Dane County Department of Human Services

Building Bridges Yearly Measures

November 2022

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Key Findings

The Building Bridges program is a necessary program that is helping school-aged children improve their mental health.

The need:

- The CDC acknowledges that children with mental disorders need early diagnosis and treatment to prevent problems at home, in school, and in forming friendships.[1]
- Building Bridges grew out of conversation with people who work directly with children expressing a need for proactive programming that address mental health needs in schools.[2]

Signs of success:

- Building Bridges measures impact using the CIS-P. Youth show meaningful improvement in two ways:
    - statistically significant reduction in the proportion of students with clinically significant functional impairment from intake to closing. The proportion of students with clinically significant functional impairment continues to trend downward from closing to 6-month follow-up and in some cases is statistically significant (see **Figure 10**).
        - Overall, clinically significant impairment is dramatically cut from intake (78%) to closing (61%) to 6-month follow-up (43%) (see **Figure 10**).
    - reliable improvement in students' CIS-P scores and minimal reliable worsening (see **Figure 11** and **Figure 12**).
        - Overall, about 20% experience reliable improvement from intake to closing and this grows to 34% reliable improvement from intake to 6-month follow-up (see **Figure 11** and **Figure 12**). Reliable worsening remains low at both of these check points (each 4% on average) (see **Figure 11** and **Figure 12**).
- Building Bridges is following through on its goal to enhance student emotional health and school success as well as families' connections to school and the community. In a survey of parents,
    - 85%-97% agree or strongly agree with statements indicating Building Bridges helped them form connection with their child's school (see **Figure 13**).
    - One parent praises the program, "the staff lived up to the name and 'built the bridge and closed the gap'" while another recounted their struggle to connect with needed resources until Building Bridges intervened.

Impact:

- In four academic years, the Building Bridges program has had impressive reach.
    - Currently 10 Dane County school districts participate in Building Bridges.
    - More than 1,900 unique people have been served by the program (see **Table 2**).
    - More than 19,000 units of service were rendered to parents/guardians and students (see **Figure 2**).

[1] "Children's Mental Health Report."

[2] Melanie Conklin and Rachel Strauch-Nelson, "School Superintendents, County Exec Announce the Start-up of School-Based Mental Health Teams," County Executive's Office, October 16, 2014, https://exec.countyofdane.com/PressDetail/9123.

Background

About the Program

Building Bridges is a short-term, 90-day mental health stabilization program that is a joint effort between Dane County and area school districts. The program is administered by Catholic Charities, Inc. Diocese of Madison (Catholic Charities). Catholic Charities works in collaboration with Dane County school districts to provide mental health services to the schools' children. The program provides 90-day wrap around support through intensive case management and access to behavioral health resources. When necessary, services are extended to 120 days. Children in 4K through 8th grade from participating school districts are eligible for the program.

> The goal of the Building Bridges program is to enhance student emotional health and school success as well as strengthen families' connections to the school and community.

Building Bridges began during the 2014-2015 academic year as a pilot project with the Sun Prairie school district, Verona school district, and the elementary schools that feed into the Madison East High School attendance area. Later, it expanded to the LaFollette, Memorial, and West High School attendance areas. It has also been active in school districts beyond the City of Madison including: DeForest, Middleton-Cross Plains, Mount Horeb, Monona Grove, Oregon, Stoughton, Waunakee, and Wisconsin Heights.

Funding for Building Bridges primarily comes from General Purpose Revenue (GPR) provided by Dane County Department of Human Services (DCDHS) and is nearly matched by each participating school district. The funding is passed along to Catholic Charities, which employs Building Bridges staff. There are some Building Bridges staff who are not Catholic Charities employees, and therefore are not funded through DCDHS GPR. Students and parents receiving services from staff who are not Catholic Charites employees are still in this report, with the exception of their service hours not being reported.

Program Need

According to an October 2014 press release from Dane County Executive's Office, Building Bridges "… grew out of a visit Dane County Executive Joe Parisi had with Dane County's Joining Forces for Families staff, when he asked what were the greatest needs frontline workers in challenged areas were seeing. Surveying school administrators, they had the same reaction: address mental health needs in schools and provide proactive support systems that are best for students."[3] Around this time, the Centers for Disease Control and Prevention (CDC) released the *Children's Mental Health Report* which states, "Mental health is important to overall health. Mental disorders are chronic health conditions that can continue through the lifespan. Without early diagnosis and treatment, children with mental disorders

[3] Melanie Conklin and Rachel Strauch-Nelson, "School Superintendents, County Exec Announce the Start-up of School-Based Mental Health Teams," *County Executive's Office*, October 16, 2014, https://exec.countyofdane.com/PressDetail/9123.

can have problems at home, in school, and in forming friendships. This can also interfere with their healthy development, and these problems can continue into adulthood."[4]

Children's mental health continues to be an issue. The CDC estimates many children age 3-17 years old (as of 2016-2019) have been diagnosed with:[5]

- ADHD 9.8% (approximately 6.0 million)
- Anxiety 9.4% (approximately 5.8 million)
- Behavior problems 8.9% (approximately 5.5 million)
- Depression 4.4% (approximately 2.7 million)

The *2021 Dane County Youth Assessment: 7th-8th Grade Report – All Schools Combined* illustrates the prevalence of mental health issues in Dane County's youth.[6]

In the past 30 days…

- 41% of 7th and 8th graders "always" or "often" became easily annoyed or irritable
- 36% "always" or "often" felt nervous, anxious or on edge
- 34% feel they "always" or "often" worried too much about different things
- 13% to 14% each report
    - Other students picked on me
    - Other students made fun of me
    - Other students called me names

During the past 12 months…

- 23% of 7th and 8th graders felt so sad or hopeless almost every day for at least two weeks in a row that they stopped doing some usual activities
- 19% had thought seriously about killing themselves
- 4% attempted to kill themselves
- 5% "frequently" or "occasionally" engaged in self-harm (doing something to hurt yourself on purpose, without wanting to die, such as cutting or bruising yourself)

The report also cites that 14% of 7th and 8th graders are receiving professional mental health services.

[4] "Children's Mental Health Report."
[5] "Children's Mental Health – Data & Statistics on Children's Mental Health," Centers for Disease Control, June 3, 2022, https://www.cdc.gov/childrensmentalhealth/data.html.
[6] Dane County Youth Commission, "2021 Dane County Youth Assessment: 7th-8th Grade Report – All Schools Combined," July 9, 2021, https://www.dcdhs.com/documents/pdf/Youth/YouthCommission/DCYA-2021-Middle-School-Report.pdf.

The Data

Established Measures for Building Bridges

In 2017, the Building Bridges program worked with DCDHS Planning & Evaluation staff to create a program logic model. Logic models help programs identify inputs, activities, outputs, and outcomes. They can be used both in process evaluations (did the program and activities happen as planned?) and outcome evaluations (did the intended results happen?). The program logic model helps identify measures to quantify in this report:

- **Output**: Number of students and parents/guardians served
- **Output**: Demographic information
- **Output**: Number of closing and 6-month follow-up CIS-Ps
- **Outcome (Intermediate)**: Students develop strategies and resources so they can be successful

Building Bridges uses the Columbia Impairment Scale for parents (CIS-P) to measure change in children's functional impairment from intake to closing and 6 months after closing. The CIS-P measures the intermediate outcome "students develop strategies and resources so they can be successful." Success looks like reduction in the level of impairment indicated by the scale. The CIS-P was chosen

- for its simplicity (only 13 items),
- because it can be administered directly by lay or clinical interviewers,
- it is valid for ages 6-17 (roughly 1st through 11th grade),
- it is accessible for free,
- it measures four major areas of functioning: interpersonal relationships, broad psychopathological domains, functioning in jobs or at school, and use of leisure time, as well as
- psychometric properties of the scale are established.

