The Behavioral Health Student Services Act (BHSSA) Evaluation Plan

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Executive Summary

The Behavioral Health Student Services Act (BHSSA) Evaluation has been designed to measure how this substantial statewide investment has impacted interagency collaboration and transformational systems change toward schools becoming centers of wellbeing and healing. WestEd utilized a participatory approach to design an evaluation that diverse partners find meaningful and useful. This approach will also serve as a crucial foundation for the future implementation of the BHSSA Evaluation.

This technical report describes the plan for implementing the BHSSA Evaluation, based on an evaluation planning process that WestEd facilitated from June 2023 to December 2024. The Evaluation was co-designed by WestEd; the Behavioral Health Services Oversight and Accountability Commission, known as the Commission for Behavioral Health (CBH); and a broad group of community partners to ensure that the Evaluation reflects diverse community perspectives. Through the planning process, WestEd partnered and gathered input from young people, families, implementers, grantees, external evaluators, and other vested partners. This process brought partners together to learn from each other, engage in self-reflection, and support the design of an evaluation that will contribute to the shared understanding of how to actualize schools as centers of wellbeing in California.

The anticipated implications of the BHSSA Evaluation include an increased understanding of

- California's evolving school mental health landscape;
- how BHSSA implementation has contributed to systems change within California's communities;
- behavioral health and education partnerships across the different levels of the school, district, and county systems;

- the perspectives of individuals who are closest to the school mental health system, particularly youth; and
- the strengths of California's school communities and the distinctive approaches to serving those communities.

The BHSSA Evaluation also provides opportunities for collaborative continuous improvement with key partners and interest holders who lead, facilitate, and implement systems change to improve the mental health and wellbeing of California's young people, their families, and school communities.

The BHSSA Evaluation situates the BHSSA within California's larger school mental health landscape and builds on the understanding that mental health is inextricably linked to school and life success. The Evaluation Plan was designed to capture how school communities across the state are reimagining school mental health systems that create opportunities for every student to benefit from access to responsive and effective mental health supports and services.

Employing participatory methods (WestEd, 2021), the BHSSA Evaluation will

- center the experiences and wisdom of those who are closest to school mental health systems, particularly those of young people;
- lift up community strengths;
- foster collaborative problem-solving with key partners;
- facilitate authentic partnerships with youth to gather and make sense of data and meaningfully contribute to systems change within their communities; and
- encourage self-reflection and learning throughout all evaluation stages, both individually and collectively.

WestEd will implement the Evaluation from 2025 through 2027, which consists of four components:

1. **Contextual Descriptive Analysis** to contextualize BHSSA implementation within the broader California school mental health landscape
2. **Process and Systems Change Analysis** to investigate school mental health systems change statewide
3. **County case study** to describe the implementation of BHSSA grantee partnerships within a systemically sampled group of BHSSA grantees
4. **School case study** to describe the implementation and impact of BHSSA-funded activities and services within a systematically sampled group of school communities.

The Evaluation leverages several primary and secondary data sources, including:

- **The School Mental Health Systems Survey (SMHSS) data** to measure the core features of BHSSA grantee partnerships and school mental health systems

- **Interview and focus group data** to measure school mental health systems change, facilitators and barriers related to grantee partnerships, and BHSSA implementation and impact

- **The California Healthy Kids Survey (CHKS) and the California Longitudinal Pupil Achievement Data System (CALPADS)** data to measure the current state of California's students' mental health and wellbeing

- **Additional secondary data** to measure contextual factors at the county and school levels

- **BHSSA grant monitoring data** to measure the design and implementation of BHSSA-funded activities and services

Table 1 provides an overview of the BHSSA Evaluation questions, BHSSA Evaluation components, and associated data sources. The full technical report that follows provides detailed information about the BHSSA Evaluation Framework and Design, including plans for community engagement, sampling and recruitment, measures, methods, analysis, and dissemination and strategic communication.

Table 1. BHSSA Evaluation Questions Addressed by Evaluation Component and Associated Data Sources

Evaluation question	Evaluation component	Data source
1. Who was involved in the BHSSA-funded grantee partnerships?	- Process and Systems Change Analysis - County Case Study	Grant monitoring, focus groups
2. What were the facilitators and/or barriers related to the grantee partnership?	- Process and Systems Change Analysis - County Case Study	SMHSS, grant monitoring, focus groups

Evaluation question	Evaluation component	Data source
3. What were the facilitators and/or barriers related to the implementation of school mental health systems change at each level (county, district, school)?	• Process and Systems Change Analysis • County Case Study • School Case Study	SMHSS, interviews and focus groups
4. What was the relationship between BHSSA grantee partnerships and the county-level system?	• Process and Systems Change Analysis • County Case Study • School Case Study	SMHSS, interviews and focus groups
5. What was the relationship between BHSSA-funded activities and services and the school mental health system?	• School Case Study	Interviews and focus groups
6. What was the relationship between the county-level system, other community partners, and the school mental health system?	• County Case Study • School Case Study	Interviews and focus groups
7. What is the relationship between the BHSSA grantee partnerships and BHSSA-funded activities and services?	• County Case Study • School Case Study	Interviews and focus groups
8. What activities and services were implemented using BHSSA funding?	• Process and Systems Change Analysis • County Case Study • School Case Study	Grant monitoring, interviews and focus groups
9. How were BHSSA-funded activities and services selected, designed, and implemented to close the equity gap?	• County Case Study • School Case Study	Interviews and focus groups

Evaluation question	Evaluation component	Data source
10. What were the facilitators and/or barriers to implementing BHSSA-funded activities and services?	• Process and Systems Change Analysis • County Case Study • School Case Study	Grant monitoring, interviews and focus groups
11. What were the mental health strengths and needs of young people and their school communities?	• Contextual Descriptive Analysis • County Case Study • School Case Study	CHKS, CALPADS, additional secondary data, interviews and focus groups
12. How did community factors relate to school mental health?	• Contextual Descriptive Analysis • Process and Systems Change Analysis • County Case Study • School Case Study	CHKS, CALPADS, additional secondary data, interviews and focus groups
13. How did other school mental health initiatives serve as facilitators and/or barriers to sustainable school mental health systems change?	• County Case Study • School Case Study	Interviews and focus groups
14. How did improvements in the school-level mental health system support students' mental health needs, and for whom?	• County Case Study • School Case Study	Interviews and focus groups

Introduction

Now more than ever, there is an urgent nationwide focus on addressing the mental health needs of young people. This complex challenge requires reimagining and transforming the systems that support the mental health and wellbeing of young people, their families, and the communities in which they learn and live (Office of the Surgeon General, 2021; Centers for Disease Control and Prevention, 2024). California has been a national leader in responding to the call for school mental health systems change that leverages the strengths and resources of school communities.

The Behavioral Health Student Services Act (BHSSA) Evaluation Plan described within this technical report begins with an introduction describing the history and context of the BHSSA. Following this section is an overview of the multidisciplinary body of research, methodological and design constraints, and the community engagement findings that informed the BHSSA Evaluation Plan. The report then describes the BHSSA Evaluation Framework, which delineates the mechanisms of change underlying the intent and goals of the BHSSA, evaluation questions, and a logic model depicting the relationships between inputs, activities, outputs, and outcomes of the BHSSA. Finally, the report details the BHSSA Evaluation Design, including plans for sampling and recruitment, measures, methods, and analysis for the four BHSSA Evaluation components. The Evaluation Design begins with a description of community engagement opportunities embedded throughout the Evaluation and, when applicable, opportunities for partners to leverage learnings from the Evaluation to inform planning for sustainability. The report concludes with a plan for reporting and disseminating evaluation findings throughout the evaluation.

History and Context of the BHSSA Evaluation

In August 2022, Governor Newsom and First Partner Jennifer Siebel Newsom launched the Master Plan for Kids' Mental Health—a 5-year initiative to address the significant mental health needs of students (California for All, 2023). This plan describes a fundamental overhaul of California's mental health system—boosting coverage options, service availability, and public awareness so that all children and youth are routinely assessed, supported, and served. As a key component of the governor's plan, the state

allocated $4.7 billion to create the statewide Children and Youth Behavioral Health Initiative, designed and implemented by the California Health and Human Services agency with education agencies, other state agencies, and community partners.

Communities across California have also leveraged other statewide school mental health initiatives to support young people and their families. For example, the Student Behavioral Health Incentive Program supports the goals of California's Advancing and Innovating Medi-Cal (CalAIM) initiative. It provides new investments in behavioral services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers. In 2021, California invested $3 billion in the California Community Schools Partnership Program, which has since been extended to 2031. In 2022, the state also expanded the California Collaborative for Educational Excellence's Community Engagement Initiative, which builds the capacity of local education agencies (LEAs) for transformational community engagement. Further, in 2021, California appropriated $50 million to continue support for school- and districtwide implementation of services and practices within a multi-tiered system of support (MTSS) through the Scaling Up MTSS Statewide Partner Entity Grant, which includes a focus on social and emotional learning; trauma-informed practices; and culturally relevant, affirming, and sustaining practices. In 2024, Proposition 1 was passed in support of statewide efforts to further expand and reform California's behavioral health system, including replacing the 2004 Mental Health Services Act with the Behavioral Health Services Act, which includes the Behavioral Health Services Oversight and Accountability Commission (i.e., Commission for Behavioral Health [CBH]) that oversees the implementation of the BHSSA.

The BHSSA is one of California's significant investments to deliver timely, equitable, and quality mental health services within school communities. The BHSSA was enacted in 2019 to provide financial support to counties in addressing student mental health needs related to COVID-19. Since its launch, the BHSSA vision has expanded to center schools as a core component of the community behavioral health system. To accomplish this, the BHSSA provided funding to incentivize change through local partnerships between county behavioral health departments and LEAs. Across California's 58 counties, BHSSA grants have funded 57 behavioral health departments, 50 county offices of education, 440 LEAs, 39 community agencies/partners, and over 2,000 schools.[1] In addition, the legislation offered flexibility in how funds are used to meet the diverse and immediate needs of counties across the state.

In 2024, CBH funded BHSSA Technical Coaching Teams and a Statewide Technical Assistance Coordinator to provide technical assistance to grantees and support statewide school-based mental health capacity building. Further, Phase 4 funding was

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[1] Counts reported in the Draft 2024 Report to the Legislature on the Behavioral Health Student Services Act disseminated as part of the meeting material for the November 21, 2024, Commission meeting.

announced in August 2024. It provides $25 million to BHSSA grantee partnerships focused on the following priorities: (a) Marginalized and Vulnerable Youth, (b) Universal Screening, (c) Sustainability, and (d) "Other Priorities" to address unique needs within a county. The focus of the current statewide Evaluation is on Phases 1–3.

Funding Phases 1 Through 3

In 2019, Senate Bill 75 established the BHSSA. It provided $40 million in onetime funding and $10 million in ongoing funding to establish partnerships between county behavioral health departments and LEAs focused on school mental health systems change. To date, the CBH has provided BHSSA funds to support school mental health partnerships to 57 grantees for a total investment of $255 million. See Figure 1 for a map of the grantees by phase.

Figure 1. Grantees by Phase
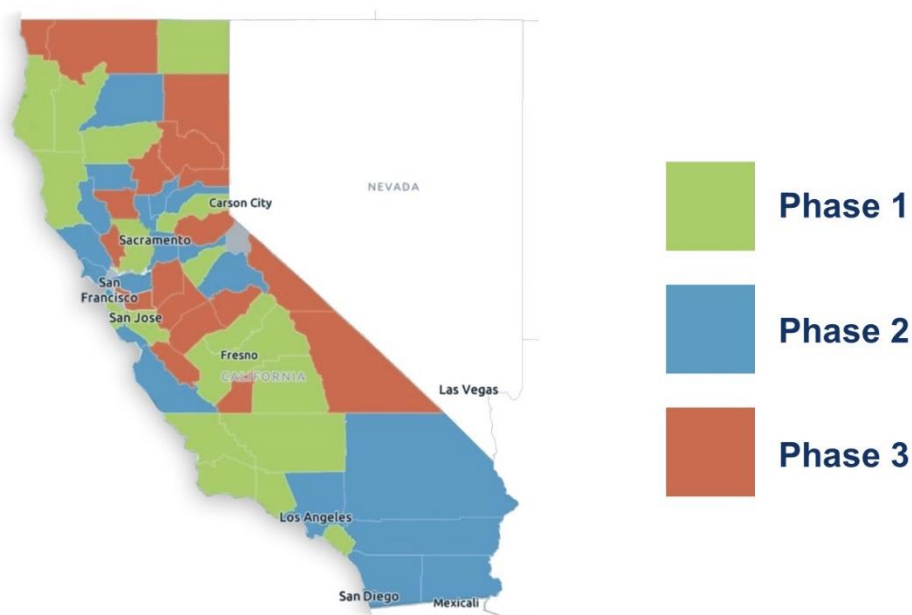
Phase 1, launched in 2020, awarded funding to 18 grantees. The funding for these 4-year grants totaled $74,849,047. Grantees in this first phase included Calaveras, Fresno, Humboldt, Kern, Madera, Mendocino, Orange, Placer, San Luis Obispo, San Mateo, Santa Barbara, Santa Clara, Solano, Tehama, Trinity-Modoc, Tulare, Ventura, and Yolo. Ten grantees received Category 1 (existing partnerships) funding, and eight received Category 2 (new or emerging partnerships) funding. Of these Phase 1 grantees, five counties are urban, seven suburban, and six rural (the California State Association of Counties).

In response to a great deal of interest in the program, the Budget Act of 2021 allocated additional funding for applicants who applied but did not receive a grant during the initial phase. During this second phase, the CBH funded 19 new grantees in 2021 with a total of $77,553,078. Grantees that received Phase 2 funding included Amador, Contra Costa, Glenn, Imperial, Lake, Los Angeles, Marin, Monterey, Nevada, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, Santa Cruz, Shasta, Sonoma, Sutter-Yuba, and Tuolumne. Nine grantees received Category 1 (existing partnerships) funding, and 10 received Category 2 (new or emerging partnerships) funding. Of these Phase 2 grantees, seven counties are urban, six are suburban, and six are rural.

