While you may be unsure of whether a student is receiving behavioral health services/supports, when thinking about a student or students you have referred, please indicate how much you agree or disagree with the following statements.

Since the student(s) started receiving behavioral health services/supports... *

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
They have had a decrease in behavioral incidents.	○	○	○	○	○
They have experienced reduced behavioral health symptoms.	○	○	○	○	○
They have demonstrated increased coping skills.	○	○	○	○	○
They are more connected to the school community (teachers, students, other staff).	○	○	○	○	○

Feedback and Recommendations

Page description:
We are interested in learning about how the behavioral health supports and resources in schools could be sustained and/or improved.

19. What resources or supports at your school are working well? Please share your thoughts in the space provided.

20. What changes, if any, are needed to better support schools? Please share your thoughts in the space provided. Please consider any changes needed to address the challenges of public health emergencies like COVID-19.

Thank You!

Thank you for taking our survey. Your response is very important to us.

Strengthening School Behavioral Health Survey for School Behavioral Health Coordinators

Thank you for taking the time to complete our survey. The Department of Behavioral Health is partnering with Child Trends, a nonprofit research organization, to better understand the experiences of schools participating in the expansion of comprehensive school behavioral health supports in DC Public Schools (DCPS) and DC Public Charter Schools (DCPCS). This survey is a first step in understanding schools' experiences. There are no right or wrong answers, and we are not evaluating you or your school. We are hoping to learn just a little bit about the planning, delivery, and monitoring of behavioral health services and supports at participating schools.

This survey should take no more than 10 minutes to complete. Your responses to this survey will be reviewed by Child Trends researchers and will be kept confidential. When sharing our findings with DBH, information from all the surveys will be summarized and will not include individual names, school names, or other identifiable information.

Respondent information

Please select your CURRENT school from the list (if you work at multiple schools, please complete one survey for each school).

- ◯ Academy of Hope Adult PCS [18th Place]
- ◯ Academy of Hope Adult PCS [Southeast]
- ◯ Achievement Preparatory PCS [Wahler Place]
- ◯ Aiton Elementary School
- ◯ Amidon-Bowen Elementary School
- ◯ Anacostia High School
- ◯ AppleTree Early Learning - Oklahoma Ave (Kingman Park/NE)
- ◯ AppleTree Early Learning - Oklahoma Ave (Spring Valley/NW)
- ◯ AppleTree Early Learning PCS - Columbia Heights
- ◯ AppleTree Early Learning PCS - Lincoln Park
- ◯ AppleTree Early Learning PCS - Parklands at THEARC
- ◯ AppleTree Early Learning PCS - Southeast [Douglas Knoll]
- ◯ AppleTree Early Learning PCS - Southwest
- ◯ Ballou High School
- ◯ Ballou STAY High School
- ◯ Bancroft Elementary School
- ◯ Bard High School Early College DC (Bard DC)
- ◯ Barnard Elementary School
- ◯ BASIS DC PCS - High School
- ◯ BASIS DC PCS - Middle School
- ◯ Beers Elementary School
- ◯ Benjamin Banneker High School
- ◯ Breakthrough Montessori PCS
- ◯ Brent Elementary School
- ◯ Bridges PCS [Mamie D. Lee]
- ◯ Brightwood Education Campus
- ◯ Briya PCS
- ◯ Briya PCS [13th Street/Sharpe]
- ◯ Brookland Middle School
- ◯ Browne Education Campus
- ◯ Bruce-Monroe Elementary School @ Park View
- ◯ Bunker Hill Elementary School
- ◯ Burroughs Elementary School
- ◯ Burrville Elementary School
- ◯ C.W. Harris Elementary School
- ◯ Capital City PCS - High School
- ◯ Capital City PCS - Lower School
- ◯ Capital City PCS - Middle School
- ◯ Capital Village PCS
- ◯ Capitol Hill Montessori School @ Logan
- ◯ Cardozo Education Campus - High School
- ◯ Cardozo Education Campus - Middle School
- ◯ Carlos Rosario International PCS [Harvard Street]
- ◯ Carlos Rosario International PCS [Sonia Gutierrez]
- ◯ Cedar Tree Academy PCS
- ◯ Center City PCS - Brightwood
- ◯ Center City PCS - Capitol Hill
- ◯ Center City PCS - Congress Heights
- ◯ Center City PCS - Petworth
- ◯ Center City PCS - Shaw
- ◯ Center City PCS - Trinidad/NOMA
- ◯ Cesar Chavez Public Charter Schools for Public Policy
- ◯ Cesar Chavez Public Charter Schools for Public Policy - Middle School
- ◯ Cleveland Elementary School
- ◯ Columbia Heights Education Campus (CHEC) - High School
- ◯ Columbia Heights Education Campus (CHEC) - Middle School
- ◯ Community College Preparatory Academy PCS [Main]
- ◯ Coolidge High School
- ◯ Coolidge High School - Early College Academy
- ◯ Creative Minds International PCS
- ◯ DC Bilingual PCS
- ◯ DC Prep PCS - Anacostia Elementary School CV

