Building Bridges Yearly Measures

Academic Years 2018-2019 through 2023-2024

October 2025

Dane County Department of Human Services

Behavioral Health

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 Columbia Impairment Scale for Parents (CIS-P). Youth show improvement in two ways:
    - statistically significant reduction in the proportion of students with clinically significant functional impairment from intake (77%) to closing (61%) and continued decrease to 6-month follow-up (47%) (see **Figure 10**).
        - The proportion of students with clinically significant functional impairment saw sharp decreases from closing to 6-month follow-up for the 2018-19, 2019-20, and 2020-21 academic years. However, the decrease in clinical impairment is less noticeable over the next two academic years. However, in the 2023-2024 we again begin to see a widening gap from closing to 6-month follow-up, although it is not statistically significant (see **Figure 10**).
    - reliable improvement in students' CIS-P scores and minimal reliable worsening (see **Figure 11** and **Figure 12**).[3]
        - Overall, about 22% experience reliable improvement from intake to closing and this grows to 33% 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 (5% on average from intake to closing and 3% from intake to 6-month follow-up) (see **Figure 11** and **Figure 12**).
        - Concerns were raised in 2022-2023 when reliable worsening from intake to closing was at an all-time high (11.6%, see **Figure 11**). However, the proportion of reliable worsening from intake to closing decreased in 2023-2024 (5.7%, see **Figure 11**) and there was no reliable worsening evident at 6-month follow-up (0% reliable worsening, see **Figure 12**).

Impact:

- In six academic years, the Building Bridges program has had impressive reach.
    - More than 2,800 unique people have been served by the program (see **Table 2**).
    - Nearly 30,000 units of service,[4] funded by Dane County, were rendered (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.
[3] 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).
[4] One unit of service equals 1 hour of direct 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.

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 9th grade[5] 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 in the elementary and middle schools in the Sun Prairie and Verona school districts, as well as the 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 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 are instead employed and funded by the school district. Students and parents receiving services from staff who are not Catholic Charites employees are still in this report, with the exception of not reporting their service hours because their hours of service are not maintained in DCDHS' information system.

Building Bridges staff function as a team, with one Clinical Coordinator and one Service Coordinator. The Clinical Coordinator focuses on working with the student while the Service Coordinator focuses on working with the parents/guardians. School districts have one team with the exception of MMDS (5 teams) and Sun Prairie (2 teams).

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

[5] 9th graders became eligible for Building Bridges in the 2021-2022 academic year.

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."[6]

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 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."[7]

Children's mental health continues to be an issue. The CDC estimates many children age 3-17 years old (as of 2016-2019) have ever been diagnosed with:[8]

- 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.[9]

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.

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[6] 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.
[7] "Children's Mental Health Report on Data," Centers for Disease Control, May 16, 2013, https://www.cdc.gov/ncbddd/childdevelopment/documents/cmh-feature-2013-05-16-updated.pdf.
[8] "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.
[9] 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

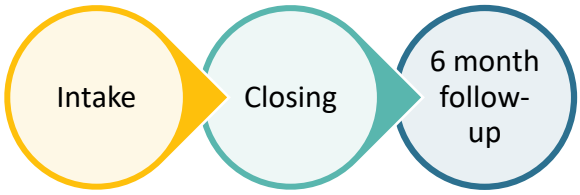
Established Measures for Building Bridges

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

Figure 1: CIS-P Completed At



- 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.

This report compiles results from academic years after the logic model was created (2018-2019 through 2023-2024). Results are displayed by academic year and in aggregate (total across the six 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 six academic years (2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2023-2024). 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 HIPAA compliant Zoom accounts and DocuSign for those who prefer virtual services.

The 2021-2022, 2022-2023, and 2023-2024 academic years reflect our "post-pandemic" world. In this time, the federal government has also begun to sunset several support programs which provided aid to many Americans during the height of the COVID-19 pandemic. The unwinding of these programs are resulting in gaps in healthcare, nutrition, and housing.[10,11]

[10] "Unwinding the COVID-19 Public Health Emergency: Effects on Health Care and Nutrition Programs," Wisconsin Department of Health Services Office of the Secretary, November 2022, https://www.dhs.wisconsin.gov/publications/p03331.pdf
[11] "Dane CORE 2.0 Rental Assistance Program Applications to End May 31," City of Madison Mayor's Office, March 16, 2023, https://www.cityofmadison.com/mayor/blog/2023-03-16/dane-core-20-rental-assistance-program-applications-to-end-may-31.

Results

Students Excluded From Output Analyses

Service and demographic information is only available for students in the DCDHS Information System. In the past, there were a number of students each year (see **Table 1**) who were recorded on Catholic Charities' enrollee list but were not in the DCDHS Information System. ***As of the 2020-2021 academic year, this issue is nearly resolved. Less than a handful of students from the last three academic years were in the Catholic Charities list but could not be matched to a record in the DCDHS Information System.*** Because a match cannot be made to the DCDHS Information System, students listed in **Table 1** are not included in the student service and demographic information. Importantly, they are included in the CIS-P outcomes analyses.