In addition, the federal American Rescue Plan Act provided additional funds through the State Fiscal Recovery Fund. In 2022, the CBH funded 20 Phase 3 grantees with a total of $54,910,420. These grantees included Alameda, Berkeley City, Butte, Colusa, Del Norte, El Dorado, Inyo, Kings, Lassen, Mariposa, Merced, Mono, Napa, Plumas, San Benito, San Joaquin, Sierra, Siskiyou, Stanislaus, and Tri-City. For Phase 3, grantees were not asked to report if they had existing (Category 1) or new or emerging partnerships (Category 2). Of these Phase 3 grantees, four counties are urban, four are suburban, and 12 are rural.

To extend the work being done across the state, the CBH awarded $47,687,455 that had not been distributed to 41 grantees who had applied for it during the prior application phases. Due to this additional funding and extensions, all but 15 grantees' Phases 1–3 programs will end in 2026, with the majority ending on December 31, 2026.[2]

The BHSSA has had a broad reach, funding, serving, or supporting over 2,000 schools throughout the state, including 842 elementary schools, 304 middle schools, 425 high schools, and 564 combined schools.[3] Table 2 details the number of schools receiving BHSSA funding, services, or support by grade level and funding phase.

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[2] Program end dates were summarized from a CBH file shared with WestEd on May 17, 2024. End dates are subject to change.

[3] Findings summarized in Table 2 were generated from a CBH file collected in March 2023 containing a list of schools funded by the BHSSA. The file contained the county name, district name, school name, and county-district-school (CDS) code. To create a more complete understanding of the school profile, the file was matched with raw data from the CDE's California school directory (https://www.cde.ca.gov/schooldirectory/). The school data was matched using the CDS code, which is the unique ID for each school. The combined files utilized the following information: CDS code, county name, district name, school name, school type, educational instructional level (EIL) code, and grades served.

Using this information, WestEd categorized each school into the following categories: elementary school, middle school, high school, and combined schools. The categories served as a proxy for student ages. "Elementary school" included schools that served the ranges of PK–5, "middle school" included schools that served Grades 6–8, and "high school" included schools that served Grades 9–12. Schools that served a greater range of grades (e.g., K–8, 6–12) were categorized as "combined schools."

Table 2. Schools Funded, Served, or Supported by BHSSA by Phase

	Elementary schools	Middle schools	High schools	Combined schools	Total schools
Phase 1 grantees	288 (39.8%)	100 (13.8%)	150 (20.7%)	186 (25.7%)	724
Phase 2 grantees	338 (43.4%)	120 (15.4%)	161 (20.6%)	161 (20.6%)	780
Phase 3 grantees	216 (34.2%)	84 (13.3%)	114 (18.1%)	217 (34.4%)	631

Activities and Services

Each BHSSA grantee has implemented a unique project plan based on local needs, priorities, and constraints. Grantee-specific project plans, as outlined in grant applications, Program Development Phase Plans, and BHSSA Grant Summaries, detail the activities and services each BHSSA-funded partnership planned to implement. County annual fiscal and hiring reports provide additional details on the roles and classifications of hired BHSSA personnel. These details offer a granular view of the distribution of funds across staff coordinating and/or implementing activities and services at the county, district, or school levels.

To inform the BHSSA Evaluation Plan, WestEd staff conducted a thematic analysis (Braun & Clarke, 2012) of the BHSSA Grant Summaries submitted to the CBH. This review provided a snapshot of a continuum of statewide BHSSA-funded activities and services (i.e., Tier I, Tier II, and Tier III) and information about grantees' proposed plans for implementation. Additionally, WestEd staff coded county-specific contextual information, target populations, and proposed BHSSA staff roles.

Contextual variables

Specific circumstances and elements shaped how grantees tailored their support and implemented services. Most grantees (71.9%) identified specific populations they planned to support with their BHSSA funding. Regarding school level, 28.1 percent of grantees indicated a focus on high school, 15.8 percent on middle school, 12.3 percent on elementary school, and 5.3 percent on early childhood. Of the grantees, 19.3 percent specified that their services and activities would focus on underserved and/or high-need students, followed by foster care (12.3%) and LGBTQ+ (12.3%) youth. Most named BHSSA staff positions included mental health professionals, program managers and

coordinators (33.3%), and care and systems navigators (26.3%). Finally, regarding specific settings for accessing BHSSA services beyond schools, 22.8 percent of grantees proposed wellness centers, followed by locations identified by only one or two grantees. Noteworthy settings included a school-based residential program, an adult education site, and a juvenile detention facility.

Implementation support

An MTSS framework was the most common implementation framework explicitly identified by grantees. Aligned with the focus of the BHSSA on incentivizing change through partnerships, 79 percent of grantees included language about their partnerships and/or collaboration, and about half explicitly identified a specific team facilitating the implementation of BHSSA-funded activities and services. Nearly half of the grant summaries noted staff training and professional development, followed by numerous other examples of implementation supports for systems capacity building and sustainability. This included communication capacity, systems coaching/consultation, various funding streams, and procedure and protocol development. The most common types of data use included mental health screening (both universal and targeted, 45.6%), individual assessment (31.6%), and progress monitoring (17.5%).

Tier I, Tier II, and Tier III

Proposed activities and services were focused across all three tiers. Specifically, 80.7 percent of grantees proposed Tier I (universal) activities and services, 68.4 percent Tier II (targeted) activities and services, and 98.3 percent Tier III (individualized) activities and services. At Tier I, mental health awareness and literacy promotion and training activities (63.2%) were the most common, followed by mental health and wellness training/skill-building programs that were not further specified (31.6%) and suicide prevention (26.3%). The most common activities and services at Tier II were unspecified groups (35.1%) and peer-to-peer support/mentoring (19.3%). At Tier III, the most reported activities and services were individual counseling, therapy, and/or supports (86%) and comprehensive case management, including systems navigation, referral, and outreach/engagement (57.9%). Finally, 45.6 percent of grantees proposed crisis intervention services. Table 3 summarizes identified BHSSA Tier I, Tier II, and Tier III services and activities and implementation supports across the three phases of grantees.

Table 3. Services, Activities, and Supports by Phase

	Tier I	Tier II	Tier III	Implementation supports
Phase 1 grantees	77.8% (14)	77.8% (14)	100% (18)	94.4% (17)
Phase 2 grantees	88.9% (16)	61.1% (11)	94.4% (17)	88.9% (16)
Phase 3 grantees	76.2% (16)	66.7% (14)	100% (21)	100% (21)

Grantees in Phases 2 and 3 followed a similar pattern of being most likely to report Tier III supports, followed by Tier I and then Tier II. Phase 1 grantees were equally likely to mention Tier I and Tier II supports. Every Phase 3 grantee discussed how they planned to support BHSSA implementation, as did the majority of Phase 1 and Phase 2 grantees.

Theoretical and Methodological Foundations

The BHSSA Evaluation Plan is informed by a multidisciplinary body of research literature. The plan integrates insights from several research areas and methodologies:

- school mental health systems change
- developmental systems change evaluation and systems thinking
- case-centered research design
- implementation science

School Mental Health Systems Change

Schools are natural settings for comprehensive mental health services. The BHSSA provides an opportunity to transform systems through critical partnerships, creating culturally responsive and sustainable conditions that support the mental health and wellbeing of California's diverse school communities.

Comprehensive school mental health systems build capacity among partners to support a full continuum of culturally responsive and sustainable interventions. Such interventions promote mental health and wellbeing while reducing the prevalence and severity of emotional and behavioral problems (Lazarus et al., 2021). School mental health systems are characterized as a cross-agency MTSS designed by and uniquely

for a school community (Stephan et al., 2015; United States Department of Education, Office of Special Education and Rehabilitative Services, 2021; Weist et al., 2018).

Evolving from a public health approach, this multi-tiered implementation framework targets upstream determinants of mental health (Dopp & Lantz, 2020; Forman, 2015). Universal (Tier I) intervention aims to address risk factors and promote protective factors for all, and targeted (Tier II) and individualized (Tier III) focus on interventions to address a particular mental health challenge (Forman, 2015; National Research Council and Institute of Medicine, 2009).

Developmental Evaluation and Systems Thinking

Developmental evaluation offers a framework to measure the impact of systems change initiatives, particularly in complex environments where linear evaluation approaches may not sufficiently account for context. This framework accounts for the complexity of school mental health systems change, which is driven by the unique context of each school, district, and county in which the BHSSA is implemented.

Systems thinking is at the core of this approach to evaluation, which asserts that the whole is greater than the sum of its parts. Complex systems are dynamic and change over time, and the evaluator's role is to examine how the key features of the system interact and measure how those interactions support systems change.

Developmental evaluation centers on key dynamics, or "parts" of a system, encompassing the following: understanding interrelationships; engaging with multiple perspectives; and reflecting on the definition, complexity, and challenges of assessing systems and the interventions within them (Patton, 2015). This dynamic framework informed how the BHSSA Evaluation was designed and, critically, keeps the focus on systems change and the relationships across all parts of the BHSSA and its implementation across the state (McGill et al., 2021).

Case-Centered Research Design

Case-centered research design is focused on one or more cases, which can be understood as complex social units. Throughout the research process, cases are examined within their entirety, thus maintaining the cohesiveness of the social unit (Roller & Lavrakas, 2015). WestEd will employ a collective case study design in the BHSSA Evaluation. The utility of a collective or multiple-case design is the examination of the specifics of a single case to illuminate more broadly applicable themes (Stake, 1995). Within a statewide evaluation such as the BHSSA, the study of multiple cases facilitates an understanding of a broader set of relationships and settings.

Critical to this approach is acknowledging the methodological limitations to external validity. Evaluators must be cautious in generalizing from a small group of cases to a broader group of cases comprising a different set of complex features (Roller & Lavrakas, 2015). The BHSSA Evaluation will rely on a sampling approach that will result in selecting sample cases with diverse characteristics to mitigate some challenges to external validity. WestEd will also articulate the limits to the Evaluation's ability to generalize based on a small sample of cases.

Implementation Science

Implementation science provides a framework for understanding continuous improvement processes, where implementation variables influence intervention outcomes (Durlak & DuPre, 2008; Fixsen et al., 2005; Hagermoser Sanetti & Kratochwill, 2009). This understanding is critical for scaling practices to achieve a socially meaningful impact (Blase et al., 2015; Horner et al., 2017; Kania et al., 2018). Beyond changing the practices that have long maintained the status quo of how young people experience mental health supports and services, transformational change also requires changing the mindsets, values, beliefs, and behavior of leaders, practitioners, and educators working with and within school communities.

The statewide BHSSA Evaluation provides an opportunity to better understand behavioral health and education systems conditions as they relate to partnership capacity to effectively facilitate implementation of BHSSA-funded activities (i.e., who is doing what and how) and continuous improvement toward sustainable school mental health service delivery. In response to requirements stated under Welfare and Institutions Code Section 5886(k), the BHSSA Evaluation must build the capacity of BHSSA grantees for data-driven approaches informing continuous improvement toward effective and sustainable school mental health systems.

Community Engagement Insights and Community-Informed Decision-Making

Over 20 months, WestEd conducted 26 listening sessions and 15 feedback sessions that engaged hundreds of partners in the BHSSA Evaluation planning process. WestEd also attended six BHSSA Grantee Collaboration Meetings and collected information via two grantee surveys and one family/caregiver survey.

In addition, WestEd convened a group of 16 youth ages 15–18 to make up a youth advisory group (YAG) that met monthly from February 2024 to September 2024 (see Inventory of Community Engagement Activities Related to Evaluation Planning for YAG meeting topics by month). This diverse group of youth represented counties across the

state, including Northern, Central, Bay Area, and Southern counties, reflecting urban, suburban, and rural regions (see Community Partner Demographics).

Beyond the YAG, BHSSA Evaluation partner groups included families and caregivers, school and district leaders, mental and behavioral health professionals, internal and external local evaluators, BHSSA Research and Evaluation Workgroup members, BHSSA grantees, CBH staff, and a broader group of youth (see Community Partner Demographics). All BHSSA-funded counties were represented through one or more engaged partner group.

WestEd's community engagement model consisted of four primary activities, all focused on the BHSSA Evaluation Plan. These activities were not designed to collect preliminary data about BHSSA implementation or impact but to build an evaluation plan grounded in community voice:

- **Relationship building**. Community engagement activities began with building relationships to foster trust and co-creating a unified vision for the BHSSA Evaluation.

- **Listening sessions/key informant interviews**. Through virtual sessions and surveys, the WestEd team learned about partners' priorities for the BHSSA Evaluation.

- **Feedback sessions**. WestEd met virtually and/or engaged asynchronously (e.g., review of drafts) with every partner group to collect feedback on the emerging BHSSA Evaluation Plan.

- **Youth oversight and co-design**. WestEd facilitators taught youth about research and evaluation and created interactive activities for youth to share their ideas, thoughts, and recommendations for the BHSSA Evaluation Plan. Through these sessions, WestEd learned about young people's priorities for the Evaluation, strategies to engage young people in schools, and opportunities to elevate youth voice in the Evaluation.

To ensure that the BHSSA Evaluation would be comprehensive, relevant, and responsive, WestEd approached community engagement as a dynamic process that informed the development of key deliverables for designing a BHSSA Evaluation Plan. The evaluation planning process involved engaging with partner groups to learn about BHSSA implementation and goals for the Evaluation, develop a theory of change and logic model, identify evaluation questions, develop metrics, and co-create the final Evaluation Design. WestEd gathered and responded to feedback from partners throughout the planning process by iterating and refining the emerging Evaluation Plan over the 20-month planning process.

WestEd developed a high-level community engagement schedule within a comprehensive Community Engagement Plan to map engagement activities onto evaluation planning activities. This "roadmap" allowed WestEd to consider which partners to engage about each key activity and prepare a targeted recruitment strategy. The roadmap was intended to be flexible, allowing WestEd to gather information and feedback on emergent topics, priorities, and constraints related to the Evaluation Plan. WestEd developed unique protocols for each engagement session, which generated actionable information incorporated into the Evaluation Plan.