Street]
- ◯ DC Prep PCS - Anacostia Middle School
- ◯ DC Prep PCS - Benning Elementary
- ◯ DC Prep PCS - Benning Middle
- ◯ DC Prep PCS - Edgewood Elementary School
- ◯ DC Prep PCS - Edgewood Middle School
- ◯ DC Scholars PCS
- ◯ DC Wildflower PCS - The Riverseed School
- ◯ Deal Middle School
- ◯ Digital Pioneers Academy PCS - [Johenning/9th Street/Lower Campus]
- ◯ Digital Pioneers Academy PCS [Capitol Hill/12th Street/Upper Campus]
- ◯ District of Columbia International School [Walter Reed] - High School
- ◯ District of Columbia International School [Walter Reed] - Middle School
- ◯ Dorothy I. Height Elementary School
- ◯ Drew Elementary School
- ◯ Duke Ellington School of the Arts
- ◯ Dunbar High School
- ◯ E.L. Haynes PCS - Middle School
- ◯ E.L. Haynes PCS - Elementary School
- ◯ E.L. Haynes PCS - High School
- ◯ Eagle Academy PCS - Capitol Riverfront
- ◯ Eagle Academy PCS - Congress Heights
- ◯ Early Childhood Academy PCS [Barnaby Street]
- ◯ Eastern High School
- ◯ Eaton Elementary School
- ◯ Eliot-Hine Middle School
- ◯ Elsie Whitlow Stokes Community Freedom PCS - Brookland
- ◯ Elsie Whitlow Stokes Community Freedom PCS - East End
- ◯ Excel Academy
- ◯ Friendship PCS - Armstrong Elementary
- ◯ Friendship PCS - Armstrong Middle
- ◯ Friendship PCS - Blow Pierce Elementary
- ◯ Friendship PCS - Blow Pierce Middle
- ◯ Friendship PCS - Chamberlain Elementary
- ◯ Friendship PCS - Chamberlain Middle
- ◯ Friendship PCS - Collegiate Academy
- ◯ Friendship PCS - Collegiate Academy Online
- ◯ Friendship PCS - Ideal Elementrary
- ◯ Friendship PCS - Ideal Middle
- ◯ Friendship PCS - Online Academy
- ◯ Friendship PCS - Southeast Elementary
- ◯ Friendship PCS - Southeast Middle
- ◯ Friendship PCS - Technology Preparatory High School
- ◯ Friendship PCS - Technology Preparatory Middle School
- ◯ Friendship PCS - Woodridge International Elementary
- ◯ Friendship PCS - Woodridge International Middle
- ◯ Garfield Elementary School
- ◯ Garrison Elementary School
- ◯ Girls Global Academy PCS
- ◯ Global Citizens PCS
- ◯ Goodwill Excel Center PCS
- ◯ HD Cooke Elementary School
- ◯ H.D. Woodson High School
- ◯ Hardy Middle School
- ◯ Harmony DC PCS - School of Excellence
- ◯ Hart Middle School
- ◯ Hearst Elementary School
- ◯ Hendley Elementary School
- ◯ Hope Community PCS - Lamond
- ◯ Hope Community PCS - Tolson
- ◯ Houston Elementary School
- ◯ Howard University Middle School of Mathematics and Science PCS
- ◯ Hyde-Addison Elementary School

◯ I Dream PCS
◯ Ida B. Wells Middle School
◯ IDEA PCS
◯ Ingenuity Prep PCS
◯ Inspired Teaching Demonstration PCS
◯ J.O. Wilson Elementary School
◯ Jackson-Reed High School (formerly Woodrow Wilson High School)
◯ Janney Elementary School
◯ Jefferson Middle School Academy
◯ John Lewis Elementary School (formerly West Elementary)
◯ Johnson Middle School
◯ Kelly Miller Middle School
◯ Ketcham Elementary School
◯ Key Elementary School
◯ Kimball Elementary School
◯ King Elementary School
◯ Kingsman Academy PCS
◯ KIPP DC PCS AIM Academy
◯ KIPP DC PCS Arts and Technology Academy
◯ KIPP DC PCS College Preparatory
◯ KIPP DC PCS Connect Academy
◯ KIPP DC PCS Discover Academy
◯ KIPP DC PCS Grow Academy
◯ KIPP DC PCS Heights Academy
◯ KIPP DC PCS Honor Academy
◯ KIPP DC PCS Inspire Academy
◯ KIPP DC PCS Key Academy
◯ KIPP DC PCS Lead Academy
◯ KIPP DC PCS Leap Academy
◯ KIPP DC PCS Legacy College Preparatory PCS
◯ KIPP DC PCS Northeast Academy
◯ KIPP DC PCS Pride Academy
◯ KIPP DC PCS Promise Academy
◯ KIPP DC PCS Quest Academy
◯ KIPP DC PCS Spring Academy
◯ KIPP DC PCS Valor Academy
◯ KIPP DC PCS Will Academy
◯ Kramer Middle School
◯ Lafayette Elementary School
◯ Langdon Elementary School
◯ Langley Elementary School
◯ LaSalle-Backus Education Campus
◯ Latin American Montessori Bilingual PCS [14th Street]
◯ Latin American Montessori Bilingual PCS [South Dakota Avenue]
◯ Lawrence E. Boone Elementary School
◯ LAYC Career Academy PCS [16th Street]
◯ LEARN DC PCS
◯ Leckie Education Campus
◯ Lee Montessori PCS - Brookland
◯ Lee Montessori PCS - East End
◯ Ludlow-Taylor Elementary School
◯ Luke C. Moore High School
◯ MacArthur High School
◯ MacFarland Middle School
◯ Malcolm X Elementary School @ Green
◯ Mann Elementary School
◯ Marie Reed Elementary School
◯ Mary McLeod Bethune PCS - 16th Street Early Learning Campus
◯ Mary McLeod Bethune PCS - Brookland
◯ Maury Elementary School
◯ Maya Angelou Academy @ Youth Services Center
◯ Maya Angelou Academy at New Beginnings formerly Oak Hill
◯ Maya Angelou PCS - Academy at DC Jail
◯ Maya Angelou PCS - High School
◯ Maya Angelou PCS - Young Adult Learning Center

(YALC)
◯ McKinley Middle School
◯ McKinley Technology High School
◯ Meridian PCS - Elementary School
◯ Meridian PCS - Middle School
◯ Military Road Early Learning Center
◯ Miner Elementary School
◯ Monument Academy PCS
◯ Moten Elementary School
◯ Mundo Verde Bilingual PCS - Calle Ocho Campus
◯ Mundo Verde Bilingual PCS - J.F. Cook Campus
◯ Murch Elementary School
◯ Nalle Elementary School
◯ Noyes Elementary School
◯ Oyster-Adams Bilingual School [Adams]
◯ Oyster-Adams Bilingual School [Oyster]
◯ Patterson Elementary School
◯ Paul PCS - International High School
◯ Paul PCS - Middle School
◯ Payne Elementary School
◯ Peabody Elementary School (Capitol Hill Cluster)
◯ Perry Street Preparatory PCS
◯ Phelps Architecture, Construction and Engineering High School
◯ Plummer Elementary School
◯ Powell Elementary School
◯ Randle Highlands Elementary School
◯ Raymond Education Campus
◯ Richard Wright PCS for Journalism and Media Arts
◯ River Terrace Education Campus
◯ Rocketship PCS - Infinity Community Prep
◯ Rocketship PCS - Legacy Prep
◯ Rocketship PCS - Rise Academy
◯ Ron Brown College Preparatory High School
◯ Roosevelt High School
◯ Roosevelt STAY High School
◯ Roots PCS [Kennedy Street]
◯ Ross Elementary School
◯ Savoy Elementary School
◯ School Without Walls @ Francis-Stevens School
◯ School Without Walls High School
◯ School-Within-School @ Goding (SWS)
◯ Seaton Elementary School
◯ SEED PCS of Washington, DC
◯ Sela PCS
◯ Shepherd Elementary School
◯ Shining Stars Montessori Academy PCS [Randolph Street]
◯ Simon Elementary School
◯ Smothers Elementary School
◯ Social Justice PCS
◯ Sousa Middle School
◯ St. Coletta Special Education PCS
◯ Stanton Elementary School
◯ Statesmen College Preparatory Academy for Boys
◯ Stoddert Elementary School
◯ Stuart-Hobson Middle School (Capitol Hill Cluster)
◯ Takoma Elementary Campus
◯ Thaddeus Stevens Early Learning Center
◯ The Children's Guild DC PCS
◯ The Family Place PCS
◯ The Next Step/El Proximo Paso PCS
◯ The Sojourner Truth School PCS
◯ Thomas Elementary School
◯ Thomson Elementary School
◯ Thurgood Marshall Academy PCS
◯ Truesdell Education Campus
◯ Tubman Elementary School
◯ Turner Elementary School
◯ Two Rivers PCS - 4th Street
◯ Two Rivers PCS - Young [Elementary]