Importantly, students not entered into the DCDHS Information System in recent years are students whose case closes so quickly that they do not get services. The only information available for these cases is an intake form.

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

	Aggregate	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
TOTAL	**125**	**63**	**57**	**1**	**4**	**3**	**2**
DeForest	3	-	3	-	-	-	-
MMSD[12]	82	49	32	-	1	-	-
Middleton-Cross Plains	-	-	-	-	-	2	1
Monona Grove	-		-	-	-	-	-
Mount Horeb	-	-	-	-	-	-	-
Oregon	19	7	11	-	1	-	1
Stoughton	4	-	3	-	1	-	-
Sun Prairie	5	1	2	1	1	-	-
Verona	4	2	2	-	-	1	-
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

[12] MMSD = Madison Metropolitan School District

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 six academic years, the Building Bridges program has served about 2,800 unique individuals (see **Table 2**). Commonly, students are from the Madison Metropolitan School District (MMSD) – which is expected due to its relatively large size, additional self-funding they put into the program, and having 5 teams of staff to serve families compared to one team in other school districts (see **Table 2**).

Table 2: Unique Parents and Students Receiving Building Bridges Services

	Aggregate	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
GRAND TOTAL	**2,824**	**506**	**567**	**450**	**529**	**525**	**558**
Parents/Guardians	**1,571**	**293**	**321**	**268**	**291**	**298**	**302**
Students	**1,253**	**213**	**246**	**182**	**238**	**227**	**256**
Students By School District							
DeForest	93	23	18	4	15	19	19
MMSD	398	49	78	73	75	83	79
Middleton-Cross Plains	94	15	10	20	20	17	18
Monona Grove	74		21	6	19	18	19
Mount Horeb	88	19	22	14	11	13	17
Oregon	76	18	13	6	18	15	13
Stoughton	85	17	18	17	17	15	12
Sun Prairie	123	23	23	23	23	12	31
Verona	95	17	15	9	18	18	25
Waunakee	104	22	20	8	20	15	22
Wisconsin Heights	5	2	3				
District not identified	18	8	5	2	2	2	1

Another measure of service is the number of hours Building Bridges staff spent with parents/guardians and students. We are able to examine hours of service for a subset of parents/guardians and students served by the Building Bridges program. This report shows service usage funded by DCDHS. The majority of students and parents interacted with staff whose hours come from DCDHS funding (89% on average), but there are still between 0.2% to 19.9% of students or parents/guardians 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

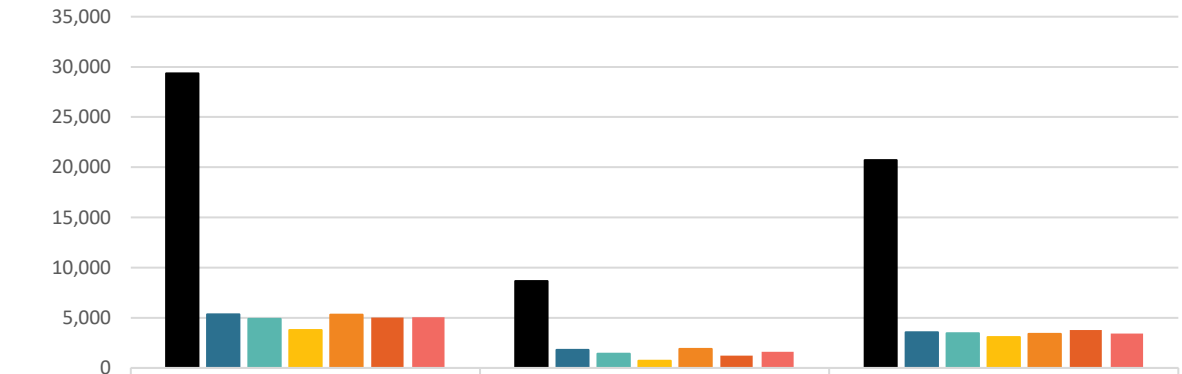
	Aggregate[13]	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Funded by Dane County[14]	89.0%	99.8%	91.3%	80.1%	85.5%	86.3%	87.8%
GRAND TOTAL	**2,527**	**436**	**439**	**318**	**424**	**433**	**477**
Parents/Guardians	**1,474**	**243**	**248**	**211**	**237**	**257**	**278**
Students	**1,053**	**193**	**191**	**107**	**187**	**176**	**199**
Students By School District							
DeForest	93	23	14	3	15	19	19
MMSD	213	46	43	15	33	39	37
Middleton-Cross Plains	94	14	9	16	20	17	18
Monona Grove	73		16	4	18	17	18
Mount Horeb	84	14	20	13	11	13	13
Oregon	72	17	13	4	14	13	11
Stoughton	85	15	14	14	16	14	12
Sun Prairie	124	21	19	20	21	12	31
Verona	93	15	15	9	17	15	22
Waunakee	99	19	20	7	20	15	18
Wisconsin Heights	5	2	3				
District not identified	18	7	5	2	2	2	-
Funded by the Schools	11.0%	0.2%	8.7%	19.9%	14.5%	13.7%	12.2%
GRAND TOTAL	**313**	**1**	**42**	**79**	**72**	**69**	**66**
Parents/Guardians	**116**	**1**	**12**	**25**	**32**	**26**	**24**
Students	**197**	**-**	**30**	**54**	**40**	**43**	**42**
Students By School District							
DeForest	-	-	-	-	-	-	-
MMSD	197	-	30	54	40	43	42
Middleton-Cross Plains	-	-	-	-	-	-	-
Monona Grove	-		-	-	-	-	-
Mount Horeb	-	-	-	-	-	-	-
Oregon	-	-	-	-	-	-	-
Stoughton	-	-	-	-	-	-	-
Sun Prairie	-	-	-	-	-	-	-
Verona	-	-	-	-	-	-	-
Waunakee	-	-	-	-	-	-	-
Wisconsin Heights	-	-	-				
District not identified	-	-	-	-	-	-	-