Community Engagement Learnings Across the BHSSA Evaluation Planning Process

The following summaries include insights from community engagement sessions that supported relationship building and informed the development of the BHSSA Evaluation Framework and Design.

Relationship Building

In spring 2023, WestEd listened to partners' hopes and fears for an evaluation and built a shared understanding of what could be expected from a 20-month statewide BHSSA Evaluation planning process. A principal insight from those activities is that partners valued having a voice in the evaluation planning process and were committed to sustained collaboration. During these early listening sessions, partners conveyed the importance of being consulted and having opportunities to provide feedback to WestEd on key elements of the plan. They appreciated WestEd's process of providing a summary of their input following each listening and feedback session, stating that this made them feel that the WestEd team cared about correctly interpreting what they shared.

To honor partners' interest in long-term collaboration, after community engagement sessions, WestEd gathered contact information from interested individuals with whom we might develop a more sustained partnership. Through this process, WestEd had the opportunity to meet regularly with repeat attendees. This continuity allowed WestEd to engage partners in feedback loops, where partners could comment on multiple components of the Evaluation Plan.

The BHSSA Evaluation Framework

One critical feature of any evaluation plan is clear alignment with the evaluation framework, which includes conceptual and measurement models, evaluation questions, and a logic model (Ravitch & Riggan, 2016). To develop the Evaluation Framework, WestEd first focused on understanding the history and context of the BHSSA, learning what had occurred over the course of the grant period, and examining how different

partners conceptualized the mechanisms of change underlying the BHSSA activities and services implemented in their counties. Through a series of listening sessions with different partner groups, WestEd learned about the long-term vision for the BHSSA at local and state levels. These conversations served as the foundation of the BHSSA conceptual and logic models, which depict the mechanisms of change and anticipated outputs and outcomes of the Evaluation.

Below are insights from community engagement sessions focused on the BHSSA Evaluation Framework elements and WestEd's responsive actions.

Other School Mental Health Initiatives

WestEd was charged with addressing the methodological challenge of evaluating a funding stream braided and blended in ways that were unique to each grantee. WestEd facilitated listening sessions early in the framework development process to better understand the diverse approaches to braiding and blending funds. Through these listening sessions, partners emphasized the importance of an evaluation that explicitly contextualized BHSSA implementation within the broader school mental health funding landscape. Partners described the complex work of managing funding, building infrastructure to satisfy reporting requirements, and coordinating the use of funds. Partners were interested in learning from an evaluation that would describe approaches to overcoming barriers and success stories of how to creatively blend funding to support sustainability.

Additionally, WestEd held several listening sessions dedicated to learning about relevant evaluation outputs and outcomes. Partners shared that, from a measurement perspective, the BHSSA's outcomes would be impossible to isolate because many school mental health initiatives directly or indirectly support the same set of outcomes as those targeted by BHSSA-funded activities and services.

In response to these insights, WestEd depicts "other school mental health initiatives" as a key component of the conceptual model that interacts with the implementation of the BHSSA across different levels of the system. The BHSSA is conceptualized as one of many investments supporting the critical and interconnected components of a school mental health system and its associated outputs and outcomes.

BHSSA Grantee Partnerships

Grantee partnerships are the cornerstone of the BHSSA. To develop the Evaluation Framework, listening sessions focused on gaining insight into the partnership's essential features and the relationship between BHSSA partnerships and BHSSA-funded activities and services. These conversations were not designed as data collection activities for the Evaluation itself but rather as opportunities for WestEd to learn about how partnerships formed and were sustained to represent this key process within the Evaluation Plan.

In both written documents and during listening sessions, many partners reported similar BHSSA partnership routines and activities, such as holding regular meetings, organizing collaborative interagency workgroups, sharing resources, and developing new processes to support cross-agency collaboration. They also described the importance of support from administrators and the challenges of navigating historically siloed systems. According to many partners, key to the challenging work of interagency partnership is the interpersonal aspects that support successful collaboration.

In response to this information, WestEd refined the mechanisms of change depicted in the BHSSA Conceptual Model to depict the nuanced ways in which the BHSSA grantee partnerships bring together people across entities and levels of the system. Recognizing that these partnerships are at different stages of implementation, the BHSSA grantee partnership measurement model is designed to highlight strengths and challenges across three domains: people, teaming practices, and collaboration.

Community Factors

Partners discussed aspects of young people's local environments that impact their mental health and wellbeing. They talked about how these community factors can positively or negatively impact student's outcomes at school. Many were interested in understanding how implementing BHSSA-funded activities and services within a school mental health system promotes the health and wellbeing of communities at large. They noted that an evaluation designed to examine the relationship between the BHSSA and student wellbeing should consider both the impact of community factors on children and youth and the impact of the BHSSA on communities. They emphasized that the Evaluation should account for the tremendous variability in the characteristics of communities across the state and measure how different characteristics may promote or negatively impact the mental health and wellbeing of young people.

In response, the Evaluation will contextualize school-based mental health services and explore the complex interactions between schools and environmental factors outside of schools that have shaped the implementation and impact of the BHSSA.

BHSSA-Funded Activities and Services and School Mental Health Systems

Partners described how the BHSSA allowed for flexibility in the design of BHSSA-funded activities and services. This meant grantees selecting activities and services to best address the mental health needs of young people within their local communities during and after the pandemic. Partners recognized that an evaluation beginning near the end of the BHSSA contract period would be unable to document the evolution of BHSSA-funded activities and services from baseline to the end of the contract period. They wanted to learn, however, about why these changes occurred and how they were designed and implemented to support continuous improvement toward sustainable school mental health systems change.

While acknowledging the methodological complexity, some partners emphasized the importance of an evaluation describing the bidirectional relationship between BHSSA-funded activities and services and BHSSA grantee partnerships. For some, learnings that emerged across stages of implementation led to stronger BHSSA partnerships, and as BHSSA partnerships were strengthened, so too were BHSSA implementation and impact. Partners wanted to highlight this reciprocal relationship, which is depicted in the BHSSA conceptual framework.

Similarly, partners wanted the evaluation to explore relationships between BHSSA-funded activities and services and the overall functioning of the school mental health system. Some partners emphasized that as a relatively small investment, the BHSSA likely did not, in isolation, impact student mental health and wellbeing. Instead, partners suggested that BHSSA-funded activities and services contributed to capacity building for school mental health systems change at large. These complex relationships are depicted through bidirectional arrows in the BHSSA conceptual model (see Figure 2). The BHSSA conceptual model also depicts the embedded nature of the BHSSA-funded activities and services within state-, county-, and school-level systems to emphasize the interconnectedness of school mental health systems change at the different levels of California's service delivery system.

Student Mental Health Outcomes

Partners worked with WestEd to consider outcomes best aligned with legislation that were meaningful and that would be useful in continuous improvement efforts and sustainability planning. In developing the BHSSA Evaluation Framework, WestEd utilized an iterative process that began with developing a framework inclusive of those outputs and outcomes specified in Welfare and Institutions Code Section 5886(k). The initial framework served as a starting point for conversations with partners, leading to a series of revisions based on partner feedback about what outcomes were most meaningful and most proximal to BHSSA implementation. Many outcomes listed in the legislation were not indicated by partners as meaningful, and some cautioned against measuring the relationship between the BHSSA-funded activities and services and outcomes they perceived as distal to their work. Outcomes determined to be too distal to the work of the BHSSA were removed from the Evaluation Framework and associated evaluation instruments.

While equity-focused discussions transcended outputs and outcomes, partners emphasized the importance of an evaluation that explored how the BHSSA helped close equity gaps in student access to mental health services and supports. They shared that in considering equitable outcomes, the Evaluation should also examine equity within systems, recognizing how systems can perpetuate inequality downstream. The underlying focus on equity is woven throughout the Evaluation framework, design, instruments, and analytic approach.

Finally, due to the heterogeneity of BHSSA-funded activities and services, it became clear that the BHSSA Evaluation Framework would need a flexible approach for analyzing the relationship between each BHSSA-funded activity and service and all outputs and outcomes within the Framework. Thus, the Framework depicts expected outputs and outcomes associated with each category of BHSSA-funded activities and services but recognizes that, for many grantees, several of the depicted outcomes are distal and indirectly related to BHSSA-funded activities and services.

The BHSSA Evaluation Design

The BHSSA Evaluation Design underwent many revisions to reflect new information gathered from partners across the evaluation planning process. Insights from community engagement sessions focused on the Evaluation Design are highlighted below. Sections are organized by each component of the BHSSA Evaluation Plan followed by ongoing community engagement that spans all Evaluation components.

Component 1. Contextual Descriptive Analysis

Partners agreed that understanding and measuring variation in school mental health across different regions and populations is critical in a California statewide evaluation. As described above, they explained that because grantees were afforded flexibility in selecting and implementing school mental health activities and services, they tailored BHSSA-funded activities and services to meet the needs of their local communities.

During engagement sessions related to measures and metrics, partners agreed that while some school mental health data may be difficult to access, the BHSSA Evaluation needed to leverage quantitative data that paints a picture of the diverse California school mental health landscape. There was an interest in using quantitative data to better understand school climate, student mental health and wellbeing, and community factors to contextualize BHSSA implementation and impact.

In contrast, some partners cautioned against using quantitative data and methods within the evaluation, specifically when measuring the impact of the BHSSA. Partners shared that the school mental health funding landscape was so complex that using quantitative methods to disentangle the impact of BHSSA funds from the other funding sources braided and blended to support the same set of outcomes would be challenging and generate less meaningful and useful information.

In response, WestEd will conduct analyses using quantitative data on school climate and student mental health and wellbeing to describe the school mental health landscape, measuring variation across geographic regions and school- and community-level characteristics. These analyses will not attempt to isolate the unique effects of the BHSSA on student- and school-level outcomes. Instead, they will highlight the diverse needs and experiences of communities throughout the state, providing a rich and

nuanced view of the school mental health landscape in which the BHSSA was implemented. In addition, the quantitative descriptive analyses will be supplemented by qualitative case study data to capture the complex story of the BHSSA's implementation and impact.

Component 2. Process and Systems Change Analysis

As mentioned above, partners shared that they would like to use evaluation findings to learn about successes and challenges related to interagency collaboration, systems change, and the implementation of BHSSA-funded activities and services. Because there is significant variation in the local context, school mental health systems, and the use of BHSSA funds, partners indicated that it would be beneficial to see both statewide results and trends across schools and counties that are like their own.

Partners described the broader school mental health systems change process, particularly interagency partnerships, as important to unpack through the BHSSA Evaluation. They emphasized the importance of collecting data that would be used not only to satisfy reporting requirements but also to support continuous improvement efforts to strengthen their own school mental health systems.

At the same time, some partners were overwhelmed by the prospect of collecting and submitting large amounts of data for the BHSSA Evaluation. They were concerned that time-intensive data reporting would put additional strain on already overburdened teams.

To balance the interest in meaningful and useful systems change data with concerns about the investment of time required to satisfy BHSSA Evaluation reporting requirements, WestEd will collect targeted data that closely align with the BHSSA mechanisms of change. The BHSSA Evaluation will include a onetime online school mental health systems survey completed by grantee partnership teams and school mental health systems leaders at the district and school levels. WestEd will also facilitate sense making sessions with those who completed the survey and a broader group of partners to identify and share key insights, challenges, and actionable strategies for future school mental health systems change and sustainability efforts.

Component 3. Grantee Partnership Case Study

Grantees are proud of the work they do and want to demonstrate how LEAs and county behavioral health departments are "better together." A recurring theme throughout the listening sessions was that the BHSSA is unique because it incentivizes interagency partnerships, which has been an important part of strengthening the county-level system.

Partners expressed a desire to learn from the Evaluation about how interagency collaboration is being used to create sustainable and cohesive school mental health

systems that meet the diverse needs of school communities. Many partners expressed an interest in using evaluation findings to inform the ongoing improvement of school mental health system beyond the BHSSA grant period.

Responding to partner feedback, the BHSSA Evaluation will use a case study method with a subsample of grantees. The Grantee Partnership Case Study team will leverage individual data from the Contextual Descriptive and Process and Systems Change Analysis to further explore school mental health systems change. These case studies will focus on the county context, exploring the relationship between partnerships and the county-level system and examining how changes at this level support systems change at the district and school levels. WestEd will also consult with the CBH, BHSSA Technical Coaching Teams and Coordinator, and other partners to determine how the BHSSA Evaluation may inform or be used to support technical assistance and collaborative learning opportunities for grantees and other BHSSA partners beyond the scope of this evaluation.

Case studies at the county and school levels will employ a systematic approach to select a diverse case study sample to measure the mechanisms of change outlined in the BHSSA conceptual model. Aligned with the participatory evaluation approach, WestEd will ensure that the evaluation is strength-based and does not inadvertently perpetuate disparities in implementation by focusing on a biased sample. Case studies will provide opportunities for learning from counties and schools across various contexts, conditions, and stages of BHSSA implementation.

Component 4. Implementation and Impact School Case Study

Partners asserted that a meaningful and useful evaluation should include detailed information about why BHSSA-funded activities and services were selected, how they were designed to support local needs, what implementation facilitators and barriers were encountered, and what impact was achieved. As previously stated, each grant is tailored to the local context and is responsive to the dynamic needs of the local school mental and behavioral health system. In addition, as noted earlier, partners expressed an interest in understanding the school mental health system in which BHSSA-funded activities and services were implemented to assess the extent to which different approaches may apply in their school mental health systems.

Partners noted that there are limitations to how counties with vastly different communities can learn from one another. They shared that, at times, the most meaningful learning happens when they see how implementation occurs in schools and communities that share characteristics with their local context. Partners were interested in understanding contextual nuance and how insights gained from BHSSA implementation in similar settings can help them continue strengthening their school mental health practices and systems. They suggested that collecting detailed implementation data would facilitate meaningful collective learning for a wide range of

partners, particularly those implementing BHSSA-funded activities and services in schools.