Figure 1: CIS-P Completed At

This report compiles results from academic years after the logic model was created (2018-2019 through 2021-2022). Results are displayed by academic year and in aggregate (total across the four years). Before reviewing the program output and outcomes, it is important to be aware of contextual considerations.

Timeline and Contextual Considerations

Data included in this report span four academic years (2018-2019, 2019-2020, 2020-2021, and 2021-2022). Because the world is constantly changing and the impossibility of controlling for all external variables, readers must be aware of significant changes that could influence the data year-over-year. See **Appendix A: Contextual Considerations** for further discussion on how the 2019-2020 and 2020-2021 school years have significantly differed from others years in this analysis.

Generally, differences not only affected schooling, but the administration of the Building Bridges program. When the COVID-19 pandemic forced schools to shut down in-person instruction, Building Bridges pivoted to a virtual format so students and families could continue to receive support while they were at home. For extenuating circumstances, Building Bridges staff could meet with students and families in-person while maintaining everyone's safety. It was not until April 2021 that Building Bridges staff began to provide in-person services to students, school staff, and guardians as needed. Building Bridges staff continue to use HIPPA compliant Zoom accounts and DocuSign for those who prefer virtual services.

Results

Students Excluded From Output Analyses

Service and demographic information is available for students in the DCDHS Information System. DCDHS and Catholic Charities work in partnership to collect high quality data about the Building Bridges program and the people served. As a result of this collaborative partnership, data procedures changed over time. Prior to the 2020-2021 academic year, there were a number of students (see **Table 1**) not in the DCDHS Information System but on the Catholic Charities' enrollment list. After implementing changes in data processes, ***this issue is nearly resolved as of the 2020-2021 academic year.*** Less than a handful of students from the last two academic years were in the Catholic Charities list but not matched to a record in the DCDHS Information System. It is important to point these few records out because students listed in **Table 1** are not included in the student service and demographic information shared in this report. Importantly, they are included in the CIS-P outcomes analyses of this report.

Table 1: Students Recorded in Catholic Charities Enrollment List and Not in DCDHS Information System

	Aggregate	2018-2019	2019-2020	2020-2021	2021-2022
TOTAL	**125**	**63**	**57**	**1**	**4**
DeForest	3	-	3	-	-
Madison Metropolitan School District (MMSD)	82	49	32	-	1
Middleton-Cross Plains	-	-	-	-	-
Monona Grove	-		-	-	-
Mount Horeb	-	-	-	-	-
Oregon	19	7	11	-	1
Stoughton	4	-	3	-	1
Sun Prairie	5	1	2	1	1
Verona	4	2	2	-	-
Waunakee	7	3	4	-	-
Wisconsin Heights	1	1	-		

Output: Number of Students and Parents/Guardians Served

An output of the Building Bridges program is the number of unique parents/guardians and students served. To be included in these counts, the person had to

- have a service start date within the given academic year (September or later),
- have a service end date within the same academic year (June or earlier), and
- and be in the DCDHS Information System

Aggregate data is less than the sum of the academic years because people who received services in more than one academic year are counted only once in the aggregate column.

Over four academic years, the Building Bridges program has served more than 1,900 unique individuals (see **Table 2**). Commonly, students are from the Madison Metropolitan School District (MMSD) – which is expected due to its relatively large size (see **Table 2**).

Table 2: Unique Parents and Students Receiving Building Bridges Services

	Aggregate	2018-2019	2019-2020	2020-2021	2021-2022
GRAND TOTAL	**1,909**	**500**	**574**	**470**	**543**
Parents/Guardians	**1,034**	**288**	**312**	**256**	**286**
Students	**875**	**212**	**262**	**214**	**257**
Students By School District					
DeForest	63	23	16	12	15
Madison Metropolitan School District (MMSD)	250	49	78	70	75
Middleton-Cross Plains	62	15	10	20	20
Monona Grove	39		20	7	20
Mount Horeb	67	18	21	14	19
Oregon	76	18	20	20	23
Stoughton	64	17	21	17	16
Sun Prairie	82	23	23	21	22
Verona	68	17	16	13	22
Waunakee	79	22	23	18	22
Wisconsin Heights	5	2	3		
District not identified	20	8	11	2	3

Another measure of service is the number of hours Building Bridges staff spent with parents and students. We are able to examine hours of service for a subset of parents and students served by the Building Bridges program. Service hours are reflected for individuals whose hours were administered by DCDHS GPR funded Building Bridges staff. Recall, school districts also contribute a financial or in-kind staff match to the Building Bridges program. This results in some Building Bridges staff who are not Catholic Charities employees, meaning they are not paid with DCDHS GPR funds. The majority of students and parents interacted with staff whose hours come from DCDHS GPR funding (86.7% on average), but there are still between 0.2% to 25.7% of students or parents each academic year whose service hours are not reflected in this report (see **Table 3**).

Table 3: Unique Parents and Students Receiving Building Bridges Services by Funding Source

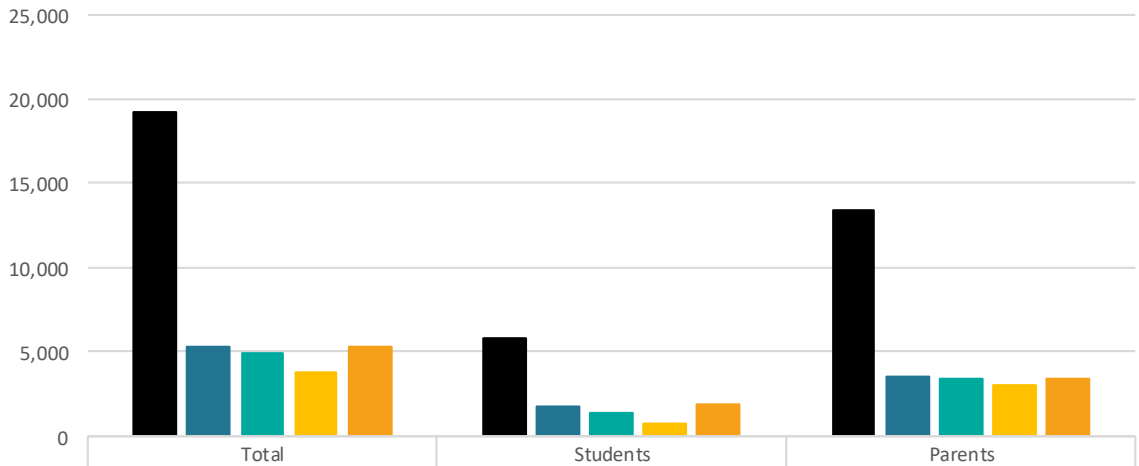
	Aggregate[7]	2018-2019	2019-2020	2020-2021	2021-2022
Funded by Dane County	86.7%	99.8%	89.4%	74.3%	82.7%
GRAND TOTAL	**1,655**	**499**	**513**	**349**	**449**
Parents/Guardians	**969**	**287**	**300**	**231**	**254**
Students	**686**	**212**	**213**	**118**	**195**
Students By School District					
DeForest	55	23	16	4	15
Madison Metropolitan School District (MMSD)	137	49	48	16	35
Middleton-Cross Plains	60	15	10	19	19
Monona Grove	38		20	6	19
Mount Horeb	58	18	21	13	11
Oregon	50	18	13	5	17
Stoughton	62	17	18	17	16
Sun Prairie	81	23	23	20	22
Verona	59	17	15	9	18
Waunakee	65	22	20	7	20
Wisconsin Heights	5	2	3		
District not identified	16	8	6	2	3
Funded by the Schools	13.3%	0.2%	10.6%	25.7%	17.3%
GRAND TOTAL	**254**	**1**	**61**	**121**	**94**
Parents/Guardians	**65**	**1**	**12**	**25**	**32**
Students	**189**	**-**	**49**	**96**	**62**
Students By School District					
DeForest	8	-	-	8	-
Madison Metropolitan School District (MMSD)	113	-	30	54	40
Middleton-Cross Plains	2	-	-	1	1
Monona Grove	1		-	1	1
Mount Horeb	9	-	-	1	8
Oregon	26	-	7	15	6
Stoughton	2[8]	-	3	-	-
Sun Prairie	1	-	-	1	-
Verona	9	-	1	4	4
Waunakee	14	-	3	11	2
Wisconsin Heights	-	-	-		
District not identified	4[8]	-	5	-	-