[14] 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.

In six academic years, the Building Bridges program has delivered more than 29,000 hours of service[15] to students and parents/guardians funded by DCDHS GPR (see **Figure 2**). The program has delivered 2.4 times the service units to parents (approximately 20,700 units) as to students (about 8,700 units). In all, students make up 29% of units delivered. Notably, service hours to students has been turbulent ranging from 19%-36% of service hours delivered in any given year.

- After a dip in hours to students in the prior academic year, hours spent directly serving students rebounded in the 2023-2024 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	29,363.55	8,669.85	20,693.70
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
2022-2023	5,026.30	1,240.80	3,785.50
2023-2024	5,043.00	1,602.00	3,441.00

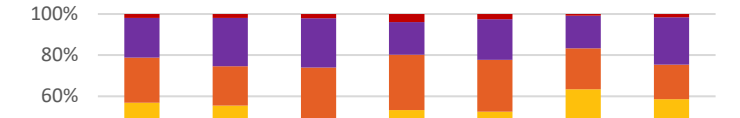
[15] One unit of service equals 1 hour of direct client contact. Service hours are only tracked for Building Bridges staff who are funded by Dane County Department of Human Services. There are some Building Bridges staff who are funded by the school districts. Their service hours are not reportable in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

Output: Building Bridges Student Demographic Information

Figure 3: Gender by Academic Year and Aggregate

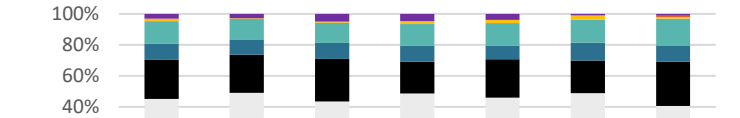
	Agg. (n= 1253)	2018-2019 (n=213)	2019-2020 (n=246)	2020-2021 (n=182)	2021-2022 (n=238)	2022-2023 (n=227)	2023-2024 (n=256)
Unknown	0.1%	0.5%	0.0%	0.0%	0.4%	0.0%	0.0%
Male	66%	71%	72%	64%	67%	62%	62%
Female	34%	29%	28%	36%	33%	38%	38%

Figure 4: Age by Academic Year and Aggregate



	Agg. (n= 1253)	2018-2019 (n=213)	2019-2020 (n=246)	2020-2021 (n=182)	2021-2022 (n=238)	2022-2023 (n=227)	2023-2024 (n=256)
< 5	2%	2%	2%	4%	3%	1%	2%
5 - 6	19%	23%	24%	16%	20%	16%	23%
7 - 8	22%	19%	26%	27%	25%	20%	17%
9 - 10	21%	24%	20%	19%	21%	21%	20%
11 - 12	17%	13%	12%	14%	18%↑	20%	21%
13 - 14	17%	18%	16%	21%	13%	20%	14%
15 - 16	1.4%	0.0%	0.0%	0.0%	0.4%	2.6%↑	3.9%
17 - 18	0.8%	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%

Figure 5: Race/Ethnicity by Academic Year and Aggregate



	Agg. (n= 1253)	2018-2019 (n=212)	2019-2020 (n=262)	2020-2021 (n=214)	2021-2022 (n=257)	2022-2023 (n=242)	2023-2024 (n=256)
Unknown	3%	3%	5%	5%	4%	1% ↓	1%
Native American	0.3%	0.0%	0.4%	0.0%	0.0%	0.4%	0.8%
Asian	1%	0%	0%	2% ↑	2%	2%	1%
Hispanic	14%	13%	13%	14%	15%	15%	17%
More than one	11%	10%	10%	10%	9%	12%	11%
Black	25%	25%	27%	21%	25%	21%	29%↑
White	45%	49%	44%	49%	46%	49%	41%