Partners also emphasized the importance of incorporating qualitative data from both adults and students. They shared that a broader range of perspectives makes the implementation story more robust and comprehensive.

In response to partners' interest in better understanding the factors that improve school mental health systems, the BHSSA Evaluation will employ a case study method that attends to the local context. The methods used will be tailored to the local school environment to investigate the facilitators and barriers related to the implementation of BHSSA-funded activities and services within the school system. This methodology will allow WestEd to tell a more comprehensive story of BHSSA implementation and impact. Furthermore, interviews and focus groups with school staff, mental/behavioral health professionals, school-level BHSSA coordinators, and families/caregivers will provide a nuanced description of implementation and impact. The case studies will also include in-depth engagement with elementary, middle, and high school students to understand how the BHSSA and broader school mental health systems supported the mental health and wellbeing of young people of all ages in schools.

Youth Engagement

Partners emphasized the importance of centering the experiences of elementary-through high school–aged youth in the Evaluation. For example, YAG members shared many ways that young people can serve as evaluation partners, sharing power with adults and acting on the issues that most affect their lives.

Partners recommended the most effective ways to gather data from differently aged youth. They emphasized the importance of establishing trust, so young people feel comfortable sharing their experiences and perspectives. Partners also suggested that the Evaluation include data collected directly from young people when learning about how youth perceive the impact of their school's mental health system on students. Conversations with partners provided insights into using nontraditional data collection methods to access student experiential data more authentically.

Partners were also interested in having young people provide recommendations for school mental health systems change. Youth expressed a strong desire to communicate directly with school mental health system leaders about their perceptions and recommendations for mental health activities and services in their schools and communities.

Youth engagement and voice are critical elements of the BHSSA Evaluation, allowing youth to tell the story of how service delivery within school mental health systems affects their lives. The materials for the student focus groups and engagement

opportunities in elementary, middle, and high schools are shaped by young people's feedback and will be further tailored with input from students in participating case study schools. Responding to the call to elevate and center youth voice, the BHSSA Evaluation also includes an in-depth youth engagement component. WestEd will invite students from selected schools to participate in a series of conversations that culminate in a student panel. This panel will provide youth the opportunity to discuss school mental health with state and local leaders, allowing them to participate in the systems change process directly. Young people co-designed processes and protocols for youth engagement as part of the BHSSA Evaluation, and youth partners will collaborate with WestEd to co-facilitate youth engagement sessions.

Ongoing Community Engagement

Partners expressed interest in collaborating with WestEd to make sense of data throughout the Evaluation. Partners emphasized that they bring unique insights shaped by their lived experience and the school mental health systems in which they operate. For WestEd, collaborative sense making is key to ensuring that insights generated by the BHSSA Evaluation are valid, grounded in context, and reflect multiple perspectives.

Partners also expressed an interest in accessing BHSSA data to better understand their own school mental health systems change work and to consider opportunities for continuous improvement.

To honor partners' interest in long-term collaboration, the BHSSA Evaluation will continue engaging with partners, ensuring ongoing transparency and community collaboration. WestEd will engage with partners in a variety of ways throughout the Evaluation, including regular feedback sessions, a youth advisory group (YAG), and formal data sense making sessions.

Methodological and Design Constraints

In combination with the rest of California's significant investments in student mental health, the BHSSA aims to contribute to transformative change in school mental health systems. As such, the BHSSA statewide evaluation presents an exciting opportunity for innovation and learning about California's most promising approaches to interagency collaboration and school mental health system change. Nonetheless, methodological and design constraints are inherent in any evaluation plan. These are practical limitations, such as budget, time, and data availability, as well as conceptual challenges, such as defining appropriate measures or addressing contextual variability. In addition, ethical considerations, partner priorities, and the feasibility of applying specific methodologies have further influenced the BHSSA Evaluation Plan. Navigating these constraints has required balancing methodological rigor and pragmatic adaptation to ensure the Evaluation will remain credible, meaningful, and useful. Understanding and

addressing these inherent challenges has been essential in designing an evaluation that will yield meaningful insights given the limitations of the Evaluation.

As a systems change evaluations, the statewide BHSSA Evaluation presents a unique design challenge due to the complexity, dynamism, and interconnected nature of California's school mental health systems. Unlike evaluations of discrete programs or interventions, systems change efforts involve multiple actors, evolving goals, and interventions that interact with different elements within the system (Patton, 2015). Capturing the nonlinear and emergent nature of these changes will require flexible and adaptive methodologies, making traditional evaluation approaches less applicable to this Evaluation.

Further, attributing outcomes of specific BHSSA-funded activities and services is particularly challenging for a statewide systems change evaluation, as impacts result from the collective influence of multiple and constantly evolving factors (McGill et al., 2021). WestEd must also grapple with issues of scale, as changes at one level of the system likely influence others (e.g., county to district or school to district) in unpredictable ways. Addressing these challenges requires innovative evaluation strategies, which will accommodate the complexity and fluidity inherent in systems change. WestEd addresses these challenges by drawing upon participatory evaluation, developmental evaluation, systems thinking, and case-centered research designs.

School mental health systems change involves strategically leveraging, combining, and building on the strengths and resources unique to each school community. The extent to which California's individual statewide initiatives drive systems change, build upon other initiatives, and contribute to positive outcomes for students, families, and school communities has yet to be evaluated. There are several methodological constraints related to isolating the unique contribution of each initiative because of the overlapping nature of these initiatives. When funding streams and their associated initiatives are braided and blended, the distinct purposes, reporting requirements, and outcomes associated with each stream become obscured, making it challenging to attribute results to any single source, particularly when resources are used to address multiple, overlapping objectives. While not without its own limitations, WestEd's methodological approach attempts to capture these complexities by drawing on historical BHSSA reporting data and collecting in-depth qualitative data through sense making and a case-centered research design.

The BHSSA supports a heterogeneous set of interventions, introducing methodological challenges rooted in variability and complexity. Each BHSSA grantee has designed and implemented different activities and services to address student mental health needs and improve student wellbeing, which are unique to each community. The diversity of BHSSA-funded activities and services—each with distinct goals, target populations, implementation strategies, and expected outcomes—complicated the development of a

statewide evaluation design. As described in the community engagement insights section earlier, quantitative metrics may fail to capture the unique impacts of specific activities and services, while tailoring methods to each activity and service would be costly and dilute the comparability and coherence of findings. The BHSSA Evaluation Plan addresses these challenges using a mixed methods evaluation design that incorporates universal metrics for overarching school mental health systems change and tailored measures for specific BHSSA-funded activities and services to provide a holistic understanding of the BHSSA's statewide implementation and impact.

An additional challenge for this evaluation's design relates to the timeline of BHSSA implementation versus that of the BHSSA Evaluation. As previously noted, the statewide BHSSA Evaluation planning process occurred between June 2023 and December 2024. Meanwhile, BHSSA program implementation has been under way since the first phase of funding in 2020, and for some counties, funding ends as early as fall 2024. Therefore, the BHSSA Evaluation Plan accounts for varying start and end dates across the three phases of funding.

Table 4 reflects the program implementation timeline for each phase of BHSSA funding and the timeline for the evaluation planning and implementation periods.[4] This timeline presents constraints on the methods that can be used, particularly quantitative research methods that require a baseline for comparison over time. The timeline also presents constraints on sampling inclusion criteria, specifically for those grantees whose end dates occur before certain Evaluation activities begin.

Table 4. Grant Phases and Proposed Evaluation Timeline[5]

	2020	2021	2022	2023	2024	2025	2026	2027
Grant phase								
Phase 1	2020–2026							
Phase 2			2022–2026					
Phase 3				2023–2026				
Proposed evaluation timeline								
Planning				2023–2024				
Implementation						2025–2027		

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[4] All dates identified in this report are subject to change depending on WestEd's evaluation contract start date.

[5] Program end dates were summarized from a CBH file shared with WestEd on May 17, 2024. End dates are subject to change.

In addition, there is a lack of available data measuring each output and outcome specified in legislation. While secondary data sources may help provide context on proxy indicators of these outputs and outcomes, ultimately, they are incomplete.

Finally, there is concern about possible social desirability response bias in primary data collection from BHSSA grantees about BHSSA grantee partnerships and the implementation of BHSSA-funded activities and services. Social desirability bias (SDB) within this context refers to the tendency of individuals to present themselves in a favorable light, aligning their responses to perceived expectations of the funder or field rather than sharing information about implementation challenges or adverse reports of school mental health systems change (Grimm, 2010). SDB can occur for many reasons; for example, a respondent may underreport implementation barriers if they fear negative repercussions against themselves or their school, district, or county. SDB could have significant implications for the validity of data collected in this Evaluation without the appropriate safeguards.

WestEd will employ several strategies to mitigate SDB, including ensuring survey anonymity, conducting confidential interviews, maintaining confidentiality through reporting BHSSA findings at the state level, and creating a culture of trust and safety between the WestEd team and those who contribute their data via surveys or qualitative data collection processes (Paulhus, 1991; Podsakoff et al., 2003; Tourangeau and Yan, 2007).

The BHSSA Evaluation Framework

The BHSSA Evaluation Framework, the foundation of the statewide Evaluation, encompasses

- the BHSSA Conceptual Model, which illustrates the mechanisms of change underlying the intent and goals of the BHSSA and represents the relationships between elements;

- the BHSSA Logic Model, which depicts the relationships between inputs, activities, outputs, and outcomes of the BHSSA;

- evaluation questions that align with the Conceptual Model; and

- measurement models that operationalize each element within the Conceptual Model.

The BHSSA Evaluation Framework is informed by the findings from extensive engagement with a broad range of partners from across the state and a diverse body of literature.

The BHSSA Conceptual Model

The BHSSA Conceptual Model (Figure 2) illustrates the a priori, hypothesized mechanisms of change underlying the intent and goals of the BHSSA and represents the relationship between elements within the model. While acknowledging that additional elements and relationships might exist, this Conceptual Model provides the most direct and measurable framework to evaluate the implementation and impact of the BHSSA.

Figure 2. The BHSSA Conceptual Model
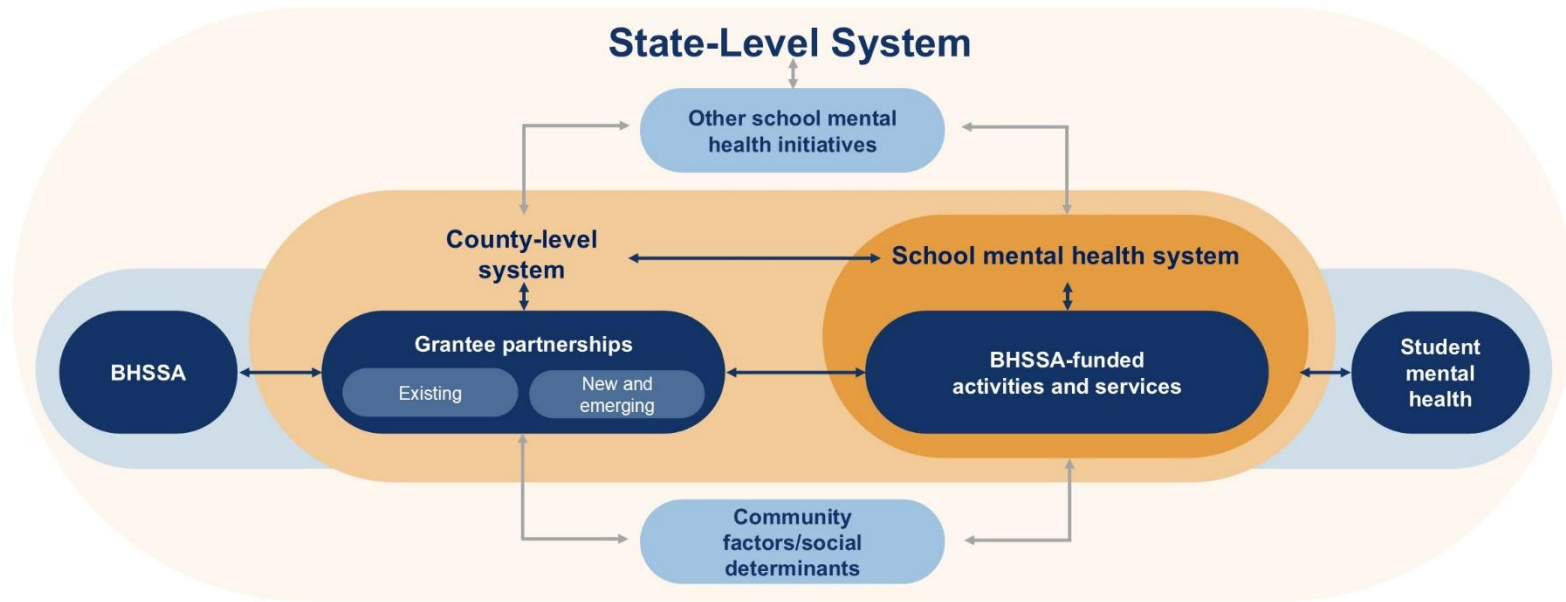
Note. Districts are represented both within grantee partnerships—as they collaborate with the county-level system—and within BHSSA-funded activities and services—as they provide leadership and support to school mental health systems.

This Evaluation does not attempt to isolate the unique effect on distal outcomes of the BHSSA. Instead, it focuses on two vital relationships: (a) BHSSA grantee partnerships and county-level systems and (b) BHSSA-funded activities and services and school mental health systems. The Evaluation Framework emphasizes the cumulative effect of school mental health systems change through BHSSA grantee partnerships and BHSSA-funded activities and services on schools and young people.

The Conceptual Model illustrates how the BHSSA supports establishing new and emerging partnerships, or leveraging existing partnerships, between county behavioral health departments and LEAs. These partnership teams design BHSSA-funded activities and services implemented within county, district, and/or school communities.

This model takes a complex systems approach, depicting the interrelated and interactive parts of school mental health systems at the state, county, and school levels. The Conceptual Model uses bidirectional arrows to illustrate the feedback loops that reflect the nonlinear nature of the BHSSA mechanisms of change (Mayne, 2023).