[7] From year to year a student can bounce between being served by DCDHS funded staff or staff that is not funded by DCDHS. In these cases, the student is tallied only once in the aggregate column and is included in the funded by DCDHS staff half of the table.

[8] One student served in 2019-2020 was at another time served by DCDHS funded staff, so the aggregate column is less than the minimum number of students tallied in any given year.

In four academic years, the Building Bridges program has delivered nearly 19,300 units of service[9] to students and parents funded by DCDHS GPR (see **Figure 2**). The program has delivered 2.3 times the service units to parents (approximately 13,500 units) as to students (about 5,800 units). In all, students make up 30% of units delivered. Notably, service hours to students have rebounded after a 51% decrease during the 2020-2021 academic year. During the most recent academic year (2021-2022), DCDHS funded Building Bridges staff delivered 2.7 times more service hours than the previous year (approximately 1,900 compared to 700 hours). Parents also experienced a small decrease in hours during the 2020-2021 academic year and are back within the normal range of 3,400-3,500 units of service delivered in a given academic year.

Figure 2: Building Bridges Service Units Delivered by Person Type for Services Funded Through Dane County Department of Human Services

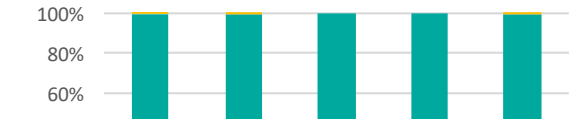


	Total	Students	Parents
Aggregate	19,294.25	5,827.05	13,467.20
2018-2019	5,347.50	1,796.50	3,551.00
2019-2020	4,877.70	1,431.50	3,446.20
2020-2021	3,764.75	700.50	3,064.25
2021-2022	5,304.30	1,898.55	3,405.75

[9] One unit of service equals 1 hour of client contact. Service hours are only tracked for Building Bridges staff who are funded by Dane County Department of Human Services. There are some Building Bridges staff who are funded by the school districts. Their service hours are not reportable in the DCDHS InfoSys, and, therefore, are not reflected here.

Output: Student Demographic Information

Figure 3: Gender by Academic Year and Aggregate

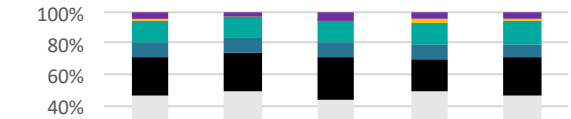


	Aggregate (n=875)	2018-2019 (n=212)	2019-2020 (n=262)	2020-2021 (n=214)	2021-2022 (n=257)
Unknown	0.2%	0.5%	0.0%	0.0%	0.4%
Male	68%	71%	72%	65%	66%
Female	31%	29%	28%	35%	34%

Figure 4: Age by Academic Year and Aggregate

	Aggregate (n=875)	2018-2019 (n=212)	2019-2020 (n=262)	2020-2021 (n=214)	2021-2022 (n=257)
< 5	3%	2%	2%	3%	3%
5 - 6	20%	19%	19%	15%	16%
7 - 8	24%	17%	24%	22%	21%
9 - 10	20%	25%	19%	23%	19%
11 - 12	17%	19%	19%	16%	25%↑
13 - 14	16%	18%	16%	20%	17%
15 - 16	0.1%	0.0%	0.0%	0.0%	0.4%
17 - 18	0.1%	0.0%	0.4%	0.0%	0.0%

Figure 5: Race/Ethnicity by Academic Year and Aggregate



	Aggregate (n=875)	2018-2019 (n=212)	2019-2020 (n=262)	2020-2021 (n=214)	2021-2022 (n=257)
Unknown	4%	3%	5%	5%	4%
Native American	0.1%	0.0%	0.4%	0.0%	0.0%
Asian	1%	0%	0%	2%↑	2%
Hispanic	14%	13%	13%	14%	15%
More than one	10%	10%	10%	10%	9%
Black	24%	25%	27%	21%	25%
White	47%	49%	44%	49%	46%

The Building Bridges program has consistently served the same demographics of children across the four academic years in this report.

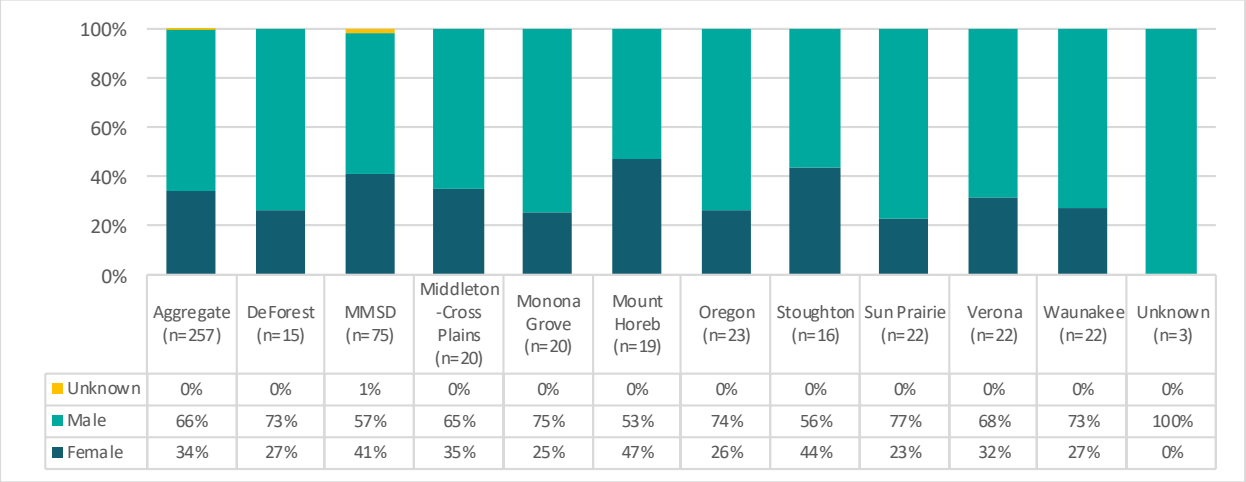
Statistical testing was performed to identify any changes in percentages from one academic year to the next. When statistically significant differences are present, they are marked with arrows (↑↓) in the data table below the graph. There are only two differences in proportions that indicate statistically significant change.