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

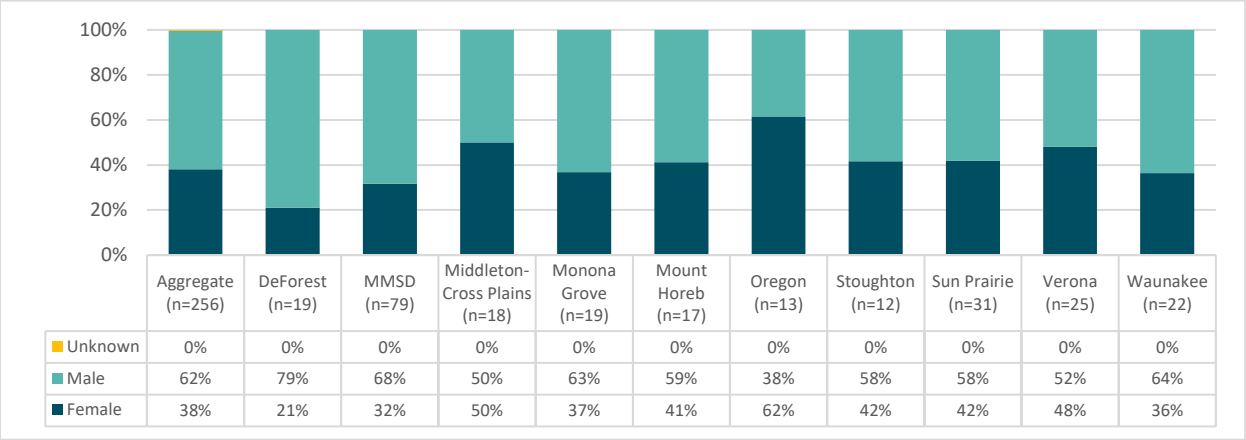
Statistical testing was performed to identify any changes in percentages from one academic year to the next. When statistically significant differences are present, they are marked with arrows (↑↓) in the data table below the graph. There is only one difference in proportions that indicate statistically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

- More Black students were served in the 2023-2024 academic year (29%) than the prior academic year (21% in 2022-2023) (see **Figure 5**).

Over time, the majority of students served by Building Bridges are male (66%) (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 (45%) or Black (25%) – fewer are Hispanic (14%) or Multiracial (11%). Almost none are Asian (1%) or Native American (<1%) (see **Figure 5**).

The following charts breakdown Building Bridges student demographics for the 2022-2023 academic year by school district. Due to the small number of participants by district, statistical testing was not performed.

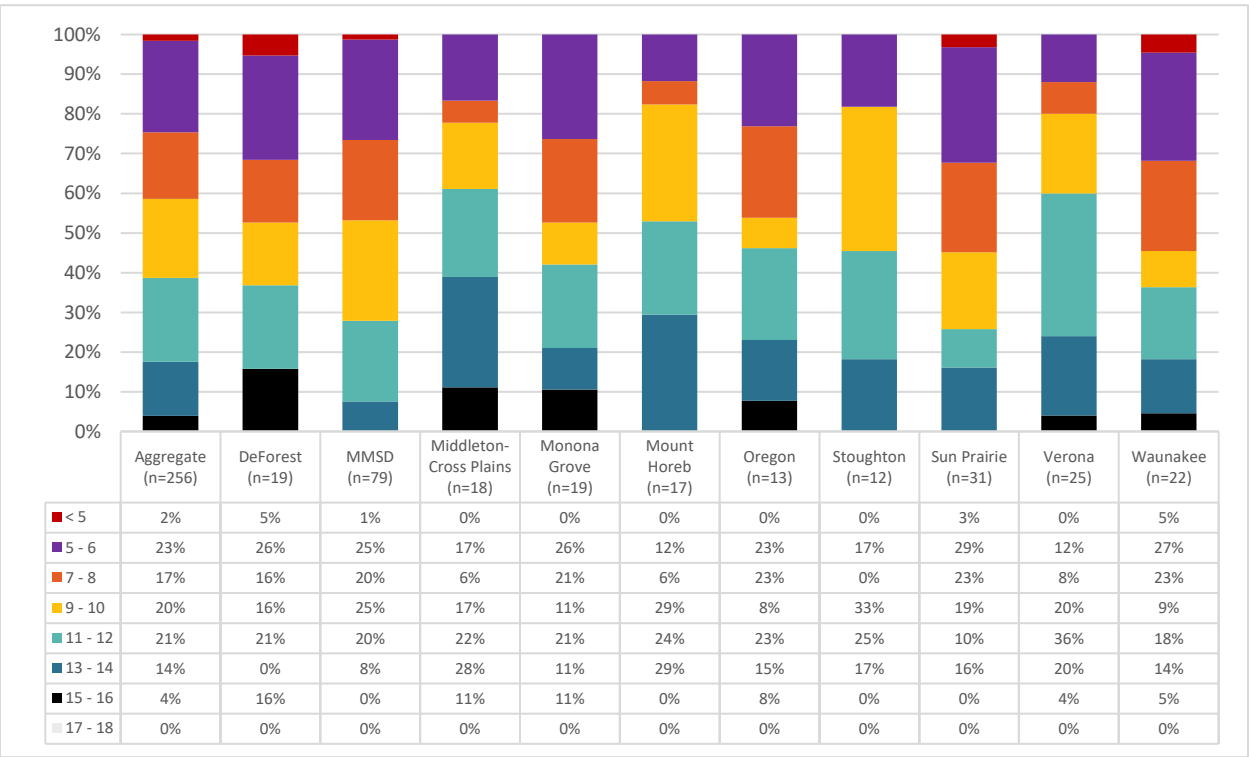
Figure 6: 2023-2024 Building Bridges Student Gender by School District and Aggregate