The model's logic posits that effective grantee partnerships facilitate transformational change toward one cohesive county-level system. Similarly, the model assumes that implementing BHSSA-funded activities and services impacts and is impacted by transformational change toward one cohesive school mental health system. The model also depicts the bidirectional relationship between the county-level and school-level mental health system such that change within one system can facilitate change within the other.

The Conceptual Model represents two key factors influencing the implementation and impact of the BHSSA: community factors and other school mental health initiatives. Counties, districts, and schools throughout California are layering, blending, and braiding funds to meet the distinct mental health needs of the young people within their communities. Each BHSSA grantee contributes to this effort by funding school mental health activities and services to improve the mental health of select school communities within their county and to improve student wellbeing. The BHSSA is one of several inputs within this complex and contextually unique system. Its impact may be diminished or amplified depending on the system's overall response to these many inputs (McGill et al., 2021).

In California's vast and diverse landscape, this Evaluation must consider the community context and the interplay between the BHSSA; other school mental health initiatives; and the federal, state, and local funding streams.

The BHSSA Logic Model

The BHSSA Logic Model (Figure 3) depicts the relationships between inputs, activities, outputs, and outcomes aligned with the Conceptual Model. The Logic Model also depicts contextual factors, community and social determinants, other school mental health initiatives, and youth-serving systems related to the BHSSA's implementation and impact.

Figure 3. The BHSSA Logic Model

Inputs
- BHSSA legislation (funding)
- State (Commission for Behavioral Health) and grantee leadership and expertise
- Existing and developing education and behavioral health partnerships

Activities
- Commission for Behavioral Health funds partnerships (grantees)
- Commission for Behavioral Health provides oversight, accountability, technical assistance, evaluation, and reports to the legislature
- Commission for Behavioral Health engages with community partners
- Grantee partners implement project plan and engage in program requirements

Outputs
- Grantee partnerships
- BHSSA-funded activities and services
- Recognition of mental health challenges
- Response to need for additional services
- Access to services for underserved populations
- Response to needs of all student subgroups
- Outreach and linkages to services
- Prevention of mental health challenges from becoming severe or disabling

Outcomes
- **BETTER** mental health and well-being
- **BETTER** school climate
- **BETTER** social–emotional learning skills
- **LESS** stigma and discrimination
- **LESS** prolonged suffering
- **LESS** suicide and attempted suicide
- **LESS** school failure or dropout

Contextual Factors
Community/Social Determinants, Other School Mental Health Initiatives, Youth-Serving Systems

Note. This content is accessible to users of assistive technology in Appendix D.

The BHSSA Logic Model identifies key inputs such as BHSSA legislation and funding, CBH and grantee leadership and expertise, and partnerships between education and behavioral health agencies. The activities that follow these inputs include the CBH funding grantee partnerships; providing ongoing oversight, accountability, technical assistance, and evaluation support; reporting to the Legislature; and facilitating engagement with community partners. Finally, activities include the implementation of project plans by grantee partners.

The outputs resulting from these activities are multifaceted: they include forming or strengthening grantee partnerships, whereby BHSSA partners collaboratively work with districts to support schools in implementing BHSSA-funded activities and services. Additional outputs, aligned with those in the Conceptual Model and Welfare and Institutions Code Section 5886(k), encompass recognition of mental health challenges, response to the need for additional services, access to services for underserved populations, response to the needs of all student subgroups, outreach and linkages to ongoing services, and prevention of mental health challenges from becoming severe or disabling.

The outcomes listed in the Logic Model include improving mental health and wellbeing, improving school climate, reducing stigma and discrimination around mental health challenges, reducing prolonged suffering, increasing social–emotional learning skills, reducing suicide and attempted suicide, and reducing school failure or dropout.

BHSSA Measurement Models and Evaluation Questions

The measurement models (Figures 4–8) operationalize the elements of the BHSSA Conceptual Model, outlining the theoretical underpinnings of each element and anchoring them within their respective bodies of research. At the end of each measurement model section are the evaluation questions aligned with the BHSSA Conceptual Model element, and together, these sections shape the BHSSA Evaluation Plan.

Equity-Centered School Mental Health Systems

The BHSSA Conceptual Model represents the interrelated mechanisms of the school mental health system. It shows the bidirectional relationships at the county, district, and school levels within the larger state context. Sustainable implementation of a school mental health system requires partnerships that facilitate alignment and coordination of the school mental health service delivery system across these levels. A school mental health system is a continuum of tiered interventions within an MTSS framework that creates conditions that equitably promote the mental health and wellbeing of everyone within a school community (Barrett et al., 2013; Hoover et al., 2019; United States

Department of Education, Office of Special Education and Rehabilitative Services, 2021; Weist et al., 2018). Figure 4 depicts the critical components of an equity-centered school mental health system, which include the following:

- leadership
- data systems and practices
- continuum of intervention
- implementation support
- youth and family engagement
- strategic communication
- funding and resources
- policies

While the county and school mental health systems each play a distinct but interconnected role in facilitating school mental health systems change, these critical components apply to all levels (county, district, school) of the school mental health system.

Figure 4. Measurement Model of Equity-Centered School Mental Health Systems

Equity-Centered School Mental Health System

| Leadership | Data systems and practices | Continuum of intervention | Implementation support |
| Youth and family engagement | Strategic communication | Funding and resources | Policies |
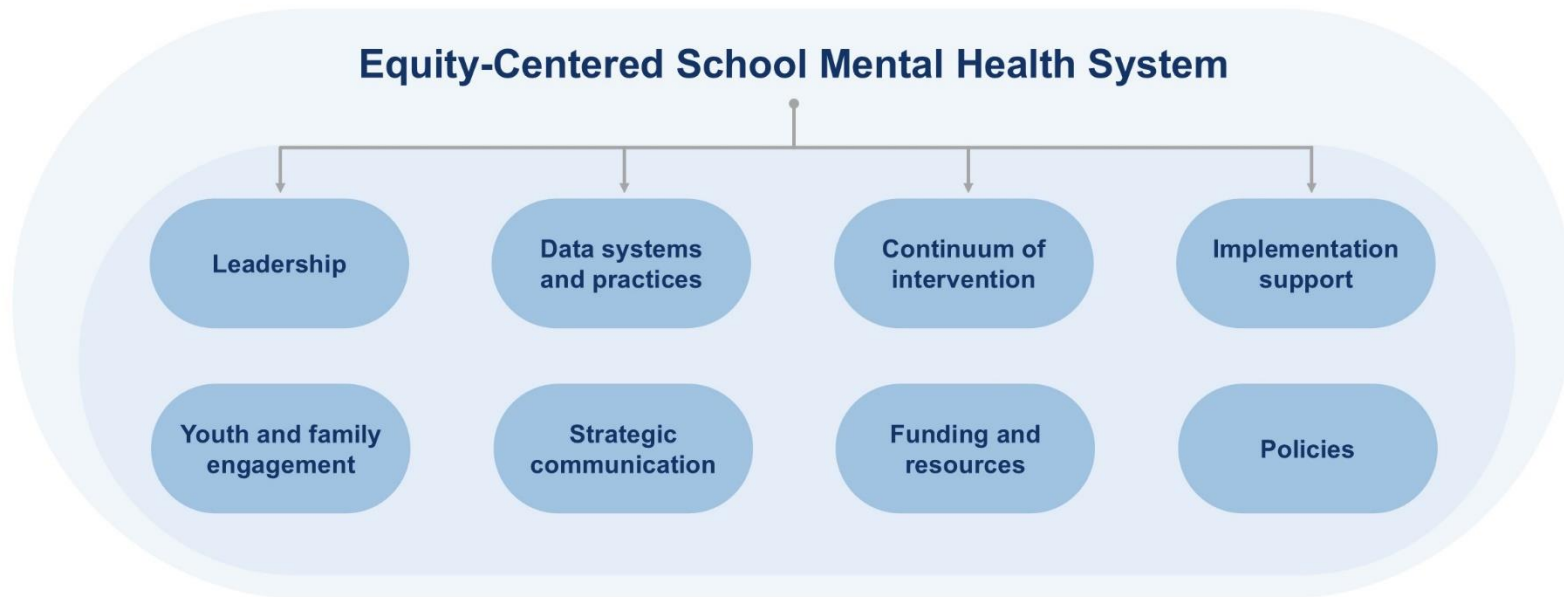
Equity-Centered School Mental Health System Evaluation Questions

- What were the facilitators and/or barriers related to the implementation of school mental health systems change at each level (county, district, school)?

- What was the relationship between BHSSA grantee partnerships and the county-level system?

- What was the relationship between BHSSA-funded activities and services and the school mental health system?

- What was the relationship between the county-level system, other community partners, and the school mental health system?

Grantee Partnerships

The vision guiding the BHSSA was to transform schools into centers of wellbeing that address students' unmet needs and improve their access to services. To that end, the BHSSA aims to foster stronger school–community mental health partnerships that can leverage resources to bolster student success. This goal is achieved by incentivizing counties and LEAs to establish partnerships that provide a comprehensive and integrated model of school mental health services.

School mental health systems bring together partners to align and coordinate supports and services (Barrett et al., 2017; Council of Chief State School Officers & National Center for School Mental Health, 2021), thus expanding access to services for young people and their families. While BHSSA partnerships range from existing to new and emerging, they are the proximal result of the BHSSA. They are integral to all subsequent BHSSA-funded activities and services implemented in schools and communities. Therefore, the BHSSA Evaluation focuses on measuring the strengthening or formation of partnerships. The specific roles and responsibilities of school and behavioral health partners will vary but are critical at all levels of the service delivery system (state, county, district, and school) to ensure the ongoing implementation of a culturally responsive and sustainable school mental health system (Bohnenkamp et al., 2023; Eber et al., 2019; Malone et al., 2022).

Figure 5 illustrates the BHSSA partnerships, encompassing both existing partnerships and those that are newly developed. People, teaming practices, and collaboration form the core components of each partnership. The people component involves the leadership team's composition, roles, and participation—essentially, the "who." The teaming practices and procedures of cross-agency leadership teams (e.g., operating procedures; data-based decision-making informed by school, community, and student data; referral pathway protocols; data sharing; meeting agendas and action plans) are essential for implementing an integrated school mental health system (Splett et al., 2017; Weist et al., 2017).

Finally, the collaboration component involves sharing knowledge and resources to accomplish more than either agency could do on its own (Mellin & Weist, 2011). It is characterized by newly defined relationships and roles, interdependence, and collective ownership and accountability and through shifting beliefs, establishing a shared understanding, and addressing power disparities (Bronstein, 2003; Mellin & Weist, 2011; Splett et al., 2017).

Figure 5. Measurement Model of Grantee Partnerships
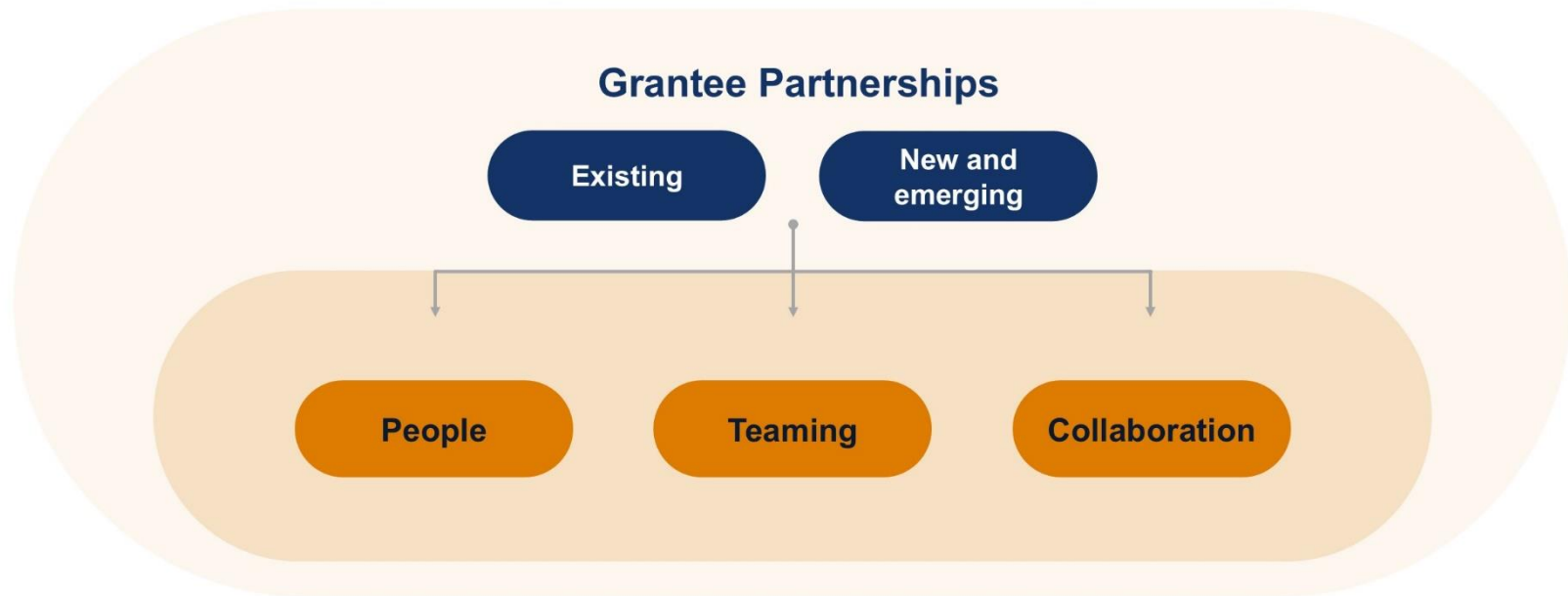
Grantee Partnership Evaluation Questions

- Who was involved in the BHSSA-funded grantee partnerships?
- What were the facilitators and/or barriers related to the grantee partnership?