- More students age 11 to 12 were served in the 2021-2022 academic year (25%) than the prior academic year (16% in 2020-2021) (see **Figure 4**).
- More Asian students were served in the 2020-2019 academic year (2%) than the prior year when no Asian students (0%) were served (see **Figure 5**).

Over time, the majority of students served by Building Bridges are male (68%) (see **Figure 3**). There is no age band from 5 through 14 that stands out, meaning the program about evenly serves students by age (see **Figure 4**). Students are commonly White (47%) or Black (24%) – fewer are Hispanic (14%) or Multiracial (10%). Almost none are Asian (1%) or Native American (<1%) (see **Figure 5**).

The following pages breakdown student demographics for the 2021-2022 academic year by school district. Due to the small number of participants by district, statistical testing was not performed.

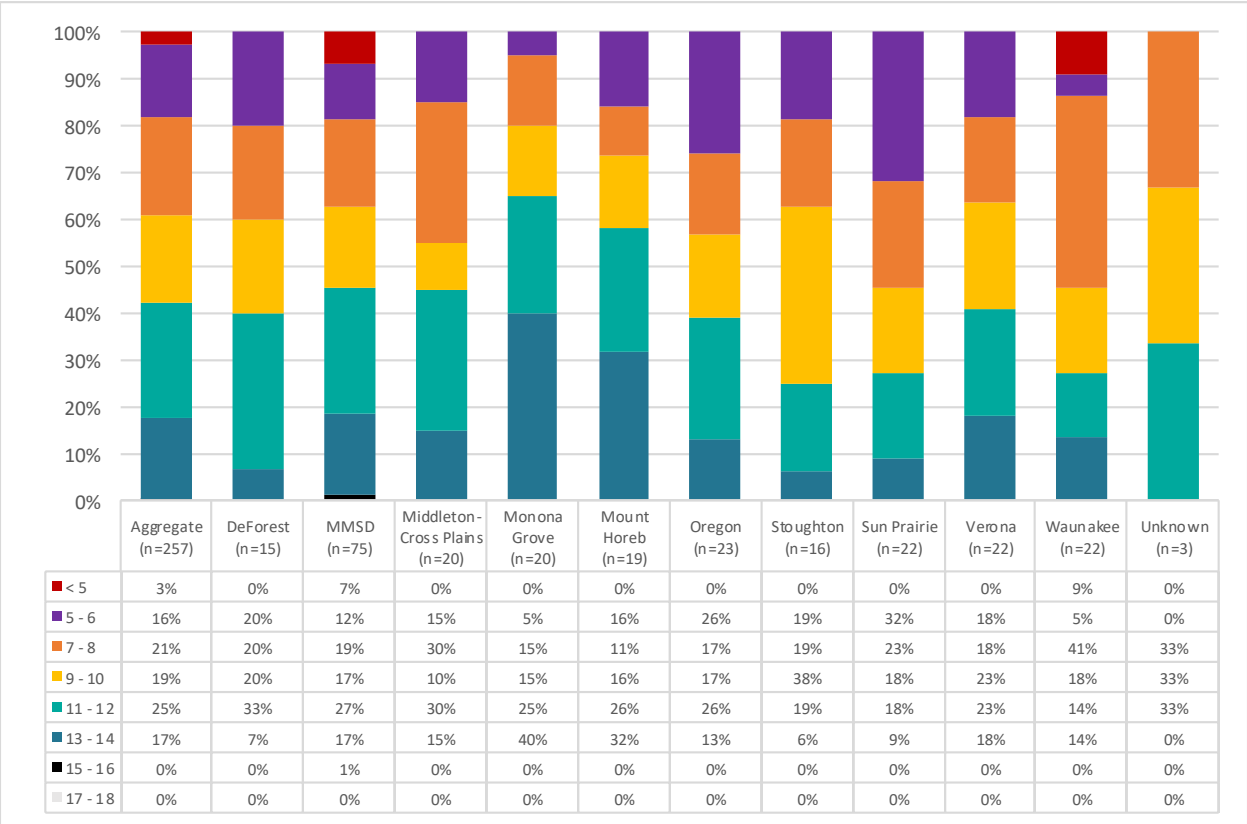
Figure 6: 2021-2022 Student Gender by School District and Aggregate



	Aggregate (n=257)	DeForest (n=15)	MMSD (n=75)	Middleton-Cross Plains (n=20)	Monona Grove (n=20)	Mount Horeb (n=19)	Oregon (n=23)	Stoughton (n=16)	Sun Prairie (n=22)	Verona (n=22)	Waunakee (n=22)	Unknown (n=3)
Unknown	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Male	66%	73%	57%	65%	75%	53%	74%	56%	77%	68%	73%	100%
Female	34%	27%	41%	35%	25%	47%	26%	44%	23%	32%	27%	0%

These Dane County schools enrolled about equal males and females in 4K-8th grade for the 2021-2022 academic year (49% female; 51% male).[10] However, most schools are enrolling males in the Building Bridges program at a higher rate than their representation in these schools. Mount Horeb (53% male), Stoughton (56%), and MMSD (57%) are closest to overall male enrollment at these schools (51%).

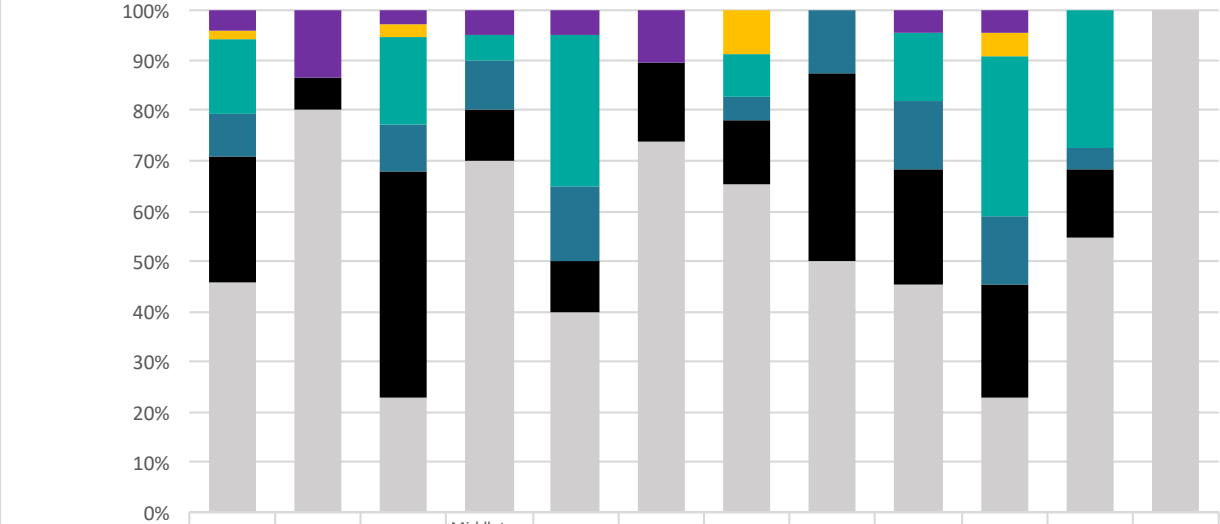
Figure 7: 2021-2022 Student Age by School District and Aggregate