◯ Two Rivers PCS - Young [Middle]
◯ Tyler Elementary School
◯ Van Ness Elementary School
◯ Walker-Jones Education Campus
◯ Washington Global PCS
◯ Washington Latin PCS - Cooper Campus
◯ Washington Latin PCS - Middle School
◯ Washington Latin PCS - Upper School
◯ Washington Leadership Academy PCS
◯ Washington Yu Ying PCS
◯ Watkins Elementary School (Capitol Hill Cluster)
◯ Wheatley Education Campus
◯ Whittier Education Campus
◯ YouthBuild PCS347, Academy of Hope Adult PCS [18th Place]
◯ Academy of Hope Adult PCS [Southeast]
◯ Achievement Preparatory PCS [Wahler Place]
◯ Aiton Elementary School
◯ Amidonâ□□Bowen Elementary School
◯ Anacostia High School
◯ AppleTree Early Learning PCS - Columbia Heights
◯ AppleTree Early Learning PCS - Lincoln Park
◯ AppleTree Early Learning PCS - Oklahoma Avenue
◯ AppleTree Early Learning PCS - Parklands at THEARC
◯ AppleTree Early Learning PCS - Southeast [Douglas Knoll]
◯ AppleTree Early Learning PCS - Southwest
◯ Ballou High School
◯ Ballou STAY High School
◯ Bancroft Elementary School
◯ Bard High School Early College DC (Bard DC)
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◯ Brightwood Education Campus
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◯ Brookland Middle School
◯ Browne Education Campus
◯ Bruceâ□□Monroe Elementary School @ Park View
◯ Bunker Hill Elementary School
◯ Burroughs Elementary School
◯ Burrville Elementary School
◯ C.W. Harris Elementary School
◯ Capital City PCS - High School
◯ Capital City PCS - Lower School
◯ Capital City PCS - Middle School
◯ Capital Village PCS
◯ Capitol Hill Montessori School @ Logan
◯ Cardozo Education Campus - High School
◯ Cardozo Education Campus - Middle School
◯ Carlos Rosario International PCS [Harvard Street]
◯ Carlos Rosario International PCS [Sonia Gutierrez]
◯ Cedar Tree Academy PCS
◯ Center City PCS - Brightwood
◯ Center City PCS - Capitol Hill
◯ Center City PCS - Congress Heights
◯ Center City PCS - Petworth
◯ Center City PCS - Shaw
◯ Center City PCS - Trinidad
◯ Cesar Chavez Public Charter Schools for Public Policy
◯ Cleveland Elementary School
◯ Columbia Heights Education Campus (CHEC) - High School
◯ Columbia Heights Education Campus (CHEC) - Middle School

◯ Community College Preparatory Academy PCS [Main]
◯ Coolidge High School
◯ Coolidge High School - Early College Academy
◯ Creative Minds International PCS
◯ DC Bilingual PCS
◯ DC Prep PCS - Anacostia Elementary School [V Street]
◯ DC Prep PCS - Anacostia Middle School
◯ DC Prep PCS - Benning Elementary
◯ DC Prep PCS - Benning Middle
◯ DC Prep PCS - Edgewood Elementary School
◯ DC Prep PCS - Edgewood Middle School
◯ DC Scholars PCS
◯ DC Wildflower PCS
◯ Deal Middle School
◯ Digital Pioneers Academy PCS - [Johenning/9th Street/Lower Campus]
◯ Digital Pioneers Academy PCS [Capitol Hill/12th Street/Upper Campus]
◯ District of Columbia International School [Walter Reed] - High School
◯ District of Columbia International School [Walter Reed] - Middle School
◯ Dorothy I. Height Elementary School
◯ Drew Elementary School
◯ Duke Ellington School of the Arts
◯ Dunbar High School
◯ E.L. Haynes PCS - Middle School
◯ E.L. Haynes PCS â□□ Elementary School
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◯ Friendship PCS - Blow Pierce Middle
◯ Friendship PCS - Chamberlain Elementary
◯ Friendship PCS - Chamberlain Middle
◯ Friendship PCS - Collegiate Academy & Collegiate Online
◯ Friendship PCS - Ideal Elementrary
◯ Friendship PCS - Ideal Middle
◯ Friendship PCS - Online Academy
◯ Friendship PCS - Southeast Elementary
◯ Friendship PCS - Southeast Middle
◯ Friendship PCS - Technology Preparatory Middle School
◯ Friendship PCS - Woodridge International Elementary
◯ Friendship PCS - Woodridge International Middle
◯ Garfield Elementary School
◯ Garrison Elementary School
◯ Girls Global Academy PCS
◯ Global Citizens PCS
◯ Goodwill Excel Center PCS
◯ H.D. Cooke Elementary School
◯ H.D. Woodson High School
◯ Hardy Middle School
◯ Harmony DC PCS - School of Excellence
◯ Hart Middle School
◯ Hearst Elementary School
◯ Hendley Elementary School
◯ Hope Community PCS - Lamond