BHSSA-Funded Activities and Services

The groupings of BHSSA-funded activities and services are derived from a comprehensive review of all documents from grantees and the CBH, the Grant Summaries Review, and feedback collected from community engagement activities. As detailed previously, these activities and services have been organized into four main categories: implementation support, Tier I, Tier II, and Tier III as depicted in Figure 6. It is important to note that grantees often implement BHSSA-funded activities and services across multiple categories. Thus, BHSSA-funded activities and services will be reflected in nuanced classifications within the Evaluation's analysis and reporting.

As stated, BHSSA-funded activities and services occur within a broader mental health landscape of state, county, and school levels. As such, other school mental health initiatives and their associated funding streams may have impacted the selection and implementation of BHSSA-funded activities and services. The relationship between BHSSA-funded activities and services and other school mental health initiatives is bidirectional. BHSSA-funded activities and services can also influence how schools, districts, or counties implement other mental health initiatives.

Figure 6. Measurement Model of BHSSA-Funded Activities and Services
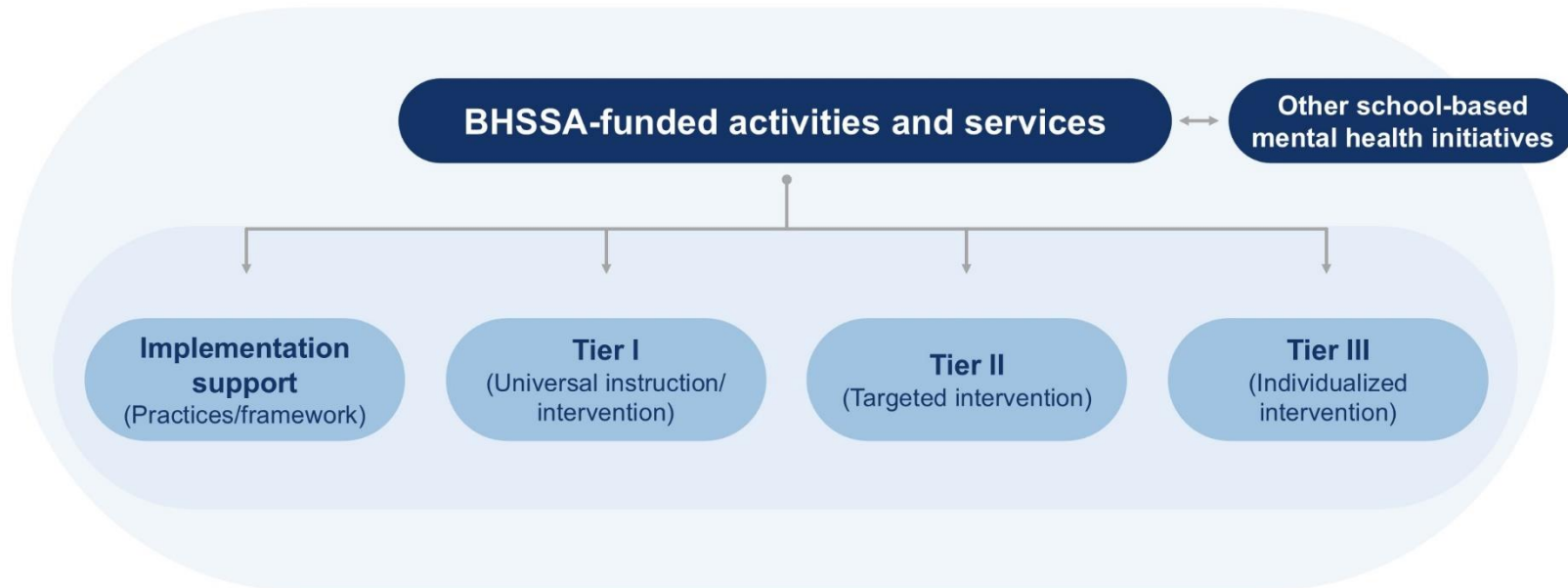
BHSSA-Funded Activities and Services Evaluation Questions

- What is the relationship between the BHSSA grantee partnerships and BHSSA-funded activities and services?
- What activities and services were implemented using BHSSA funding?
- How were BHSSA-funded activities and services selected, designed, and implemented to close the equity gap?
- What were the facilitators and/or barriers to implementing BHSSA-funded activities and services?

Meaningful and Equitable Outputs and Outcomes

The statewide BHSSA Evaluation Plan provides an a priori theoretical map of how this initiative positively impacts school mental health systems change and students. Within the plan, the focus is on meaningful outputs and outcomes that facilitate learning and continuous improvement and that center equity and aim to close the equity gap.

As previously described, the outputs and outcomes listed in Figure 7 were identified through an iterative process originating from the outcomes specified in Welfare and Institutions Code Section 5886(k). Partners contributed to refining these initial outcomes, aiding the WestEd team in broadening our conceptualization of impact. This iterative process led WestEd to reimagine how outputs and outcomes relate to the broader model and are incorporated into the BHSSA Evaluation Framework.

Outputs are defined as changes resulting from BHSSA activities relevant to achieving outcomes. In the BHSSA Conceptual Model, these outputs are measured as part of the school mental health systems change construct. Outputs include the following:

- preventing mental health challenges from becoming severe or disabling
- responding to need for additional services
- responding to the needs of all student subgroups
- recognizing early signs of mental health challenges
- improving timely access to services for underserved populations
- providing outreach and linkages to services

Outcomes include the following:

- increasing social–emotional learning skills
- reducing school failure or dropout
- promoting mental health and wellbeing
- reducing stigma and discrimination
- reducing suicide and attempted suicide
- reducing prolonged suffering
- improving school climate

Figure 7. Measurement Model of the Meaningful and Equitable Outputs and Outcomes of the BHSSA

Outputs

- Preventing mental health challenges from becoming severe or disabling
- Responding to need for additional services
- Responding to the needs of all student subgroups
- Recognizing early signs of mental health challenges
- Improving timely access to services for underserved population
- Providing outreach and linkages to services

Outcomes

- Increasing social–emotional learning skills
- Reducing school failure or dropout
- Promoting mental health and wellbeing
- Reducing stigma and discrimination
- Reducing suicide and attempted suicide
- Reducing prolonged suffering
- Improving school climate

Meaningful and Equitable Outputs and Outcomes Evaluation Question

- How did improvements in the school-level mental health system support students' mental health needs, and for whom?

Community Factors

Community factors are integral to child and youth development, impacting achievement, health, and wellbeing (Bronfenbrenner, 1979; Center for Health and Health Care in Schools [CHHCS] et al., 2020). A common method of conceptualizing community factors is viewing them as social influencers. Social influencers of health and education refer to the characteristics of young people's local environment that affect a broad range of health, wellbeing, and learning outcomes (Braveman & Gottlieb, 2014; CHHCS et al., 2020, 2021). This includes, for example, access to safe and stable housing, food security, neighborhood social connectedness, access to important resources, and language barriers. Each identified community factor can be a source of strength (e.g., strong public transportation options that make access to services possible) or a barrier (e.g., lack of public transportation that prevents access to services). As depicted in Figure 8, the BHSSA Evaluation will account for social influencers, for which there is tremendous variability across the state. Community factors include the following:

- housing
- food
- technology
- language/culture
- transportation
- social connectedness
- diversity
- safety
- resources
- religion/spirituality
- racism
- inclusiveness

Figure 8. Measurement Model of Community Factors

Community Factors

| Housing | Food | Technology | Language/ culture | Transportation | Social connectedness |
| Diversity | Safety | Resources | Religion/ spirituality | Racism | Inclusiveness |
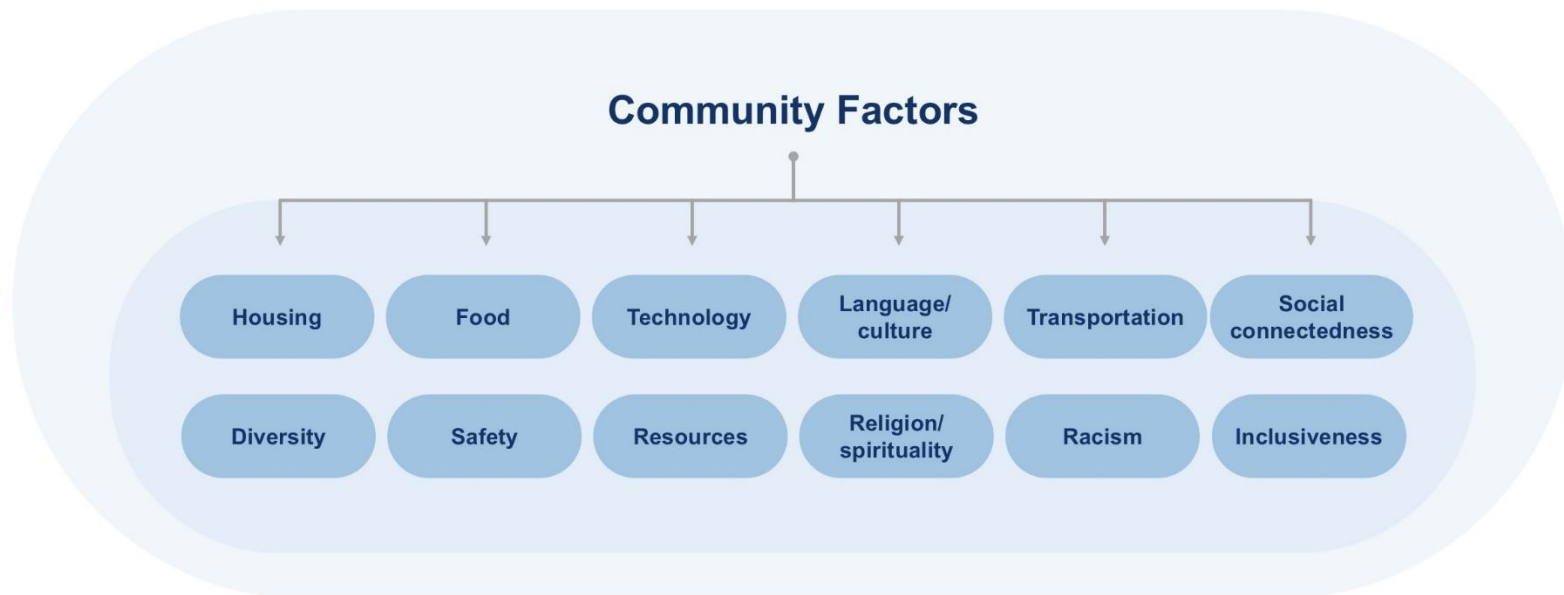
Community Factors Evaluation Questions

- What were the mental health strengths and needs of young people and their school communities?
- How did community factors relate to school mental health?

Other School Mental Health Initiatives

This Evaluation examines the implementation and impact of the BHSSA within the broader school mental health landscape, particularly focusing on how counties and schools access/leverage funding streams to support school mental health systems change. Fiscal sustainability is an area of great interest among BHSSA partners. The Evaluation will explore how county- and school-level decision-makers have utilized other school mental health funds to sustain the work of the BHSSA. It will also investigate the relationship of the BHSSA with other program-funded services and activities, exploring their cumulative impact on school mental health systems at the county, district, and school levels.

Other School Mental Health Initiatives Evaluation Question

- How did other school mental health initiatives serve as facilitators and/or barriers to sustainable school mental health systems change?

BHSSA Evaluation Plan

The purpose of an evaluation plan is to outline how data will be collected and analyzed to answer key evaluation questions (Brinkerhoff et al., 1983). It ensures that the evaluation is methodologically sound, allows for credible and reliable results, and enhances the transparency and accountability of the evaluation process. The community engagement, methodological and analytic approach, and dissemination strategy for the four evaluation components are detailed within this BHSSA Evaluation Plan.

Evaluation Questions

The BHSSA Evaluation has been designed to answer 14 evaluation questions. Table 5 provides an overview of the evaluation questions and how they align with the elements of the BHSSA Evaluation Framework. In addition, the table indicates which BHSSA Evaluation components will answer each evaluation question and shows the associated data sources.