	Aggregate (n=257)	DeForest (n=15)	MMSD (n=75)	Middleton-Cross Plains (n=20)	Monona Grove (n=20)	Mount Horeb (n=19)	Oregon (n=23)	Stoughton (n=16)	Sun Prairie (n=22)	Verona (n=22)	Waunakee (n=22)	Unknown (n=3)
< 5	3%	0%	7%	0%	0%	0%	0%	0%	0%	0%	9%	0%
5 - 6	16%	20%	12%	15%	5%	16%	26%	19%	32%	18%	5%	0%
7 - 8	21%	20%	19%	30%	15%	11%	17%	19%	23%	18%	41%	33%
9 - 10	19%	20%	17%	10%	15%	16%	17%	38%	18%	23%	18%	33%
11 - 12	25%	33%	27%	30%	25%	26%	26%	19%	18%	23%	14%	33%
13 - 14	17%	7%	17%	15%	40%	32%	13%	6%	9%	18%	14%	0%
15 - 16	0%	0%	1%	0%	0%	0%	0%	0%	0%	0%	0%	0%
17 - 18	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

[10] "Enrollment Dashboard (2021-22)," WISEdash Public Portal, File Downloaded November 9, 2022, https://wisedash.dpi.wi.gov/Dashboard/dashboard/18110.

Figure 8: 2021-2022 Student Race/Ethnicity by School District and Aggregate



	Aggregate (n=257)	DeForest (n=15)	MMSD (n=75)	Middleton-Cross Plains (n=20)	Monona Grove (n=20)	Mount Horeb (n=19)	Oregon (n=23)	Stoughton (n=16)	Sun Prairie (n=22)	Verona (n=22)	Waunakee (n=22)	Unknown (n=3)
Unknown	4%	13%	3%	5%	5%	11%	0%	0%	5%	5%	0%	0%
Native American	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Asian	2%	0%	3%	0%	0%	0%	9%	0%	0%	5%	0%	0%
Hispanic	15%	0%	17%	5%	30%	0%	9%	0%	14%	32%	27%	0%
More than one	9%	0%	9%	10%	15%	0%	4%	13%	14%	14%	5%	0%
Black	25%	7%	45%	10%	10%	16%	13%	38%	23%	23%	14%	0%
White	46%	80%	23%	70%	40%	74%	65%	50%	45%	23%	55%	100%

There are a number of interesting observations by race/ethnicity and school district (see **Figure 8**).

- Almost one-half (46%) of students served by Building Bridges in the 2021-2022 academic year are White.
- Each school is enrolling students from multiple racial and ethnic backgrounds. Racial and ethnic backgrounds of students in DeForest and Middleton Cross-Plains Building Bridges closely align with their district enrollment. All other schools see deviation from their population.
    - Three districts serve White students at about half their representation in the district's population.
        - MMSD - district enrollment is 41% White versus 23% enrollment in Building Bridges. Black students are enrolled in Building Bridges at 2.4 times their presence in MMSD (45% of Building Bridges versus 19% of MMSD).[11]
        - Monona Grove – district enrollment is 80% White versus 40% enrollment in Building Bridges. Hispanic students are enrolled in Building Bridges at 4.5 times their presence in the Monona Grove school district (30% of Building Bridges versus 7% of Monona Grove).[12]
        - Verona – is even more under representative of White students (23% in the Building Bridges program versus making up 62% of the Verona school district).

[11] "Enrollment Dashboard (2021-22)," WISEdash Public Portal, File Downloaded November 9, 2022, https://wisedash.dpi.wi.gov/Dashboard/dashboard/18110.
[12] Ibid.

They are serving Black students at 3.8 times their presence (23% in Building Bridges versus 6% in the district), Two or more races at 2.0 times their presence (14% versus 7%), and Hispanic at 1.6 times their presence (32% vs 20%).[13]

  - The remaining schools see higher percentages of Black students in their Building Bridges program than in their overall enrollment.
    - Stoughton – enrolls Black students at 11 times their overall population (38% in Building Bridges versus 3% of district enrollment).
    - Mount Horeb – 16% of Building Bridges students are Black whereas their overall enrollment is 1% of the school district.
    - Waunakee – 14% of Building Bridges students are Black but their overall enrollment in the district is only 2%. Notably, Hispanic students are also enrolled at a higher proportion than is present in the school district population (27% of Building Bridges students are Hispanic, 7% of students in the district are Hispanic).
    - Sun Prairie – 23% of Building Bridges students are Black but only 12% of the student population are Black.
- There are very few Asian students in the Building Bridges program (2%).
  - They have highest representation in the Oregon Building Bridges program (9%). This is an over representation of Oregon students, who are <1% Asian in the 2021-2022 academic year.[14]
  - Notably Oregon also sees an over representation of Black students in their program (13% in Building Bridges versus 2% in the district).

Measuring Impact – The Columbia Impairment Scale

The Columbia Impairment Scale for parents (CIS-P) measures the impact of Building Bridges. The parent/guardian rates their child on 13 items using the scale in **Figure 9**. The CIS-P is a global measure of impairment and has been used to measure progress over short treatment periods. Its psychometric properties are established.

Figure 9: CIS-P Scale

no problem		some problem		very bad problem	not applicable/ don't know
0	1	2	3	4	5

Output: Number of Closing and 6-month Follow-ups

The program logic model names the number of completed CIS-P at closing and 6-month follow-up as an output of the Building Bridges program. In the 2021-2022 academic year, the number of CIS-P completed at intake and closing is higher than during the pandemic years (2019-2020 and 2020-2021) (see **Table 4**). While this in an improvement, based on this year's enrollment completions should have

[13] "Enrollment Dashboard (2021-22)," WISEdash Public Portal, File Downloaded November 9, 2022, https://wisedash.dpi.wi.gov/Dashboard/dashboard/18110.
[14] Ibid.

been able to match or surpass completions from 2018-2019 but they fell short (see **Table 4**). It is very important to complete as many CIS-P as possible to get robust results. Completing these surveys is also very important as one of the analyses requires "matched pairs" – a CIS-P completed by the same person at more than one time point. While there are still enough matched pairs to have confidence in further analysis, there is room to collect more completed CIS-P, especially those that are matched pairs, so results are more representative of students enrolled in the program.

Table 4 shows the number of valid CIS-P completed by a parent/guardian at each time point (intake, closing, and 6-month follow-up) by academic year. To be valid, the parent/guardian had to answer all 13 questions. When more than one response is circled for a question, the average of the answers is recorded and it is considered a valid answer.