◯ Hope Community PCS - Tolson
◯ Houston Elementary School
◯ Howard University Middle School of Mathematics and Science PCS
◯ Hyde-Addison Elementary School
◯ I Dream PCS
◯ Ida B. Wells Middle School
◯ IDEA PCS
◯ Ingenuity Prep PCS
◯ Inspired Teaching Demonstration PCS
◯ J.O. Wilson Elementary School
◯ Janney Elementary School
◯ Jefferson Middle School Academy
◯ John Lewis Elementary School (formerly West Elementary)
◯ Johnson Middle School
◯ Kelly Miller Middle School
◯ Ketcham Elementary School
◯ Key Elementary School
◯ Kimball Elementary School
◯ King Elementary School
◯ Kingsman Academy PCS
◯ KIPP DC PCS AIM Academy
◯ KIPP DC PCS Arts and Technology Academy
◯ KIPP DC PCS College Preparatory
◯ KIPP DC PCS Connect Academy
◯ KIPP DC PCS Discover Academy
◯ KIPP DC PCS Grow Academy
◯ KIPP DC PCS Heights Academy
◯ KIPP DC PCS Honor Academy
◯ KIPP DC PCS Inspire Academy
◯ KIPP DC PCS Key Academy
◯ KIPP DC PCS Lead Academy
◯ KIPP DC PCS Leap Academy
◯ KIPP DC PCS Legacy College Preparatory PCS
◯ KIPP DC PCS Northeast Academy
◯ KIPP DC PCS Pride Academy
◯ KIPP DC PCS Promise Academy
◯ KIPP DC PCS Quest Academy
◯ KIPP DC PCS Spring Academy
◯ KIPP DC PCS Valor Academy
◯ KIPP DC PCS Will Academy
◯ Kramer Middle School
◯ Lafayette Elementary School
◯ Langdon Elementary School
◯ Langley Elementary School
◯ LaSalle-Backus Education Campus
◯ Latin American Montessori Bilingual PCS [14th Street]
◯ Latin American Montessori Bilingual PCS [South Dakota Avenue]
◯ Lawrence E. Boone Elementary School
◯ LAYC Career Academy PCS [16th Street]
◯ LEARN DC PCS
◯ Leckie Education Campus
◯ Lee Montessori PCS - Brookland
◯ Lee Montessori PCS - East End
◯ Ludlow-Taylor Elementary School
◯ Luke C. Moore High School
◯ MacFarland Middle School
◯ Malcolm X Elementary School @ Green
◯ Mann Elementary School
◯ Marie Reed Elementary School
◯ Mary McLeod Bethune PCS - 16th Street Early Learning Campus
◯ Mary McLeod Bethune PCS - Brookland
◯ Maury Elementary School
◯ Maya Angelou Academy @ Youth Services Center
◯ Maya Angelou Academy at New Beginnings formerly Oak Hill
◯ Maya Angelou PCS - Academy at DC Jail

- ◯ Maya Angelou PCS - High School
- ◯ Maya Angelou PCS - Young Adult Learning Center (YALC)
- ◯ McKinley Middle School
- ◯ McKinley Technology High School
- ◯ Meridian PCS - Elementary School
- ◯ Meridian PCS - Middle School
- ◯ Military Road Early Learning Center
- ◯ Miner Elementary School
- ◯ Monument Academy PCS
- ◯ Moten Elementary School
- ◯ Mundo Verde Bilingual PCS - J.F. Cook Campus
- ◯ Mundo Verde Bilingual PCS - Ocho Calle Campus
- ◯ Murch Elementary School
- ◯ Nalle Elementary School
- ◯ Noyes Elementary School
- ◯ Oyster-Adams Bilingual School [Adams]
- ◯ Oysterâ□□Adams Bilingual School [Oyster]
- ◯ Patterson Elementary School
- ◯ Paul PCS - International High School
- ◯ Paul PCS - Middle School
- ◯ Payne Elementary School
- ◯ Peabody Elementary School (Capitol Hill Cluster)
- ◯ Perry Street Preparatory PCS
- ◯ Phelps Architecture, Construction and Engineering High School
- ◯ Plummer Elementary School
- ◯ Powell Elementary School
- ◯ Randle Highlands Elementary School
- ◯ Raymond Education Campus
- ◯ Richard Wright PCS for Journalism and Media Arts
- ◯ River Terrace Education Campus
- ◯ Rocketship PCS - Infinity Community Prep
- ◯ Rocketship PCS - Legacy Prep
- ◯ Rocketship PCS - Rise Academy
- ◯ Ron Brown College Preparatory High School
- ◯ Roosevelt High School
- ◯ Roosevelt STAY High School
- ◯ Roots PCS [Kennedy Street]
- ◯ Ross Elementary School
- ◯ Savoy Elementary School
- ◯ School Without Walls @ Francis-Stevens School
- ◯ School Without Walls High School
- ◯ School-Within-School @ Goding
- ◯ Seaton Elementary School
- ◯ SEED PCS of Washington, DC
- ◯ Sela PCS
- ◯ Shepherd Elementary School
- ◯ Shining Stars Montessori Academy PCS [Randolph Street]
- ◯ Simon Elementary School
- ◯ Smothers Elementary School
- ◯ Social Justice PCS
- ◯ Sousa Middle School
- ◯ St. Coletta Special Education PCS
- ◯ Stanton Elementary School
- ◯ Statesmen College Preparatory Academy for Boys
- ◯ Stoddert Elementary School
- ◯ Stuart-Hobson Middle School (Capitol Hill Cluster)
- ◯ Takoma Elementary Campus
- ◯ Thaddeus Stevens Early Learning Center
- ◯ The Children's Guild DC PCS
- ◯ The Family Place PCS
- ◯ The Next Step/El Proximo Paso PCS
- ◯ The Sojourner Truth School PCS
- ◯ Thomas Elementary School
- ◯ Thomson Elementary School
- ◯ Thurgood Marshall Academy PCS
- ◯ Truesdell Education Campus
- ◯ Tubman Elementary School

◯ Turner Elementary School
◯ Two Rivers PCS - 4th Street
◯ Two Rivers PCS - Young [Elementary]
◯ Two Rivers PCS - Young [Middle]
◯ Tyler Elementary School
◯ Van Ness Elementary School
◯ Walker-Jones Education Campus
◯ Washington Global PCS
◯ Washington Latin PCS - Middle School
◯ Washington Latin PCS - Upper School
◯ Washington Leadership Academy PCS
◯ Washington Yu Ying PCS
◯ Watkins Elementary School (Capitol Hill Cluster)
◯ Wheatley Education Campus
◯ Whittier Education Campus
◯ Woodrow Wilson High School
◯ YouthBuild PCS
(Begin typing the name of your school and the list will refine as you type.)