Table 5. BHSSA Framework Element, Evaluation Questions, Evaluation Component, and Associated Data Source

Framework element	Evaluation question	Evaluation component	Data source
Grantee partnership	1. Who was involved in the BHSSA-funded grantee partnerships?	• Process and Systems Change Analysis • County Case Study	Grant monitoring data, Grantee Partnership Planning Process (G3P)
	2. What were the facilitators and/or barriers related to the grantee partnership?	• Process and Systems Change Analysis • County Case Study	School Mental Health Systems Survey (SMHSS), grant monitoring data, BHSSA Data Sense Making, G3P
County-level system and school mental health system	3. What were the facilitators and/or barriers related to the implementation of school mental health systems change at each level (county, district, school)?	• Process and Systems Change Analysis • County Case Study • School Case Study	SMHSS, BHSSA Data Sense Making, G3P, BHSSA Implementation Liaison Interview
	4. What was the relationship between BHSSA grantee partnerships and the county-level system?	• Process and Systems Change Analysis • County Case Study • School Case Study	SMHSS, G3P, BHSSA Implementation Liaison Interview

Framework element	Evaluation question	Evaluation component	Data source
	5. What was the relationship between BHSSA-funded activities and services and the school mental health system?	• School Case Study	BHSSA Implementation Liaison Interview, School Staff Focus Group (FG), School Mental Health Staff FG
	6. What was the relationship between the county-level system, other community partners, and the school mental health system?	• County Case Study • School Case Study	G3P, BHSSA Implementation Liaison Interview
BHSSA-funded activities and services	7. What is the relationship between the BHSSA grantee partnerships and BHSSA-funded activities and services?	• County Case Study • School Case Study	G3P, BHSSA Implementation Liaison Interview
	8. What activities and services were implemented using BHSSA funding?	• Process and Systems Change Analysis • County Case Study • School Case Study	Grant monitoring data, G3P, BHSSA Implementation Liaison Interview
	9. How were BHSSA-funded activities and services selected, designed, and implemented to close the equity gap?	• County Case Study • School Case Study	G3P, BHSSA Implementation Liaison Interview, School Staff, School Mental and Behavioral Health Professional FG

Framework element	Evaluation question	Evaluation component	Data source
	10. What were the facilitators and/or barriers to implementing BHSSA-funded activities and services?	• Process and Systems Change Analysis • County Case Study • School Case Study	Grant monitoring data, BHSSA Data Sense Making, G3P, BHSSA Implementation Liaison Interview, School Staff, School Mental and Behavioral Health Professional FG
Community factors	11. What were the mental health strengths and needs of young people and their school communities?	• Contextual Descriptive Analysis • County Case Study • School Case Study	California Healthy Kids Survey (CHKS), California Longitudinal Pupil Achievement Data System (CALPADS), U.S. Census, the California Open Data Portal, KidsData.org, the California Overdose Surveillance Dashboard, the California Health and Human Services data set on health professional shortage areas in California, the California Health Interview Survey (CHIS), the National Center for Health Statistics Mortality Data, G3P, School Staff, School Mental and Behavioral Health Professional FG, Student FG, Parent FG

Framework element	Evaluation question	Evaluation component	Data source
	12. How did community factors relate to school mental health?	• Contextual Descriptive Analysis • Process and Systems Change Analysis • County Case Study • School Case Study	CHKS, CALPADS, U.S. Census, the California Open Data Portal, KidsData.org, the California Overdose Surveillance Dashboard, the California Health and Human Services data set on health professional shortage areas in California, CHIS, the National Center for Health Statistics Mortality Data, BHSSA Data Sense Making, G3P, School Staff, School Mental and Behavioral Health Professional FG, Student FG, Parent FG
Other school mental health initiatives	13. How did other school mental health initiatives serve as facilitators and/or barriers to sustainable school mental health systems change?	• County Case Study • School Case Study	G3P, BHSSA Implementation Liaison Interview, School Staff, School Mental and Behavioral Health Professional FG
Student mental health	14. How did improvements in the school-level mental health system support students' mental health needs, and for whom?	• County Case Study • School Case Study	G3P, School Mental and Behavioral Health Professional FG, Student FG, Parent FG

Evaluation Design

The design of the Evaluation includes activities related to community engagement and dissemination and strategic communication that apply to all components of the BHSSA Evaluation, as well as detailed descriptions of the four BHSSA Evaluation components:

1. Contextual Descriptive Analysis

2. Process and Systems Change Analysis

3. Grantee Partnership Case Study

4. Implementation and Impact School Case Study

This section begins with community engagement, followed by the four BHSSA Evaluation components, and concludes with dissemination and strategic communication. Relevant instruments and protocols referenced throughout the report are available upon request.

Community Engagement

Brief Summary

WestEd will implement ongoing community engagement with a broad group of partners throughout the BHSSA Evaluation (see the Evaluation Timeline). The engagement strategy will build on WestEd's previous community engagement efforts to foster youth empowerment, youth-facilitated data collection, and ongoing partner collaboration. The BHSSA Evaluation will also incorporate sense making, which will serve as a critical tool to ensure that all data collected through the Evaluation is co-interpreted by partner groups. Sense making is a process where people collectively interpret information to develop a shared understanding, transforming data into meaningful insights and actionable knowledge (INTRAC, 2017). These sessions will bring together partners to discuss emerging evaluation findings, deepen the collective understanding of the results, and refine WestEd's initial interpretation based on community perspectives and input.

Sense Making

The WestEd team will facilitate sense making sessions with partner groups (see Table 6) to help the WestEd team interpret findings from the contextual descriptive, SMHSS, and grant monitoring analyses. The Contextual Descriptive Analysis and collection of survey data is scheduled to occur at the beginning of the Evaluation to allow for these data sources to be incorporated into structured sense making sessions that support evaluation activities that occur later in the Evaluation.

Sense making sessions with all partners will be recorded, transcribed, and incorporated into appropriate BHSSA Evaluation products and the final Evaluation Report. Grantee sense making sessions will be a critical data collection activity involving a series of in-depth protocols that align with the evaluation questions indicated in Table 5. The grantee sense making sessions will lead to a deeper and more collective understanding of the quantitative findings from this Evaluation related to school mental health systems change, BHSSA grantee partnerships, and the implementation and impact of BHSSA-funded activities and services.

Table 6. Sense Making Participants and Data Sources

Participants	Data
CBH staff **Grantees** **Mental and behavioral health professionals** **School and district administrators** **School staff** **Community-based organization staff** **Families/caregivers** **Elementary-, middle-, and high school–aged youth** **Others as applicable (e.g., state agencies, external evaluators, technical assistance providers, etc.)**	Findings from the Contextual Descriptive Analysis[6] SMHSS Grant monitoring data

In these sense making sessions, data will be presented using multiple modalities, illustrating statewide trends by county, district, and school contextual factors. Sense making sessions will be recorded, transcribed, and analyzed using thematic analysis conducted using coding software (Dedoose). The thematic analysis involves a six-step process: familiarizing by reading and reviewing the text (often multiple times); coding the data based on recurring or prominent points; creating themes based on the codes; reviewing the themes; defining and labeling the themes; and finally, writing the findings (Caulfield, 2023; Naeem et al., 2023). The results of sense making thematic analyses will be shared with participants for validation before they are incorporated into BHSSA Evaluation quarterly products or final Evaluation Report.

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[6] See Contextual Descriptive Analysis section for a complete list of data sources.

Youth Advisory Group

A key component of the BHSSA Evaluation community engagement strategy will build on the YAG that participated in BHSSA Evaluation planning from February 2024 through December 2024. The YAG will be a key advisory body for the Evaluation, empowering youth members to offer insights and feedback on evaluation activities and findings (Costa & Kallick, 1993). As described below, four selected YAG members will be trained as youth data collectors, facilitating youth engagement and co-designing evaluation activities.

The YAG will consist of 10–15 diverse youth members aged 14–20 who will participate in various activities to promote youth-centered and culturally responsive evaluation practices. The YAG may also support the development of outward-facing products that describe youth experience with the Evaluation for dissemination to key partners and the public. Two WestEd staff will plan and facilitate YAG sessions, and meetings will be held quarterly on Zoom, each lasting 1.5 to 2 hours, with up to 1 hour of asynchronous work between sessions. Members will receive honorarium payments of $100 in the form of a gift card for completing prework and attending each meeting. YAG members may be invited to complete ad hoc tasks, compensated at $50 per 90 minutes.

Youth Data Collectors

WestEd will equip four youth data collectors to participate in data collection and co-design processes as part of the Evaluation. Partnering with youth data collectors involves sharing power and enabling youth to make meaningful contributions to the BHSSA Evaluation.

Youth data collectors will be trained to co-facilitate virtual data collection activities. This will support their personal growth and professional development and improve their research and evaluation skills. Youth data collectors will convene up to eight times for training and debriefing sessions. The Impact and Implementation School Case Study plan describes the youth data collectors' roles and responsibilities.

Recruitment and Selection of Youth Advisory Group Members and Youth Data Collectors

Current YAG members will be invited to continue serving as members, and WestEd will recruit new YAG members to ensure a diverse and engaged group across the evaluation period. To recruit additional members, WestEd will distribute a flyer describing the YAG's role to BHSSA partners. WestEd will emphasize the importance of including diverse youth perspectives in outreach communications and outline YAG roles, responsibilities, and incentives. WestEd will also share the flyer with community-based organizations, such as local nonprofits and advocacy groups, to reach underrepresented youth.

Interested candidates will be asked to complete an application form, which is available through a link on the recruitment flyer. The application will collect demographic information, interest in mental health advocacy, and availability for scheduled meetings.

WestEd staff will review YAG applications using a standardized process to ensure consistency and fairness. The WestEd evaluation team will collectively assess each application, considering factors such as the applicant's identity, interest in mental health advocacy, meeting availability, past engagement in the YAG, and leadership potential. The final selection will ensure that the YAG comprises members with a wide range of perspectives and backgrounds. WestEd will obtain parental consent for participants under 18 years old. Additionally, youth participants must provide verbal assent when they agree to participate in the YAG.

Youth data collectors will be selected from a subgroup of the YAG. YAG members will learn about this opportunity and indicate through a survey whether they have interest in becoming data collectors. WestEd will select the data collectors based on interest, the groups' diversity, and availability for a minimum of 1 year. WestEd will provide age-appropriate training on research methods, co-facilitation, data analysis, and presentation skills to onboard data collectors.

Oversight and Collaboration

WestEd recognizes the unique and shifting contexts at the local and state levels in which the BHSSA Evaluation is being implemented. Consultation with partners will support WestEd's ability to adapt evaluation approaches, when necessary, to ensure the Evaluation remains comprehensive, relevant, and responsive to the needs of different communities (Sabet et al., 2024). Ensuring that evaluation processes are culturally responsive and aligned with community values not only improves transparency and fosters trust but also improves the validity and utility of the evaluation. Ultimately, this community oversight will contribute to more meaningful and actionable findings of the BHSSA Evaluation.

Partners will be invited to engage in various activities, including information sharing, feedback sessions, and the co-design of products and presentations. Each level of collaboration is critical in ensuring the statewide BHSSA Evaluation is guided by community voice and communicated to partners transparently. WestEd will build on the relationships established during planning, inviting those partners who have expressed an interest in ongoing collaboration. WestEd will recruit beyond established groups to ensure broad representation at community engagement sessions across the evaluation period.

Reporting

WestEd will summarize community engagement activities by generating brief summaries of each session. After each session, the summary will be shared with participants for any additional feedback. Community engagement insights will be shared with the entire WestEd team to ensure that data collection, analysis, and interpretation of findings integrate partners' perspectives and insights.

Evaluation Participant Protections

Several safeguards are in place to protect the health and wellbeing of BHSSA Evaluation participants, including those participating in community engagement sessions and case studies. Before data collection begins, WestEd will get Institutional Research Board (IRB) approval from WestEd's Office of Research Integrity. Further, WestEd adheres to strict data management and protection practices that will be applied to this project. Data security agreements will be secured for school case studies. Finally, research protocols and staff training include trauma-informed approaches to facilitating data collection. Additional details are in the Implementation and Impact School Case Study section.

Component 1: Contextual Descriptive Analysis

Brief Summary

WestEd will use descriptive statistics and multilevel latent factor modeling to describe the current state of the mental health and wellbeing of students in California. Additionally, WestEd will explore school, district, and community characteristics related to students' mental health and wellbeing to better understand the differential experiences of students and schools by contextual factors at the county and school levels.

WestEd assessed secondary data sources to leverage in these analyses by determining item alignment with the BHSSA Evaluation Framework. As previously stated, while the BHSSA has been an important driver of school mental health systems change, it is one of many investments in school mental health systems within a larger state and federal funding landscape. Due to the complex nature of systems change within this braided funding scenario, the Evaluation will not attempt to isolate the unique effect on outputs and outcomes of the BHSSA. Rather, WestEd will analyze secondary data aligned with these outputs and outcomes to offer context on the school mental health landscape statewide, within counties, and schools.

Sample

Descriptive analyses will leverage data from all schools statewide from the CALPADS. In addition, the survey will incorporate CHKS data from all schools that administered the student, parent,[7] or staff survey in the 2022–23 and/or 2023–24 school year. The CHKS Student Survey can be completed by students aged 10 and above (5th grade), and the CHKS Parent Survey can be completed by parents of younger elementary school-aged students (transitional kindergarten and above) to ensure that data from all elementary school grades are included in the analysis. The questions in the Parent Survey are aligned with both the Staff and Student surveys, so information obtained across surveys can be compared. The sample includes schools administering one or more surveys in all 57 BHSSA-funded counties in California, reflecting 686 districts and 5,253 schools statewide.[8]

There are some notable differences between elementary schools that completed the CHKS student survey in 2022–23 and/or 2023–24 compared to those that did not. Elementary schools that completed the CHKS student survey in 2022–23 and/or 2023–24 were, on average, more suburban (54%) than noncompleters (37%) and less urban (30%) than noncompleters (43%). Elementary school completers and noncompleters looked similar across all other school-level demographic characteristics included in this analysis (see Table 7).[9]

A higher percentage of secondary schools that completed the CHKS student survey in 2022–23 and/or 2023–24 were regular schools (81%) compared to noncompleters (67%), and a lower percentage of secondary completers were alternative education schools (18%) compared to noncompleters (28%). In addition, secondary school completers were more suburban (46%) than noncompleters (36%). Secondary school completers also had, on average, higher enrollment (878 students) than noncompleters (730 students). Secondary school completers and noncompleters looked similar across all other school-level demographic characteristics included in this analysis (see Table 8).

Elementary and secondary schools that administered the CHKS staff survey in 2022–23 and/or 2023–24 had, on average, higher enrollment (604 students) than noncompleters (564 students) but looked very similar across all other school-level demographic characteristics included in this analysis (see Table 9).

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[7] WestEd could not access individual district or school-level administration data for CHKS Parent Survey Data prior to report submission. Aggregate data show that 347 districts and 2,659 schools administered the CHKS Parent Survey in the 2022–23 and/or 2023–24 school year.

[8] Tables 7–9 only include data for schools reflected in the National Center for Education Statistics (NCES) data set and do not include all schools that administered one or more CHKS survey in 2022–23 and/or 2023–24.

[9] Demographic data were pulled from the NCES, Elementary/Secondary Information System (ElSi).

Table 7. Demographic Characteristics of Elementary Schools That Completed the CHKS Survey in 2022–23 and/or 2023–24 Compared to Noncompleters

Characteristic	Noncompleters (n = 3,901)[10]	Completers (n = 1,666)
School type		
Regular school	3,786 (97%)	1,649 (99%)
Special education school	19 (0.5%)	1 (<0.1%)
Alternative education school	96 (2.5%)	16 (1.0%)
Locale		
Urban	1,683 (43%)	505 (30%)
Suburban	1,456 (37%)	901 (54%)
Town	247 (6.3%)	107 (6.4%)
Rural	508 (13%)	153 (9.2%)
Total students	457.62	496.82
% Female	48.48	48.64
% Male	51.58	51.34
% Nonbinary	0.33	0.30
% American Indian or Alaska Native	1.35	1.02
% Asian	10.24	11.32
% Black or African American	5.58	3.98
% Filipino	2.44	2.76
% Hispanic or Latino	55.55	55.05
% Native Hawaiian or Pacific Islander	0.76	0.72

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[10] This table only includes data for schools reflected in the NCES data set. Variables with small cell sizes are suppressed, and no charter school data are reflected in the CHKS demographic tables.