Table 4: Number of Valid CIS-P by Academic Year and Aggregate

	Aggregate	2018-2019	2019-2020	2020-2021	2021-2022
Intake	849	259	215	153	222
Closing	480	178	98	74	130
Usable matched pairs*					
n	354	130	62	59	103
% of Intake	42%	50%	29%	39%	46%
6-month follow-up	240	71	67	64	38[15]
Usable matched pairs⁺					
n	119	33	40	27	19
% of Intake	14%	13%	19%	18%	9%

*Usable matched pairs have a valid intake CIS-P and a valid closing CIS-P

⁺Usable matched pairs have a valid intake CIS-P and a valid 6-month follow-up CIS-P

Outcome: Students develop strategies and resources so they can be successful

Measuring Change

The paper "Establishment of a Reliable Change Index for the GAD-7" published in *Psychology, Community and Health* (2020)[16] explains two ways to measure change. The first is through statistical significance, this requires a large sample size and is "often used in mental health research to evaluate whether or not treatments are associated with client change. Statistical significance measures how likely any differences in outcome between treatment and control groups are real and not due to chance."[17] The article points out statistical significance has limitations and that "given a large enough sample, any difference can be statistically significant even if it lacks real-world significance."[18] Clinical significance is an alternate to statistical significance and measures if change is meaningful.[19] So, in addition to measuring statistically significant change, we should consider meaningful, real-world or clinically significant change.

[15] 2021-2022 Closing CIS-P is partial data. More students will become eligible to submit their 6-month follow-up through the end of this academic year and numbers in this report will change at that time.

[16] Thomas Bischoff et al. "Establishment of a Reliable Change Index for the GAD-7," *Psychology, Community & Health* 8, no. 1 (2020): 176-187, doi: 10.5964/pch.v8i1.309.

[17] Thomas Bischoff et al.

[18] Thomas Bischoff et al.

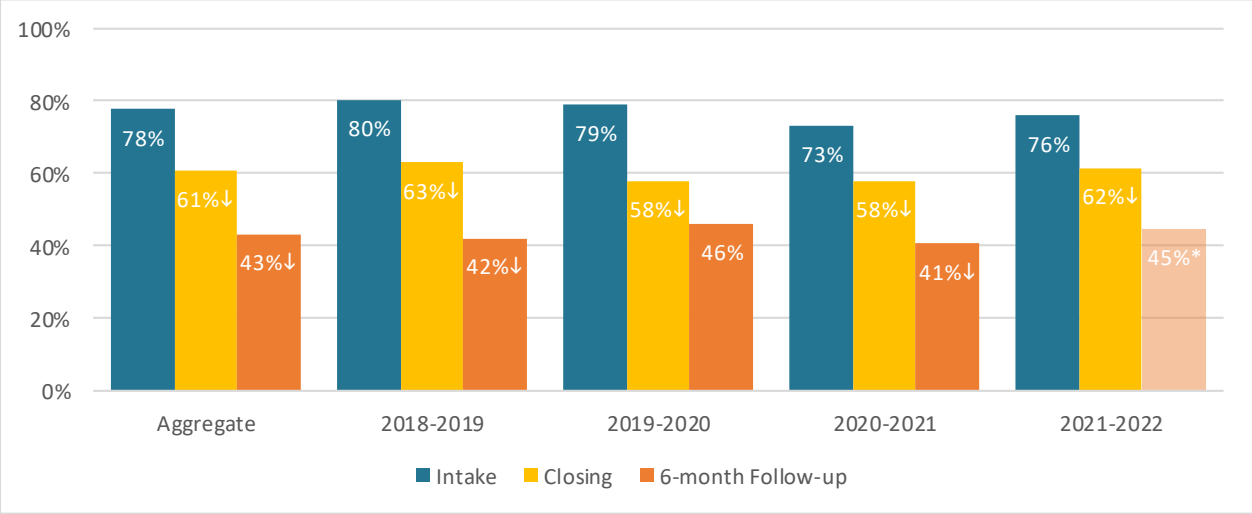
[19] Thomas Bischoff et al.

Clinically Significant Change: Functional Impairment

One real-world, meaningful change is a reduction in clinically significant functional impairment. The results of the CIS-P indicate if a child has clinically significant functional impairment. Total scores, the sum of each item (excluding those rated "5"), range from 0 to 52. A total score ≥ 15 is considered clinical impairment.[20]

The percent of valid CIS-P that indicate the child is experiencing clinically significant functional impairment trends downward from intake to closing and closing to the 6-month follow-up (see **Figure 10**). Notably, all four academic years show statistically significant decreases in the percent of children with clinically significant functional impairment from intake to closing (see **Figure 10**) and most show continued statistically significant decreases from closing to 6-month follow-up.

Figure 10: Percent Valid CIS-P Indicating Clinically Significant Functional Impairment Over Time by Academic Year



Statistically significant change from one time period to the next (intake to closing and closing to 6-month follow-up) is indicated by arrows (↑↓).
*Partial data, subject to change.

Clinically Significant Change: Reliable Change Index (RCI)

Recall clinical significance is an alternate to statistical significance and measures if change is meaningful. A large sample size is not needed to evaluate clinical significance, as it can evaluate change on an individual basis.[21] The Reliable Change Index (RCI) is an established way to measure clinically significant change. See **Appendix B: About the Reliable Change Index (RCI)** for detailed information on how the RCI is calculated. The major take away from the appendix is that the RCI classifies each individual as experiencing "reliable worsening," "reliable improvement," or "stable."

[20] National Evaluation Team, "Section VI: Clinical Measures, National Evaluation of the Comprehensive Community Mental Health Services for Children and their Families Program Data Profile Report (DPR)," Orange County New York, August 2011, https://www.orangecountygov.com/DocumentCenter/View/12981/dpr_aug11_section_vi-PDF?bidId.
[21] Ibid.

In the short term, intake to closing, on average one in five (20%) students see reliable improvement in their CIS-P score (see **Figure 11**). Notably, in the 2021-2022 academic year only 15% of students saw a reliable improvement in this time. The academic years not affected by the COVID-19 pandemic (2018-2019 and 2021-2022) do not see as many students experiencing reliable improvements as the pandemic years (18% and 15% reliable improvement in non-pandemic years versus 34% and 20% in the pandemic years). It will be interesting to track this pattern in coming years. Even with lower reliable improvement than during the pandemic, there is still reason to celebrate… few students experience reliable worsening from intake to closing (<10%).

The majority of students remain stable comparing intake to 6 months after the program. Additionally, the proportion showing reliable improvement continues to grow at 6-month follow-up (see **Figure 12**). From intake to 6-month follow-up on average one in three students are seeing reliable improvement (34%, see **Figure 12**). Some years have outperformed this, while the lowest performing year still saw about one in four (27%) students experience reliable improvement (see **Figure 12**). Lastly, only 4% see a reliable worsening. The overall lack of reliable worsening and seeing additional reliable improvement is a positive outcome for the Building Bridges program.