What is your current position at your school, aside from your role as the school behavioral health coordinator?

◯ Principal/head of school
◯ Other school administrator
◯ Behavioral health professional
◯ Health professional
◯ Classroom teacher
◯ Other (Please specify)

If answering Other, please specify here.

_____

How long have you been at your current school?

◯ Less than a year
◯ 1 year
◯ 2 years
◯ 3 to 5 years
◯ 6 to 10 years
◯ More than 10 years

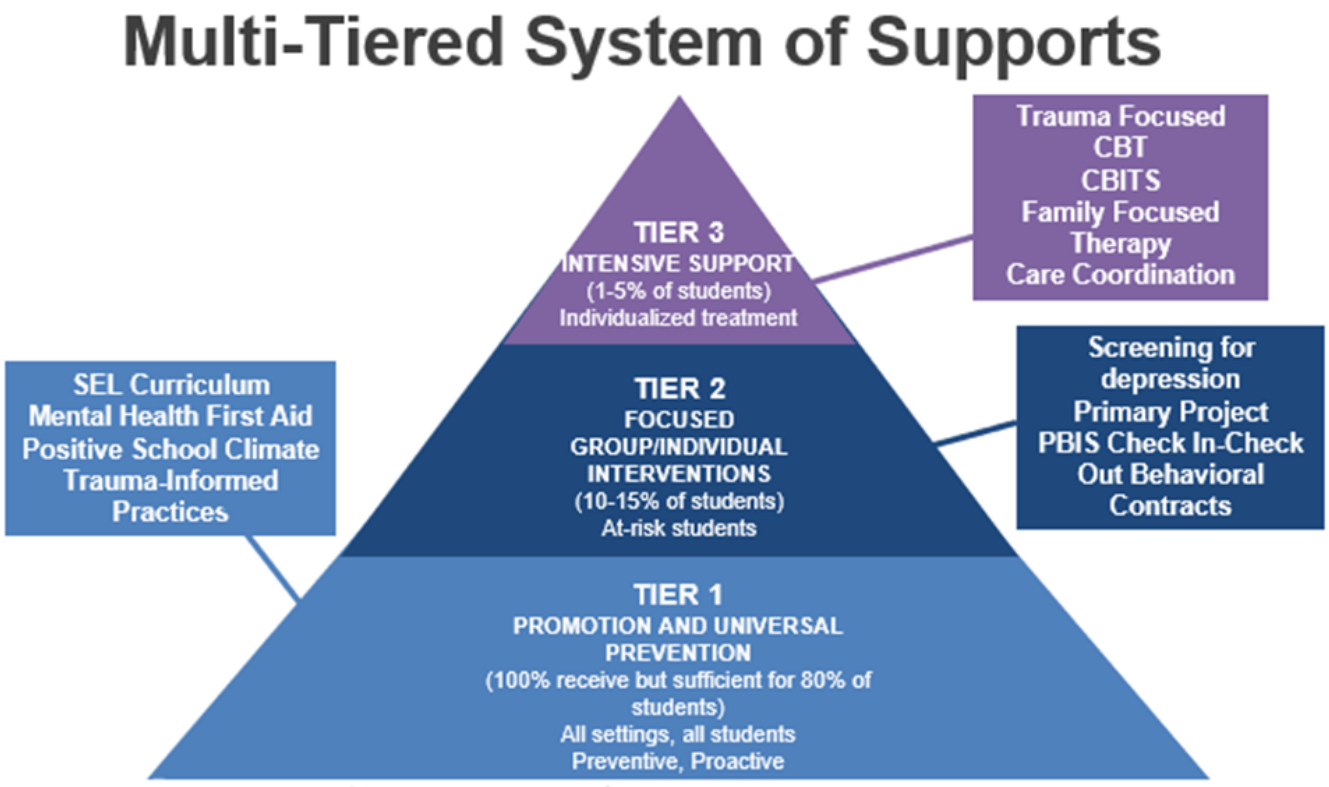
School Behavioral Health Coordinator Role

In a typical week, how much time do you spend on your responsibilities as a School Behavioral Health Coordinator?	◯ Less than 1 hour per week ◯ 1 to 2 hours per week ◯ 3 to 4 hours per week ◯ 5 or more hours per week
How satisfied are you with the resources you receive to fulfill your role as School Behavioral Health Coordinator?	◯ Very dissatisfied ◯ Dissatisfied ◯ Satisfied ◯ Very satisfied
Please briefly describe any resources that are especially useful in your role as School Behavioral Health Coordinator.	_____
Please briefly describe any resources you would like (or would like more of) in your role as School Behavioral Health Coordinator.	_____

7% Complete

Planning behavioral health services and supports

The District's expansion of comprehensive school behavioral health services and supports is designed to help strengthen the planning, coordination, delivery, and monitoring of school-based behavioral health services for students, families, and staff. The goal of the expansion is for all schools to provide Tier 1, 2, and 3 services and supports for students and families, as well as staff wellness programming, to meet the needs of their communities.



Which of the following statements best characterizes your school's plan for providing a full array of behavioral health services and supports to meet the needs of your school community? Please remember that we are NOT evaluating your school, so please answer as honestly as you can.

- ◯ We are just getting started, or don't have a plan yet
- ◯ Our plan is currently in development
- ◯ We have a fully developed plan (although it may be revised later)
- ◯ I don't know

In just a couple of sentences, briefly describe what your school's goals were for this year with respect to behavioral health.

_____

Did you receive a school data report from last year's data?

- ◯ Yes
- ◯ No
- ◯ I don't know

If you received a data report, how has your school used it?

_____

9% Complete

Please indicate how much you agree with each of the following statements about your school's behavioral health plan.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Our plan adequately addresses the needs at our school.	◯	◯	◯	◯	◯
Our plan adequately addresses the resources at our school.	◯	◯	◯	◯	◯
We are following the plan.	◯	◯	◯	◯	◯

15% Complete

Based on your knowledge, please indicate how involved each group was with developing your school's plan.