	Aggregate (n=256)	DeForest (n=19)	MMSD (n=79)	Middleton-Cross Plains (n=18)	Monona Grove (n=19)	Mount Horeb (n=17)	Oregon (n=13)	Stoughton (n=12)	Sun Prairie (n=31)	Verona (n=25)	Waunakee (n=22)
Unknown	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Male	62%	79%	68%	50%	63%	59%	38%	58%	58%	52%	64%
Female	38%	21%	32%	50%	37%	41%	62%	42%	42%	48%	36%

These Dane County schools enrolled about slightly more males than females in 4K-12th grade for the 2023-2024 academic year (44% female; 56% male).[16] Notably, Oregon is the only school district enrolling more females than males (62% female vs. 38% male).

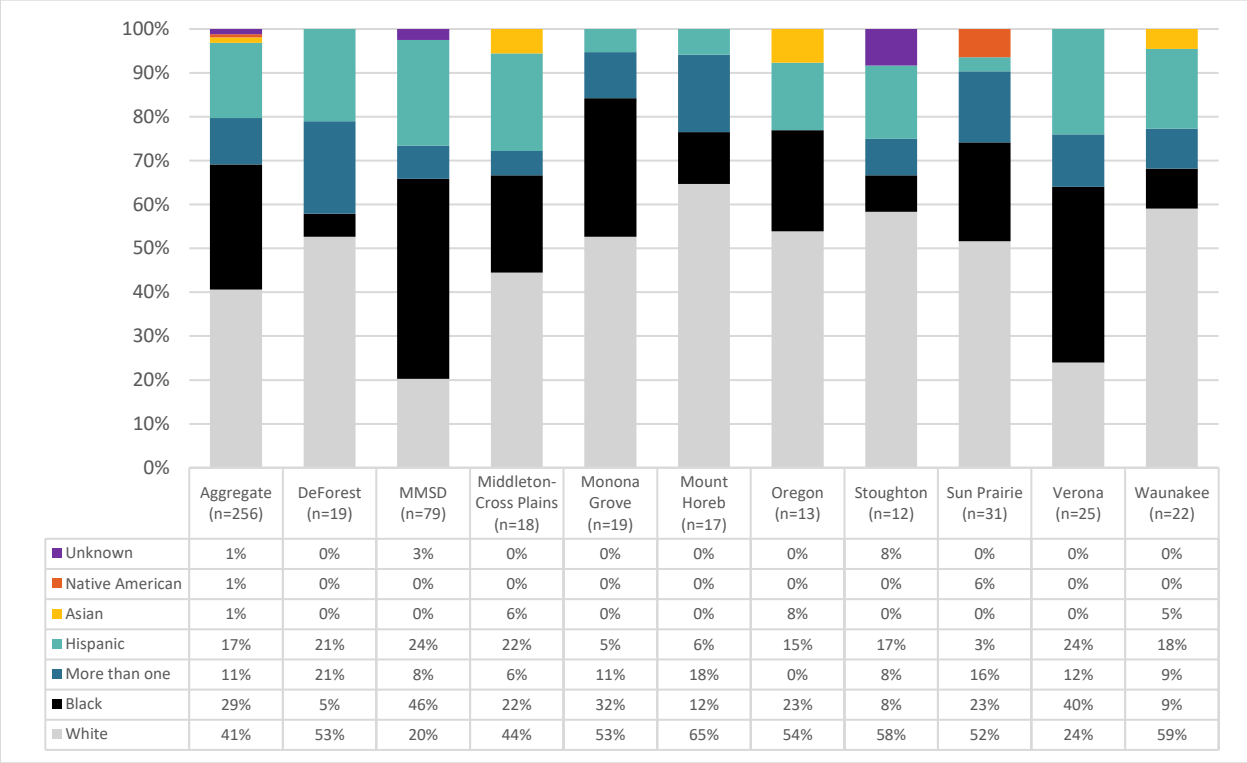
Figure 7: 2023-2024 Building Bridges Student Age by School District and Aggregate



	Aggregate (n=256)	DeForest (n=19)	MMSD (n=79)	Middleton-Cross Plains (n=18)	Monona Grove (n=19)	Mount Horeb (n=17)	Oregon (n=13)	Stoughton (n=12)	Sun Prairie (n=31)	Verona (n=25)	Waunakee (n=22)
< 5	2%	5%	1%	0%	0%	0%	0%	0%	3%	0%	5%
5 - 6	23%	26%	25%	17%	26%	12%	23%	17%	29%	12%	27%
7 - 8	17%	16%	20%	6%	21%	6%	23%	0%	23%	8%	23%
9 - 10	20%	16%	25%	17%	11%	29%	8%	33%	19%	20%	9%
11 - 12	21%	21%	20%	22%	21%	24%	23%	25%	10%	36%	18%
13 - 14	14%	0%	8%	28%	11%	29%	15%	17%	16%	20%	14%
15 - 16	4%	16%	0%	11%	11%	0%	8%	0%	0%	4%	5%
17 - 18	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

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

Figure 8: 2022-2023 Building Bridges Student Race/Ethnicity by School District and Aggregate