Figure 11: RCI Intake to Closing

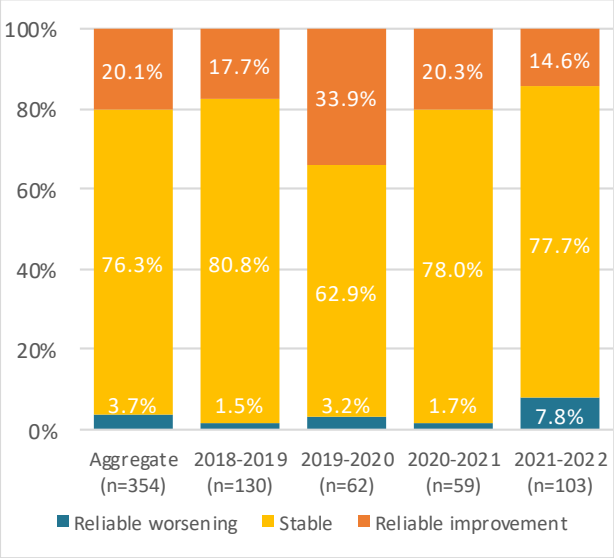
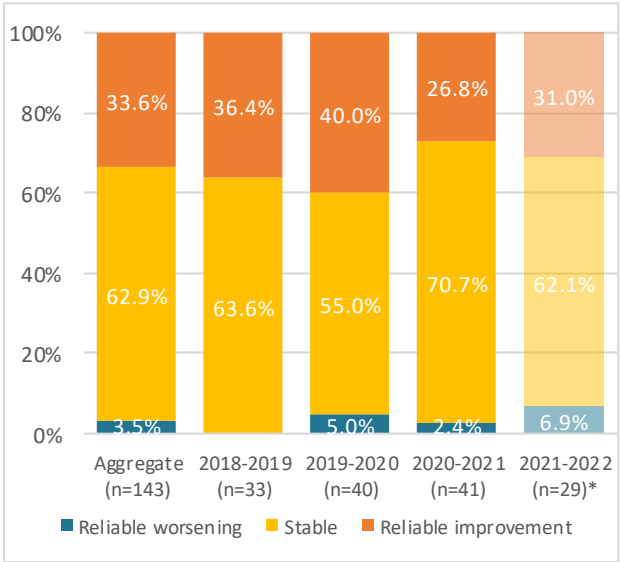


Figure 12: RCI Intake to 6-month Follow-up



*Partial data, subject to change.

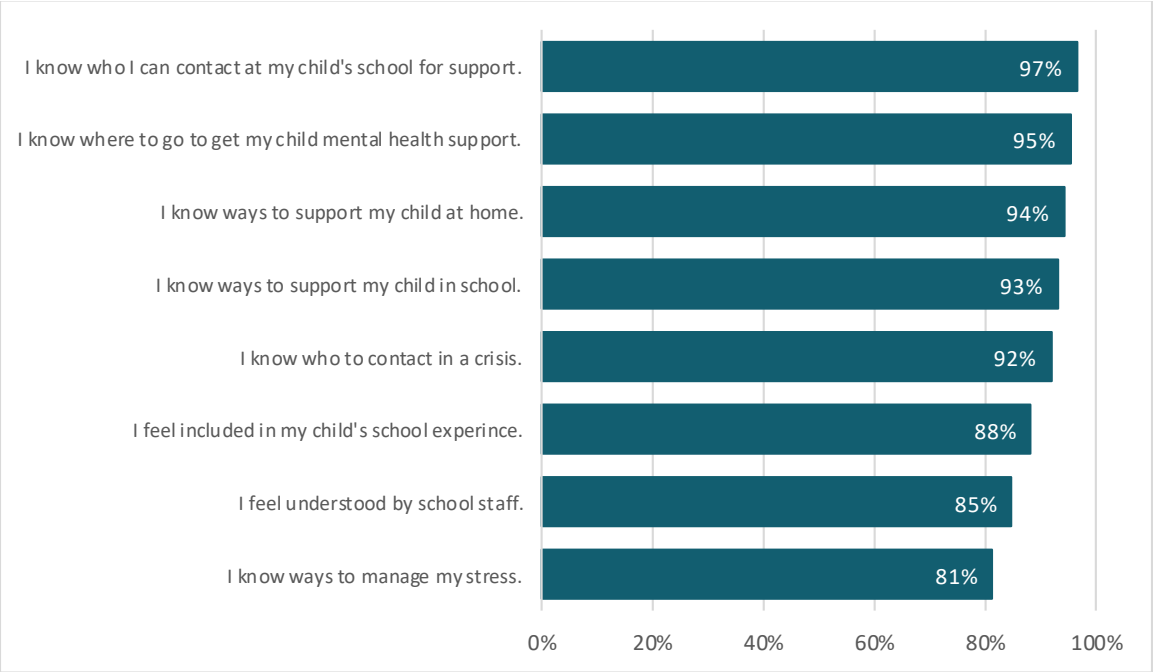
Meeting Program Goals

Self-Reported Outcomes

Every year Catholic Charities administers a voluntary, end of program survey to parents. The survey asks parents to rate a number of statements and allows them to provide commentary on the most helpful aspects of the Building Bridges program as well as suggested improvements. The survey measures the overall goal of the Building Bridges program –*to enhance student emotional health and school success as well as strengthen families' connections to the school and community.* In 2021-2022, eighty-six (86) parents completed the survey. The results further attest to the positive impact Building Bridges has on the families it serves.

Figure 13 demonstrates the strength of Building Bridges in working with parents to strengthen families' connections with school and the community as well as improving their understanding of their children so parents can support their child's emotional health. Notably, 99% of parents are satisfied with the services provided by Building Bridges and 95% rate the overall quality of the Building Bridges program as "excellent" or "very good."

Figure 13: Survey Results: As a Result of Working with Building Bridges…



In addition to positive quantitative outcomes indicated in this survey, the open-ended comments also speak highly of the Building Bridges program. Many of the improvements said either everything is already going great or they wish they had more time to work with the Building Bridges program. The Building Bridges program is an important connection to resources for families:

- "I was struggling to access services on my own, but Building Bridges helped me through that process. [Staff] were patient and understanding, something that helped me be open and honest to get real help that made a world of difference. I am thankful to this program and especially [staff] for helping through a rough time."
- "The staff lived up to the name and 'built the bridge and closed the gap.'"

Appendix A: Contextual Considerations

Because the world is constantly changing and the impossibility of controlling for all external variables, readers must be aware of significant changes that could influence the data year-over-year.

The 2019-2020 and 2020-2021 academic years were significantly impacted by the global COVID-19 pandemic. School districts were forced to switch from in-person services to virtual services and each school district had their own reopening plan. Governmental orders impacting these academic years are listed in chronological order (see).[22,23]

Table 5: Timeline of Wisconsin Governmental Orders Impacting Schools in Response to COVID-19