	Actively involved in a decision-making role	Involved, but not in a decision-making role	Not involved	Don't know
Students	◯	◯	◯	◯
Families	◯	◯	◯	◯
Classroom teachers	◯	◯	◯	◯
Principal/head of school	◯	◯	◯	◯
Other school administrators	◯	◯	◯	◯
School behavioral health professionals	◯	◯	◯	◯
School health professionals	◯	◯	◯	◯
Community partners	◯	◯	◯	◯

30% Complete

Please indicate how much you agree with each of the following statements about behavioral health services/supports available at your school.

	Strongly disagree	Disagree	Agree	Strongly agree	Don't know	N/A - my school does not provide this
My school provides ADEQUATE promotion and universal prevention (Tier 1) programming to all/most students.	○	○	○	○	○	○
My school provides ADEQUATE group/individual interventions (Tier 2) to students who are exhibiting risk factors.	○	○	○	○	○	○
My school provides ADEQUATE intensive support/individualized treatment (Tier 3) to students who have identified behavioral health needs.	○	○	○	○	○	○
My school offers ADEQUATE services/supports that promote staff wellness.	○	○	○	○	○	○

37% Complete

Please indicate how much you agree with each of the following statements about behavioral health services/supports available at your school.

	Strongly disagree	Disagree	Agree	Strongly agree	I don't know
Behavioral health staff members at my school coordinate effectively to deliver services.	○	○	○	○	○
At my school, there is a clear and easy process in place to refer students who may benefit from behavioral health services/supports.	○	○	○	○	○
Staff at my school appropriately utilize the referral process when they have concerns about a student.	○	○	○	○	○
Students at our school are aware of the behavioral health services and supports we offer.	○	○	○	○	○
Students at our school access the behavioral health services and supports we offer.	○	○	○	○	○
Families at our school are aware of the behavioral health services and supports we offer.	○	○	○	○	○
Families at our school access the behavioral health services and supports we offer.	○	○	○	○	○
Our school team collects and reviews data to monitor the implementation of services/supports (e.g., time between referral and intake, number of students served, number of sessions provided).	○	○	○	○	○
Our school team collects and reviews data to monitor the appropriateness of services/supports (e.g., student/family/staff satisfaction).	○	○	○	○	○

Our school team collects and reviews data to monitor the effectiveness of services/supports (e.g., changes in knowledge, behaviors, or symptoms).	○	○	○	○	○
We have made significant progress toward achieving our behavioral health goals.	○	○	○	○	○

57% Complete

Please indicate how much you agree with each of the following statements about behavioral health services/supports available at your school.

	Strongly disagree	Disagree	Agree	Strongly agree	I don't know	N/A - my school does not currently have this type of clinician
Our CBO clinician is well integrated into our school behavioral health team.	○	○	○	○	○	○
Our CBO clinician is seen as a valuable resource by our school community.	○	○	○	○	○	○
Our DBH clinician is well integrated into our school behavioral health team.	○	○	○	○	○	○
Our DBH clinician is seen as a valuable resource by our school community.	○	○	○	○	○	○

65% Complete

Based on your knowledge, please indicate how involved each group is in monitoring implementation of your school's plan.

	Actively involved in a decision-making role	Involved, but not in a decision-making role	Not involved	Don't know
Students	◯	◯	◯	◯
Families	◯	◯	◯	◯
Classroom teachers	◯	◯	◯	◯
Principal/head of school	◯	◯	◯	◯
Other school administrators	◯	◯	◯	◯
School behavioral health professionals	◯	◯	◯	◯
School health professionals	◯	◯	◯	◯
Community partners	◯	◯	◯	◯

80% Complete

Next, we'd like to learn about the resources your school has utilized since joining the expansion to help strengthen and/or expand the behavioral health services and supports offered to students, families, and staff.

Please select the response that best matches your experience with each of the following resources:

	Used it and found it useful	Used it and didn't find it useful	I didn't use it	I am not familiar with this resource
Participation in the DC Community of Practice (e.g., meetings, webinars, trainings)	○	○	○	○
Tip sheets (e.g., on teaming), and other best practices guidance provided by DBH & partners including the DC Community of Practice	○	○	○	○
Training on planning tools provided by DBH & partners including the DC Community of Practice	○	○	○	○
Training on collecting, submitting, and using data provided by DBH & partners including the DC Community of Practice	○	○	○	○
Professional development/training on behavioral health provided by DBH & partners including the DC Community of Practice	○	○	○	○
Interactions with the DBH Clinical Specialists and Technical Assistance Managers	○	○	○	○
CQI data provided by DBH & partners	○	○	○	○
Support from community partner organizations (excluding staffing of the CBO clinician)	○	○	○	○

96% Complete

Open-ended response	
Please use the space provided to share anything that has been especially helpful to your school in planning, coordinating, delivering, and/or monitoring behavioral health services and supports,	_____
Please use the space provided to share anything that has been especially challenging for your school in planning, coordinating, delivering, and/or monitoring behavioral health services and supports. Please include any supports or resources you think would be helpful in addressing these challenges.	_____
Please use the space provided to share how the COVID-19 pandemic has affected your school's ability to plan, coordinate, deliver, and/or monitor behavioral health services and supports.	_____
If you would like to be entered into a $25 dollar gift card raffle for survey completion, please fill in your contact info. This information will only be used for the drawing and will not be included in analysis or reporting.	_____ (Name and Email Preferred)

100% Complete

Appendix B. Data Tables

Student Survey

Question	Total Responses	Not at all	A little bit	Somewhat	Quite a bit	Completely	I prefer not to answer
Overall, how much do you feel like you belong at your school?	4,899	6%	10%	17%	25%	35%	7%

Question	Total Responses	Not at all	A little bit	Somewhat	Very	I prefer not to answer
Do you think it is embarrassing to have a mental/behavioral health challenge?	4,803	7%	8%	21%	48%	16%

Question	Total Responses	Definitely Yes	Probably Yes	Probably No	Definitely No	I prefer not to answer
Would kids at your school make fun of someone who sees a therapist or counselor about a mental/behavioral health challenge?	4,802	9%	21%	33%	28%	9%
Would you feel comfortable talking to a therapist or counselor at school if you had a mental/behavioral health challenge?	4,802	28%	33%	15%	13%	11%