	Aggregate (n=256)	DeForest (n=19)	MMSD (n=79)	Middleton-Cross Plains (n=18)	Monona Grove (n=19)	Mount Horeb (n=17)	Oregon (n=13)	Stoughton (n=12)	Sun Prairie (n=31)	Verona (n=25)	Waunakee (n=22)
Unknown	1%	0%	3%	0%	0%	0%	0%	8%	0%	0%	0%
Native American	1%	0%	0%	0%	0%	0%	0%	0%	6%	0%	0%
Asian	1%	0%	0%	6%	0%	0%	8%	0%	0%	0%	5%
Hispanic	17%	21%	24%	22%	5%	6%	15%	17%	3%	24%	18%
More than one	11%	21%	8%	6%	11%	18%	0%	8%	16%	12%	9%
Black	29%	5%	46%	22%	32%	12%	23%	8%	23%	40%	9%
White	41%	53%	20%	44%	53%	65%	54%	58%	52%	24%	59%

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

- Less than one-half (41%) of students served by Building Bridges in the 2023-2024 academic year are White, whereas enrollments in these schools are 59% White.
- Many school districts participating in Building Bridges over enroll Black students in the program compared to the proportion of students enrolled in their school district (see **Table 4**)[17]
    - DeForest (5% Building Bridges to 3% district enrollment) is closely aligned comparing Black student enrollment in Building Bridges to the school districts' enrollment of Black students.

Table 4: Proportion of students who are Black and the degree of over enrollment in Building Bridges

School District	% Building Bridges Enrollment	% School District Enrollment	Magnitude of Over Enrollment[18]
Middleton-Cross Plains	22%	5%	4.4
MMSD	46%	18%	2.6
Monona Grove	32%	4%	8.0
Mount Horeb	12%	1%	12.0
Oregon	23%	2%	11.5
Verona	40%	6%	6.7

[17] "Enrollment Dashboard (2022-23)," WISEdash Public Portal, File Downloaded October 26, 2023, https://wisedash.dpi.wi.gov/Dashboard/dashboard/18110.
[18] Magnitude of Over Enrollment = % Building Bridges Enrollment / % School District Enrollment

- Asian students are not proportionally represented in the Building Bridges program overall. Specifically,
    - MMSD they are underrepresented (0% in the program, 7% in the district)
    - Sun Prairie they are underrepresented (0% in the program, 11% in the district)
    - Middleton-Cross Plains they are underrepresented (6% in the program, 12% district)
    - Oregon they are **over**represented (8% in the program, 1% in the district)
- Hispanic students are overrepresented in the Building Bridges programs at DeForest (21% of Building Bridges enrollment, 7% of district enrollment), Middleton-Cross Plains (22% in the program, 10% district enrollment), Stoughton (17% Building Bridges, 7% district enrollment), and Waunakee (18% in the program, 8% in the district).
- Sun Prairie is the one participating school district whose Building Bridges program enrollment closely aligns with the race/ethnicity of students enrolled in the district (with the exception of not enrolling any Asian students in the program).

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.

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 number of completed CIS-P at closing and 6-month follow-up is an output of the Building Bridges program. In the 2023-2024 academic year, the number of CIS-P completed at intake is on track with the average for the past six years (see **Table 5**). The Building Bridges program is doing better at collecting usable CIS-P at closing and 6-month follow up. For the first time since the 2018-2019 school year more than half of families with completed CIS-P at intake also had a matching closing CIS-P – we also see a record high in the proportion of intakes with a matching CIS-P at 6-month follow-up (see **Table 5**).

Table 5: Number of Valid CIS-P by Academic Year and Aggregate

	Aggregate	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023	2023-2024
Enrollments	1,659	336	279	228	274	259	283
Intake	1,271	259	215	153	222	204	218
% of Enrollments	77%	77%	77%	67%	81%	79%	77%
Closing	772	178	98	74	130	135	157
% of Enrollments	47%	53%	35%	32%	47%	52%	55%
Usable matched pairs*							
n	563	130	62	59	103	86	123
% of Intake	44%	50%	29%	39%	46%	42%	56%
6-month follow-up	434	71	67	64	64	75	93
Usable matched pairs⁺							
n	273	33	40	41	46	46	67
% of Intake	21%	13%	19%	27%	21%	23%	31%

*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)[19] 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."[20] 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."[21] Clinical significance is an alternate to statistical significance and measures if change is meaningful.[22] So, this report measures both types of change --- statistically significant and clinically significant.

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.[23]

The percent of valid CIS-P that indicate the child is experiencing clinically significant functional impairment trends downward from intake to closing but the decrease from closing to the 6-month follow-up is often not statistically significant (see **Figure 10**). Notably, all six academic years show statistically significant decreases in the percent of children with clinically significant functional impairment from intake to closing (see **Figure 10**) and all show decreases from closing to 6-month follow-up, although not all decreases are statistically significant. In recent years, the change in students who are clinically impaired from closing to 6-month follow-up has been less noticeable (see **Figure 10**). There is no hard data available to explain this. However, it is important to understand the Building Bridges program collaboratively creates 1-3 goals with families that are achievable in 90 days. This explains the improvement consistently seen from intake to closing. After closing, the families are no longer actively working with Building Bridges staff, but many transition to longer-term intervention services. The program is being effective in its short term goals, although may not have long term outcomes – which is not a stated intention of the program.