2019-2020 academic year	March 12, 2020	Executive Order #72 declared a Health Emergency.
	March 13, 2020	Emergency Order #1 closed all public and private K12 schools in Wisconsin to in-person instruction starting March 18, 2020 until at least April 6, 2020. Instruction was provided virtually.
	April 16, 2020	Executive Order #28 kept all Wisconsin public and private K12 schools closed for instruction and extracurricular activities through the end of the 2019-2020 academic year.
	May 18, 2020	Madison and Dane County Public Health Order #2 through #4 required K12 public and private schools to remain closed for instruction and extracurricular activities. Instruction continued virtually.
2020-2021 academic year	June 15, 2020	Madison and Dane County Public Health Order #5 instructed public and private K12 schools could open for pupil instruction July 1, 2020 but had to (1) develop and implement a written hygiene policy and procedure, (2) develop and implement a written cleaning policy and procedure, (3) develop and implement a written protective measure policy and procedure, (4) develop and implement a written action plan for a COVID-19 outbreak at the school, and (5) document staff receipt, acknowledgement, or training on these policies.
	August 24, 2020	Madison and Dane County Public Health Order #9 allowed public and private school buildings and grounds to open for in-person instruction only for grades K through 2, and virtual options must be provided. Schools were given discretion to provide all virtual learning for grades K-12 if desired.
	September 2, 2020	Madison and Dane County Public Health Order #9 was amended to allow K12 schools to open for in-person instruction for students in any grade with a disability and/or Individualized Education Program (IEP).
	September 10, 2020	The Wisconsin Supreme Court entered a temporary injunction that allows K12 schools in Dane County to fully open for in-person instruction.
	December 16, 2020	Madison and Dane County Public Health Order #11 reflected that public and private K12 schools are open for in-person instruction but have to: (1) develop and implement a written hygiene policy and procedure, (2) develop and implement a written cleaning policy and procedure, (3) develop and implement a written protective measure policy and procedure, (4) implement PHMDC's[24] action plan for COVID-19 case(s) at the school, (5) document staff receipt, acknowledgement, or training on the polices, and (6) post PHMDC's Workplace requirements for employers and workers guidance document in a prominent location where all employees may access and view.

These orders significantly impacted K12 schools in Dane County. Public and private K12 schools shut down in-person instruction March of 2020 and finished out the 2019-2020 academic year virtually. The 2020-2021 academic year also began virtually. Schools could not re-open for all

[22] "Executive Orders," evers.wi.gov, Accessed August 17, 2021, https://evers.wi.gov/Pages/Newsroom/Executive-Orders.aspx.
[23] "Current Order," Public Health Madison & Dane County, Accessed August 17, 2021, https://publichealthmdc.com/coronavirus/current-order
[24] PHMDC stands for Public Health Madison and Dane County

grades until September 2020 as a result if an intervention from the Wisconsin Supreme Court. Many schools did not re-open for students in all grades until the beginning of 2021 (see **Table 6**). Additionally, several of these re-openings were tiered – beginning with hybrid (about two days per week in-person) and going up to four or five days per week in addition to staggering which grades were eligible for in-person instruction. The dates below reflect when the last grade had the option to at least attend some days in-person (e.g., hybrid open to all K12). During the 2020-2021 academic year re-openings, parents had the option to have their children continue school virtually instead of attending in-person.

Table 6: Timeline of Dane County School Re-openings (2020-2021 Academic Year)

School District	Optional In-person Instruction Began for all K12 Students On
DeForest	February 22, 2021
Madison Metropolitan School District (MMSD)	April 27, 2021
Middleton-Cross Plains	April 19, 2021
Monona Grove	March 15, 2021
Mount Horeb	*Archive not found*
Oregon	*Archive not found*
Stoughton	February 8, 2021
Sun Prairie	February 22, 2021
Verona	February 9, 2021
Waunakee	January 26, 2021
Wisconsin Heights	February 16, 2021

These ongoing changes not only impacted schooling, but the administration of the Building Bridges program. Trish Grant, Building Bridges Program Manager, explained in a 3Q'20 update,

> "In mid-March 2020 when COVID-19 arrived and schools were abruptly closed, Building Bridges services pivoted to virtual while our staff worked from home and clients received services while they were home. During the summer break [between 2019/2020 and 2020/2021 academic years], Catholic Charities leadership consulted closely with Dane County Human Services and City of Madison Public Health to determine the safety of providing services in person at the start of the new school year. Ultimately, it was decided to continue providing services virtually at least through quarter 1 of the school year (late October)."

For extenuating circumstances, there were mechanisms in place that let clients meet with Building Bridges staff in-person while maintaining everyone's safety. This arrangement continued through early April 2021 according to the 2Q'21 update. At that time,

> "Building Bridges staff began to provide in-person services to students, school staff and guardians if the unique case circumstances required it and permitted it. Building Bridges staff were required to follow a safety protocol for any in-person client meetings to ensure health and safety for staff and clients. For clients who preferred virtual services, our staff continued to use HIPPA compliant Zoom account and DocuSign."

Appendix B: About the Reliable Change Index (RCI)

The Reliable Change Index (RCI) is a relative measure that compares a child's or caregiver's score at two different points in time and indicates whether a change in score shows significant improvement, worsening, or stability (i.e., no significant change)."[25] Using the RCI builds understanding of whether or not the Building Bridges program creates significant change in children. The RCI is calculated as follows[26]:

1) **Compute the standard error of the measure (SE_M)**

$$SE_M = SD_1\sqrt{1 - r_{xx}}$$

This relies on knowing the standard deviation (SD_1) of the sample at the first time point. In this case, the standard deviation of scores at intake. Additionally, the test-retest reliability of the measure or Cronbach's alpha (r_{xx}) must be estimated. Literature suggests Chronbach's alpha for the CIS-P is from 0.85 to 0.89.[27] A Chronbach's alpha of 0.865 was used in this analysis, as that is the weighted mean of all Chronbach's alpha for the baseline of this analysis (academic years 2018-2019 through 2020-2021).

2) **Next, use SE_M to compute S_{DIFF}**

$$S_{DIFF} = \sqrt{2(SE_M{}^2)}$$

3) **Determine if change is reliable**

$$RC = \frac{x_1 - x_2}{S_{DIFF}}$$

This looks at an individual's score at intake (x_1) to time point two (x_2) – closing or 6-month follow-up. If RC is

- greater than or equal to 1.96, then the change is categorized as "reliable improvement"
- between -1.95 and 1.95, then the change is categorized as "stable"
- less than or equal to -1.96, then the change is categorized as "reliable worsening"

[25] Ibid.
[26] Neville M Blampied, "Reliable Change & The Reliable Change Index in the Context of Evidence-Based Practice: A Tutorial Review," University of Canterbury, September 2016, https://ir.canterbury.ac.nz/bitstream/handle/10092/13399/12664317_Reliable%20Change%5ETutorial%5ENZPsS%5E2016.pdf?sequence=1.
[27] Brandon K Attell, et al. "Measuring Functional Impairment in Children and Adolescents: Pyschometric Properties of the Columbia Impairment Scale (CIS)," *Evaluation & the Health Professions* 43, no. 1 (2018): 3-15, doi: 10.1177/0163278718775797.

Table 7 shows the values used to calculate the RCI by academic year. There are different values for each academic year because the standard deviation of the scores at intake is unique for each academic year. The values are plugged into the formulas above. A RCI is then calculated for each record that has a "matched pair," that is a valid intake and closing or a valid intake and 6-month follow-up CIS-P. The RCI is then categorized as either "reliable worsening," "stable," or "reliable improvement."

Table 7: Values Used to Assess Reliable Change by Academic Year

				Number of Matched Pairs	
	SD_1	SE_M	S_{DIFF}	Intake to closing	Intake to 6-month follow-up
2018-2019	9.247	3.398	4.805	130	33
2019-2020	9.846	3.618	5.116	62	40
2020-2021	10.800	3.968	5.612	59	27
2021-2022	9.561	3.513	4.968	103	29*

*Partial data, subject to change.