Question	Total Responses	Yes	No	I prefer not to answer
Is there a teacher or another adult at your school who you would feel comfortable talking to if you had a problem?	4,898	74%	16%	10%

Student Survey (continued)

Question	Total Responses	Yes	No	Maybe/Not sure	I prefer not to answer
If you needed help with a mental/behavioral health challenge at school, do you know who to go to in order to get help?	4,686	52%	13%	29%	7%
Does your school have a therapist or counselor?	4,686	67%	5%	25%	4%

Who do you usually go to about problems when you are upset?	Number of respondents
A friend	2,208
A family member	2,104
Teacher at school	1,957
I do not go to anyone about problems or when I'm upset	864
Someone not listed here	495
I prefer not to answer	353
A club or sports coach at school	263
A cleaning/custodian worker at school	93
Cafeteria/food service worker at school	87

Student Survey (continued)

Question	Total Responses	Yes	No	I prefer not to answer
Was there any time this school year you had a mental/behavioral health challenge but didn't get the help you needed?	4,681	21%	59%	21%
Why did you not get the help you needed?				Number of respondents
I thought the problem would get better by itself				441
I did not want anyone to know I was having a problem				397
I did not know where to get help				153
I didn't think counseling would help				171
People in my family didn't think counseling would help				60
I went to counseling before and it did not work				93
I had trouble getting to my counseling sessions				38
I could not get an appointment				43
Other				71
I prefer not to answer				153

During this school year, how would you describe your experiences with each of the activities listed below?	Total Responses	I participated and it was helpful	I participated and it wasn't helpful	I did not participate	I prefer not to answer
One-on-one meetings with school mental/behavioral health staff	4,505	26%	6%	47%	21%
Meetings with school mental/behavioral health staff and my family	4,496	20%	7%	52%	21%
Small group meetings with school mental/behavioral health staff and with other students	4,495	23%	9%	48%	20%
Activities during class led by school mental/behavioral health staff	4,494	27%	10%	41%	22%
Whole school activities like an assembly with school mental/behavioral health staff	4,496	23%	10%	43%	24%

Student Survey (continued)

Question	Total Responses	Strongly agree	Agree	Disagree	Strongly disagree	I prefer not to answer
Teachers at my school do a good job helping students learn to deal with their feelings, get along with others, and make good decisions.	4,507	30%	45%	10%	5%	11%
Principals and other school leaders at my school do a good job helping students learn to deal with their feelings, get along with others, and make good decisions.	4,506	27%	42%	12%	6%	14%

Please list anything you do to make yourself feel better when you are feeling scared, angry, or sad.	Number of respondents
Listen to music	2,633
Spend time with my friends to get my mind off of whatever is bothering me	2,315
Watch TV/videos, play video games, or get on social media	2,293
Go somewhere to calm down, cool off, take a break, or relax (e.g., my bedroom, bathroom, somewhere at school)	2,193
Sleep	2,186
Talk with a close adult family member	1,918
Talk with my friends, or with a family member around my age (e.g., sibling/cousin), about whatever is bothering me	1,812
Read, draw, or write/journal	1,581
Cry	1,425
Play sports, dance, exercise, or do another activity where I move around	1,412
Talk with a teacher or another adult at school that I trust	1,328
Do breathing exercises (e.g., take deep breaths) or calming exercises (e.g., think of things that make me happy)	895
Something not listed here	306
I prefer not to answer	299
Nothing makes me feel better when I am feeling scared, angry, or sad	187

Family Survey

Question	Total responses	Strongly agree	Agree	Disagree	Strongly disagree	Prefer not to answer
I feel welcome at my child's school.	1656	68%	23%	5%	3%	2%
I feel comfortable talking to someone at my child's school about my child's behavior.	1654	70%	21%	5%	2%	2%
People with mental health disorders are dangerous.	1596	8%	18%	29%	36%	9%
Overall, my child's school does a good job meeting their students' mental and behavioral health needs.	1514	31%	42%	9%	4%	14%

Question	Total responses	Definitely Yes	Probably Yes	Probably No	Definitely No	I prefer not to answer
I would want to see a therapist or counselor for help if I were sad, worried, or upset for a long period of time.	1595	57%	30%	6%	3%	4%
I would want my child to see a therapist or counselor for help if they were sad, worried, or upset for a long period of time.	1595	72%	20%	3%	2%	3%
If you needed help with a mental/behavioral health challenge, do you know where to get help?	1525	53%	30%	9%	5%	2%
If your child needed help with a mental/behavioral health challenge, do you know where to get help?	1525	48%	34%	12%	5%	2%
If your child needed help with a mental/behavioral health challenge at school, do you know who to contact for help?	1525	44%	32%	14%	8%	2%

Family Survey (continued)

Question	Total responses	Yes	No	I don't know	I prefer not to answer
Does your child's school have a therapist or counselor?	1525	56%	12%	32%	1%

Question	Total responses	Yes	No	I prefer not to answer
Was there any time this school year you had a mental/behavioral health challenge but didn't get the help you needed?	1524	17%	77%	6%

What was the reason that your child did not get the help needed?	Number of Respondents
I thought the problem would get better by itself	100
I did not want anyone to know I was having a problem	29
I did not know where to get help	60
I didn't think counseling would help	29
People in my family didn't think counseling would help	9
I went to counseling before and it did not work	21
I had trouble getting to my counseling sessions	22
I could not get an appointment	67
Other (e.g., insurance, metro fare, childcare)	81
I prefer not to answer	23

Family Survey (continued)

Question	Total responses	Yes	No	I prefer not to answer
Was there any time in the past year your child had a mental/behavioral health challenge but didn't get the help they needed?	1525	12%	83%	5%

What was the reason that your child did not get the help needed?	Number of Respondents
I thought my child's problem would get better by itself	42
I did not want anyone to know my child was having a problem	8
I did not know where to get help for my child	44
I didn't think counseling would help my child	3
My child did not think counseling would help	20
People in my family didn't think counseling would help my child	6
My child went to counseling before and it did not work	9
I had trouble getting my child to counseling sessions	27
I could not get an appointment for my child	60
Other (e.g., insurance, metro fare, childcare)	54
I prefer not to answer	10