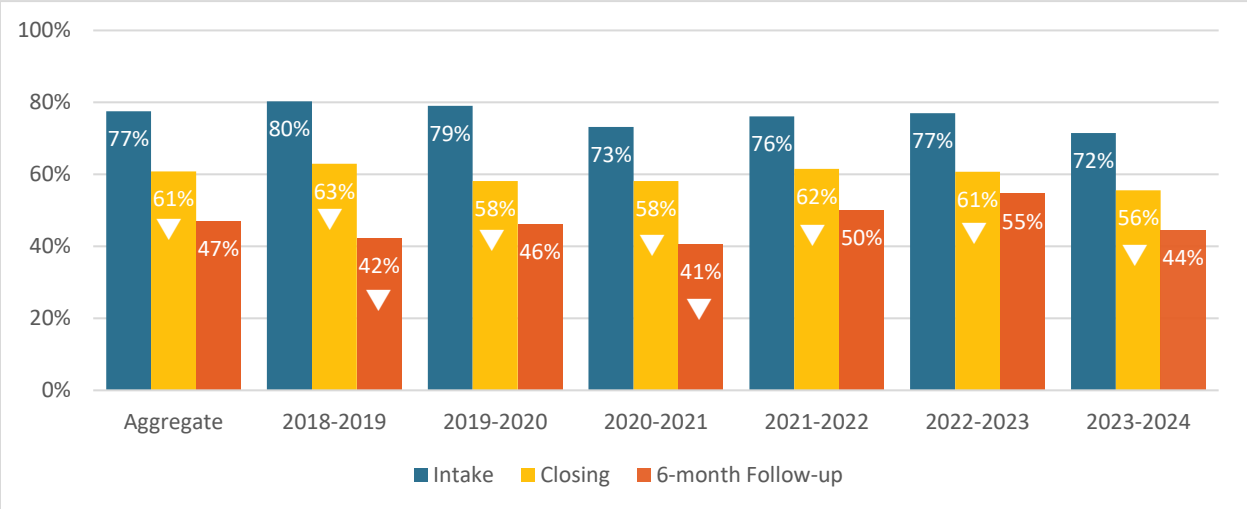
[19] Thomas Bischoff et al. "Establishment of a Reliable Change Index for the GAD-7," *Psychology, Community & Health* 8, no. 1 (2020): 176-187, doi: 10.5964/pch.v8i1.309.
[20] Thomas Bischoff et al.
[21] Thomas Bischoff et al.
[22] Thomas Bischoff et al.
[23] National Evaluation Team, "Section VI: Clinical 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.

There are several hypotheses to explain why dramatic decreases in clinical impairment do not continue from closing to 6-month follow-up, none of which we have measurable data to confirm the hypotheses. Staff believe the stalling out of continued decrease in clinical impairment from closing to 6-month follow-up could be explained by:

- Anecdotally, waitlists to start mental health services have gotten longer. Therefore, families may still be on a waitlist to start services with a mental health provider at the 6-month follow-up or they may just be starting those services.
    - However, the Behavioral Health and Resource Center (BHRC) indicates waitlists may not be as long as they are generally believed to be. Dane County staff should make sure Building Bridges staff is aware of the BHRC as their unique knowledge of Dane County providers may help obtain services more quickly.
- Housing and food insecurity are on the rise in the past few years. If basic needs are not met, then mental health issues are prevalent and heightened. COVID saw an infusion of federal funding to support families, but many of those programs are over. That means tangible assistance for families, including those who are homeless, are dwindling. And would explain why the 2020-2021 academic year was the only one to see significant decrease in clinical impairment from closing to 6-month follow-up.

As long as there are not supplemental supports for Building Bridges families, we are coming to expect the proportion of clinically impaired students will continue to be about equal from closing to 6-month follow-up. Students require ongoing care for their needs and it is difficult to get that care in a timely manner. The data show Building Bridges is effective while students are enrolled (evident in the significant decreases from intake to closing seen in **Figure 10**). The data also suggest that a longer program or quicker connections to long-term intervention services may be needed to continue on the improvement achieved while in the program.