During this current school year, which of the following best describes your child's experience with mental/behavioral health services at school?	Number of Respondents
I haven't tried to access mental/behavioral health services for my child at their school	924
My child has seen a mental/behavioral health professional at school	245
My child is on a waitlist to see a mental/behavioral health professional at school	17
I have tried, but my child has not been able to access mental/behavioral health services at school	63
I am seeking mental/behavioral health support for my child outside of school	88
My child is receiving mental/behavioral health support outside of school	120
Prefer not to answer	184

Staff Survey

Question	Total Responses	Strongly agree	Agree	Disagree	Strongly disagree	N/A - Not Provided	Don't know
My school provides ADEQUATE promotion and universal prevention (Tier 1) programming to all/most students.	1,843	25%	49%	14%	4%	1%	8%
My school provides ADEQUATE group/individual interventions (Tier 2) to students who are exhibiting risk factors.	1,843	22%	47%	18%	5%	1%	8%
My school provides ADEQUATE intensive support/individualized treatment (Tier 3) to students who have identified behavioral health needs.	1,843	21%	40%	18%	7%	1%	13%

Question	Total Responses	Almost never	Once in a while	Sometimes	Frequently	Almost always	Don't know
Engaged: Please indicate how often you felt the following emotions at work during the past week.	1,773	2%	4%	18%	34%	41%	1%
Exhausted: Please indicate how often you felt the following emotions at work during the past week.	1770	3%	10%	24%	30%	32%	1%
Hopeful: Please indicate how often you felt the following emotions at work during the past week.	1,765	4%	12%	32%	29%	23%	1%
Stressed out: Please indicate how often you felt the following emotions at work during the past week.	1,765	7%	14%	25%	26%	28%	1%

Staff Survey (continued)

What kinds of services/supports, if any, are available at your school to promote staff wellness?	Number of Respondents
Wellness days off	446
Themed wellness challenges (e.g., water challenge, sleep challenge)	227
Counseling or one-on-one support from school-based mental/behavioral health staff	358
School leadership communicates and/or models the importance of wellness	590
Peers/colleagues check in with one another to provide support	1,032
Regular wellness check-ins, either by school leadership or mental/behavioral health staff	345
Scheduling enhancements (e.g., intentional breaks, shorter days)	257
Self-care strategies are taught, facilitated, or otherwise promoted (e.g., journaling, mindfulness, yoga)	640
My school does not provide staff wellness supports	230
Other	72

Question	Total Responses	Yes	No
Have you participated in any of the services/supports offered at your school that promote staff wellness?	1,780	60%	40%

Question	Total Responses	Not at all satisfied	Slightly	Somewhat	Quite	Extremely
How satisfied are you with the services/supports you have used?	1,064	4%	16%	43%	29%	8%
Overall, how positive is the working environment at your school?	1,647	6%	20%	34%	33%	7%
How supportive are students in their interactions with each other?	1,647	4%	19%	39%	33%	5%
How respectful are the relationships between teachers/school staff and students?	1,647	2%	14%	33%	41%	9%

Staff Survey (continued)

Please indicate how much you agree with each of the following statements about services/supports that promote staff wellness at your school.	Total Responses	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
I think the services/supports offered at my school to promote staff wellness are relevant to the needs of our school staff.	1,759	12%	39%	25%	11%	13%
I think the services/supports offered at my school to promote staff wellness are adequate.	1,759	8%	33%	34%	14%	11%
My school provides me with adequate professional development opportunities or trainings to increase my understanding of student behavioral health (e.g., to help staff recognize the signs/symptoms of behavioral health issues).	1,646	16%	49%	25%	6%	4%
I think non-clinical staff (e.g., teachers) play an important role in identifying and/or referring students with behavioral health problems.	1,646	55%	38%	3%	2%	2%
I can identify warning signs or symptoms of behavioral health problems in students (e.g., depression, anxiety, trauma, eating disorder).	1,645	34%	54%	7%	1%	3%
I feel knowledgeable about the behavioral health services/supports available at my school.	1,646	26%	48%	19%	3%	4%
I know how to refer a student for behavioral health services/supports at my school.	1,646	36%	49%	10%	2%	3%
I have a good working relationship with a mental health clinician at our school.	1,646	42%	41%	9%	3%	5%
I value having behavioral health services/supports available at my school.	1,646	60%	33%	2%	1%	4%

Staff Survey (continued)

Please indicate how much you agree with each of the following statements about the experiences of students and families at your school with behavioral health services/supports.	Total Responses	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
The behavioral health services/supports available at my school are relevant to the needs of our students.	1,646	29%	48%	10%	3%	10%
The behavioral health services/supports available at my school are culturally/linguistically responsive and appropriate.	1,647	26%	49%	8%	3%	13%
Students at my school are aware of the behavioral health services/supports available to them.	1,646	18%	46%	15%	4%	18%
Families at my school are aware of the behavioral health services/supports available to support their children.	1,647	13%	44%	14%	3%	25%
Students at my school can easily access the behavioral health services/supports available to them, if they choose to do so.	1,647	21%	48%	12%	4%	15%
Families at my school can easily access the behavioral health services/supports available to support their children, if they choose to do so.	1,647	19%	43%	11%	3%	24%
Students at my school utilize the behavioral health services/supports available to them, when needed.	1,646	20%	49%	10%	2%	17%
Families at my school utilize the behavioral health services/supports available to support their children, when needed.	1,646	13%	42%	13%	3%	28%
Students at my school are satisfied with the behavioral health services/supports available to them.	1,646	15%	38%	9%	2%	36%
Families at my school are satisfied with the behavioral health services/supports available to support their children.	1,647	12%	35%	8%	2%	43%

Question	Total Responses	Never	Once	2-5 times	6-10 times	More than 10 times
During the PREVIOUS school year, how many times did you refer students to behavioral health services/supports at your school?	1,626	34%	16%	37%	7%	6%

Staff Survey (continued)

While you may be unsure of whether a student is receiving behavioral health services/supports, when thinking about a student or students you have referred, please indicate how much you agree or disagree with the following statements.	Total Responses	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
They have had a decrease in behavioral incidents.	1,626	8%	42%	15%	4%	30%
They have experienced reduced behavioral health symptoms.	1,626	9%	40%	15%	4%	32%
They have demonstrated increased coping skills.	1,625	10%	46%	12%	3%	28%
They are more connected to the school community (teachers, students, other staff).	1,625	12%	45%	11%	3%	29%