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



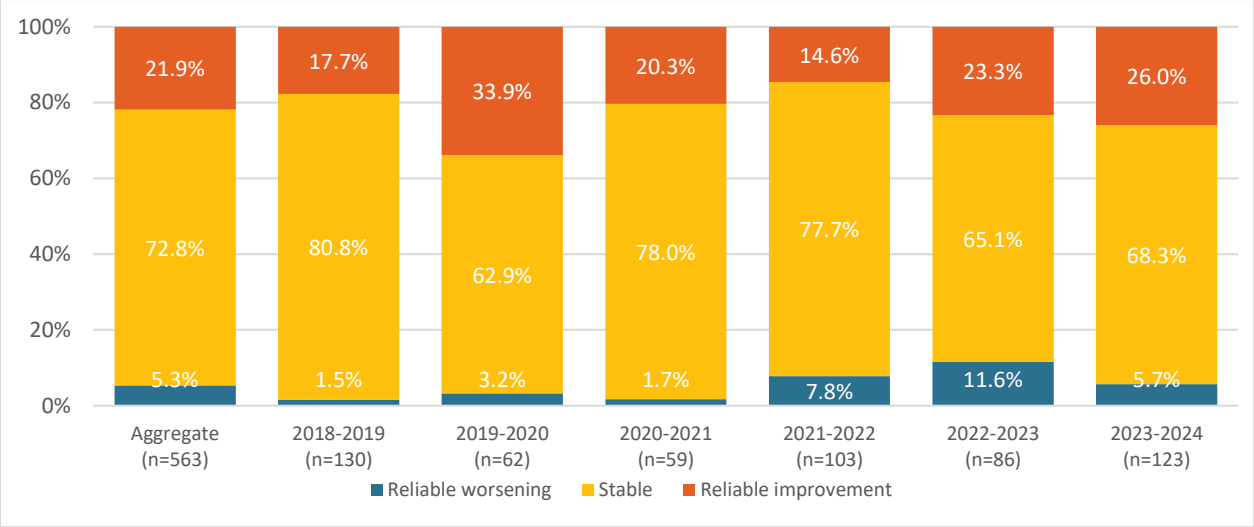
Statistically significant change from one time period to the next (intake to closing and closing to 6-month follow-up) is indicated by arrows (▲▼).

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.[24] 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."

In the short term, intake to closing, on average one in five (22%) students see reliable improvement in their CIS-P score (see **Figure 11**). Notably, in the 2023-2024 academic year more than one-fourth of students saw a reliable improvement in this time (26.0%); this continues an increasing trend in students who are seeing reliable improvement. Additionally, after experiencing the highest proportion of students with reliable worsening in 2022-2023 (11.6%), the proportion of students with reliable worsening has gone back down (5.7% in 2023-2024).

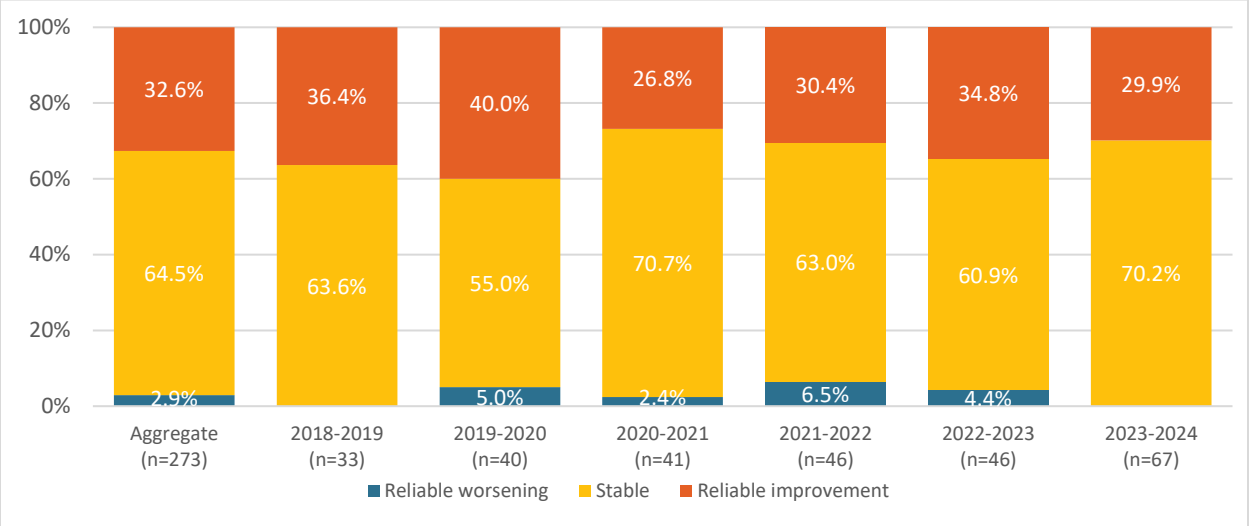
Figure 11: RCI Intake to Closing



The majority of students remain stable comparing intake to 6 months after the program. Notably, in the 2023-2024 academic year there were no students who experienced reliable worsening from intake to 6-month follow-up (see **Figure 12**). From intake to 6-month follow-up on average one in three students are seeing reliable improvement (33%, 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**).

[24] 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.

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



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).[25,26]

Table 6: 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[27] 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 grades until September 2020 as a result of an intervention from the Wisconsin Supreme Court.

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

Many schools did not re-open for students in all grades until the beginning of 2021 (see **Table 7**). 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 7: 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 HIPAA 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)."[28] Using the RCI builds understanding of whether or not the Building Bridges program creates significant change in children. The RCI is calculated as follows[29]:

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.[30] 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"

[28] Ibid.
[29] 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.
[30] 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 8 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 8: 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	41
2021-2022	9.561	3.513	4.968	103	46
2022-2023	9.644	3.543	5.011	86	46
2023-2024	10.014	3.679	5.204	123	67