Characteristic	Noncompleters (*n* = 3,901)[10]	Completers (*n* = 1,666)
% Two or more races	5.46	5.76
% White	21.78	21.33
% English Learners	23.63	25.65
% Foster youth	0.93	0.76
% Homeless	4.61	5.23
% Migrant	2.92	3.41
% Socioeconomically disadvantaged	64.52	62.49
% Students with disabilities	14.22	14.18

Table 8. Demographic Characteristics of Secondary Schools That Completed the CHKS Survey in 2022–23 and/or 2023–24 Compared to Noncompleters

Characteristic	Noncompleters (*n* =1,916)	Completers (*n* =1,307)
School type		
Regular school	1,293 (67%)	1,065 (81%)
Special education school	38 (2.0%)	2 (0.2%)
Career and Technical School	57 (3.0%)	0 (0%)
Alternative education school	528 (28%)	240 (18%)
Locale		
Urban	743 (39%)	395 (30%)
Suburban	693 (36%)	606 (46%)
Town	214 (11%)	165 (13%)
Rural	254 (13%)	141 (11%)
Total students	730.05	877.75

Characteristic	Noncompleters (*n* =1,916)	Completers (*n* =1,307)
% Female	46.57	47.27
% Male	54.22	52.67
% Nonbinary	0.72	0.47
% American Indian or Alaska Native	1.89	1.43
% Asian	8.77	9.25
% Black or African American	6.57	4.80
% Filipino	2.52	2.69
% Hispanic or Latino	60.62	54.09
% Native Hawaiian or Pacific Islander	0.71	0.68
% Two or more races	4.51	4.86
% White	20.63	25.02
% English Learners	16.47	15.52
% Foster youth	1.45	1.05
% Homeless	5.16	4.76
% Migrant	2.33	3.10
% Socioeconomically disadvantaged	69.32	64.05
% Students with disabilities	17.13	14.75

Table 9. Demographic Characteristics of Elementary and Secondary Schools That Completed the CHKS Survey in 2022–23 and/or 2023–24 Compared to Noncompleters

Characteristic	Noncompleters (*n* = 7,195)[11]	Completers (*n* = 2,123)
School type		
Regular school	6,110 (85%)	1,916 (90%)
Special education school	139 (1.9%)	13 (0.6%)
Career and technical school	60 (0.8%)	0 (0%)
Alternative education school	886 (12%)	194 (9.1%)
School Level		
Adult education	2 (<0.1%)	0 (0%)
Elementary	4,294 (60%)	1,273 (60%)
High	1,490 (21%)	447 (21%)
Middle	941 (13%)	338 (16%)
Not applicable	1 (<0.1%)	0 (0%)
Not reported	170 (2.4%)	5 (0.2%)
Other	290 (4.0%)	60 (2.8%)
Secondary	7 (<0.1%)	0 (0%)
Locale		
Urban	2,833 (40%)	660 (31%)
Suburban	2,867 (40%)	978 (46%)
Town	580 (8.1%)	238 (11%)
Rural	873 (12%)	246 (12%)

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[11] The sample size reflected in this table does not reflect the sum of the previous two tables, as it includes schools listed under multiple school types and school levels that are not reflected in the elementary or secondary tables above.

Characteristic	Noncompleters (*n* = 7,195)[11]	Completers (*n* = 2,123)
Total students	563.84	603.68
% Female	47.92	48.06
% Male	52.30	51.94
% Nonbinary	0.60	0.47
% American Indian or Alaska Native	1.49	1.40
% Asian	9.83	8.43
% Black or African American	5.96	5.18
% Filipino	2.42	2.76
% Hispanic or Latino	56.35	56.32
% Native Hawaiian or Pacific Islander	0.73	0.76
% Two or more races	5.23	5.45
% White	22.14	22.73
% English Learners	20.64	21.80
% Foster youth	1.15	0.91
% Homeless	4.62	5.38
% Migrant	2.70	3.33
% Socioeconomically disadvantaged	65.58	64.85
% Students with disabilities	15.72	15.01

Measures

Student Mental Health and Wellbeing

WestEd will use mental health and wellbeing subscale scores from the CHKS and student attendance and disciplinary exclusion data, such as suspensions and expulsions, from the CALPADS. The analysis will be conducted at the school level for several reasons: (a) all school-level data are publicly available, (b) the large sample of schools using the CHKS provides ample statistical power, and (c) student-level data is

not required to describe state- and community-level mental health status and moderators of that status.

The CHKS is a validated annual, state-subsidized assessment for students aged 10 (i.e., 5th grade) and older facilitated by the California Department of Education (CDE). The Core module includes questions on school climate, social–emotional and physical health, behavioral health and substance use, and other risk behaviors, with versions tailored to elementary, middle, and high school. It also includes a staff survey.

Most item responses for the elementary survey used a 4-point scale (i.e., *no, never*; *yes, some of the time*; *yes, most of the time*; *yes, all of the time*). The middle school, high school, and staff surveys used a variety of response scales, including estimated frequencies (e.g., zero times up to four or more times) and agreement (e.g., *strongly disagree* through *strongly agree* and *not at all true* through *very much true*). Due to the variation across surveys, data from each survey will not be aggregated, and results will be presented by survey type.

The CALPADS is a longitudinal data system used in California to maintain individual-level data, including student demographics, course data, discipline, assessments, staff assignments, and other data for state and federal reporting. To comply with federal law as delineated in the Every Student Succeeds Act (ESSA) of 2001 (20 U.S.C. Sec. 6301 et seq.), California Education Code Section 60900 requires LEAs to use unique pupil identification numbers (Statewide Student Identifiers, or SSIDs) for students enrolled in California public K–12 LEAs and to retain all data required by ESSA, including but not limited to, data needed to calculate enrollment and dropout and graduation rates.

School, District, and Community Characteristics
This analysis will include CALPADS school-level demographic and student academic outcome data and school, district, and community data from several publicly available sources related to students' mental health and wellbeing.

Additional data measuring school, district, and community characteristics related to students' mental health and wellbeing will come from the U.S. Census, the California Open Data Portal, KidsData.org, the California Overdose Surveillance Dashboard, the California Health and Human Services data set on health professional shortage areas in California, the CHIS, the National Center for Health Statistics Mortality Data, and the CHKS.

Several surveys are used to gather data for the U.S. Census. The Decennial Census is a survey sent to all U.S. addresses every 10 years to provide an official count of population demographics. The American Community Survey is an annual survey distributed to a sample of U.S. addresses, focusing on specific topics such as jobs, education, internet access, and transportation.

The California Open Data Portal is a housing-related website sponsored by the Government Operations Agency. It offers downloadable state-collected data sets from a wide range of agencies.

KidsData.org, a Population Reference Bureau (PRB) program, offers high-quality, wide-ranging, local data on various topics, including child and youth safety, emotional and behavioral health, youth suicides, environmental health, family economics, and physical health. Data are available across California counties, cities, school districts, and legislative districts and are broken down by age, gender, income, race/ethnicity, special health care needs status, sexual orientation, and other demographic descriptors.

The California Overdose Surveillance Dashboard provides data on state- and local-level drug-related overdose outcomes for California, including deaths, emergency department visits, and hospitalizations, as well as opioid and select other drug prescription data.

The California Health and Human Services data set on health professional shortage areas in California contains the geographic Health Professional Shortage Area federal designations for Primary Care, Mental Health, and Dental Health. This California-specific data is a subset and snapshot of the complete national data maintained by the Health Resources and Services Administration.

The CHIS is the nation's largest state health survey that covers multiple topics, including access to and use of health care, health insurance, health status, health conditions (asthma, diabetes, cancer, etc.), health behaviors (smoking, alcohol use, diet, etc.), public program participation (Medi-Cal, food stamps, CalWorks, etc.), mental health, oral health, immigrant health, intimate partner violence, food, childcare and school, employment, income, and discrimination.

The National Center for Health Statistics Mortality Data are based on death certificates for U.S. residents. Each death certificate contains a single underlying cause and demographic data. The number of deaths and death rates can be obtained by place of residence (national, state, and county when available), age group, race, ethnicity, gender, and cause of death.

Method/Process

To conduct the Contextual Descriptive Analysis, WestEd will first pull and merge all publicly available data for use in this analysis. To access the CHKS data, WestEd will complete the required data-sharing application for the California School Climate and Health Learning Survey (CalSCHLS) system project at WestEd.

Analytic Plan

WestEd will conduct a data quality analysis to inform the analytic approach to evaluate student health and wellbeing. This analysis will examine the quantitative data across all data sets mentioned in the preceding measures section. The data will be reviewed for quality and completeness to identify any issues impacting the analyses.

Descriptive Statistical Analysis

Descriptive statistics will provide the foundation for understanding trends and patterns in the data. This will include means, medians, standard deviations, frequencies, and percentages for variables measuring student health and wellbeing and school, district, and community characteristics.

Multilevel Modeling Analysis

Multilevel modeling will be used to describe the current state of student mental health and wellbeing in California. This analysis will estimate covariate-adjusted community average mental health and wellbeing subscores, attendance, and disciplinary exclusions. WestEd's models will include three levels: (a) school, (b) district, and (c) county. Thus, the data are nested, meaning that schools are not independent of their districts or counties, which WestEd's statistical model will account for using multilevel modeling.

Multilevel models, also known as hierarchical linear models (Raudenbush, 2002) or mixed-effects models, are regression models that statistically account for data nesting and ensure that the standard errors are correctly estimated. WestEd will conduct all multilevel modeling in R using the lme4 package (Bates et al., 2015) and estimate covariate-adjusted averages for all dependent variables. These values will provide a robust estimate of California students' overall mental health and wellbeing.

School and Community Characteristics Analysis

Including school and community characteristics allows WestEd to explore school, district, and community characteristics related to students' mental health and wellbeing to better understand the differential experiences of students and schools by contextual factors at the county and school levels. Each multilevel model will include school- and county-level moderators, with coefficients coded to allow for covariate-adjusted estimates by moderator. These models will provide insights into key differences in student and school outcomes by a range of contextual factors.

Results from the Contextual Descriptive Analysis will be brought to partners in semistructured sense making sessions to co-interpret with the WestEd team. Results from these analyses will also be incorporated into the Grantee Partnership Case Study protocol and the youth engagement work within the Implementation and Impact School Case Study. Interim findings will be disseminated upon completion, and final results

supplemented by data collected through sense making sessions will be included in the final Evaluation Report.

Component 2: Process and Systems Change Analysis

Brief Summary

WestEd will collect BHSSA School Mental Health Systems Survey (SMHSS) data from grantee partnership leads and teams to measure school mental health systems that leverage behavioral health and education partnerships to create schools as centers of wellbeing. The SMHSS will provide information about

- BHSSA grantee partnerships and
- school mental health systems at the county, district, and school level.

In addition, WestEd will collaborate closely with the CBH to incorporate BHSSA grant monitoring data into the Process and Systems Change Analysis. CBH staff will collect and analyze the BHSSA grant monitoring data, and key findings from these analyses will be included in select quarterly products and the final report.

Finally, WestEd will facilitate sense making sessions with grantee teams using state-level aggregate data from the Contextual Descriptive Analysis, grant monitoring, and SMHSS. These sessions aim to identify key insights, challenges, and actionable strategies for advancing and sustaining future statewide school mental health systems change efforts. The sense making sessions will inform the final BHSSA Evaluation Report and simultaneously provide an opportunity for grantees to engage with BHSSA Evaluation data.

Sample and Recruitment

Individuals with knowledge of their school mental health system (county, district, or school) will be invited to complete the SMHSS. The sample will include all key grantee partnership staff from county offices and a subsample of individuals from funded, served, or supported districts and schools. In addition to BHSSA directors, managers, and coordinators, WestEd will invite other individuals involved in leading school mental health systems change at each entity to complete relevant survey sections.

It is unlikely that any single individual will have the breadth of knowledge required to answer every question within the survey. Thus, it is essential to ensure representation from a range of roles and expertise. Respondents may include administrators, mental/behavioral health and health staff, educators, parent and youth leaders, and key partners from other partnering agencies (e.g., Child Welfare, Juvenile Justice).

The number of partnership entities funded by the BHSSA (e.g., districts, schools, charter schools, community-based organizations, and other partners) varies considerably from grantee to grantee. Thus, WestEd will request that each grantee partnership have 4–6 key staff at the county level (behavioral health and education), 3–5 key staff from a subsample of districts, and 3-5 staff from a subsample of schools complete the survey (see Table 10).

Survey results will be analyzed at the state level and reported without county identifiers; therefore, efforts will be made to generate a random sample reflecting diversity across the state rather than a sample representing districts across all funded counties. WestEd will use random stratified sampling to select 25 percent of districts funded, supported, or served by the BHSSA to complete the survey (n = 100 districts) and a subset of funded, supported, or served schools from 25 identified districts (n = 100 schools). WestEd anticipates that approximately 1,000 respondents will complete the survey using this sampling approach.

Table 10. Survey Sample by System Level and Respondent Type (n = 1,085)

	Total funded[12]	Percent by level	Respondents by level	Total respondents
County	57	100%	4–6 (5 on average)	285
District	435	~25% (100 districts)	3–5 (4 on average)	400
Schools	2,165	~5% (100 schools)	3-5 (4 on average)	400

WestEd will collaborate with grantees to recruit participants in the first few months of the evaluation. Survey and administration information will first be shared with grantees in a BHSSA Collaboration Meeting to provide an overview of the process and allow time for questions. WestEd will then coordinate via email and, as needed, via Zoom with a grantee point of contact to further outline the recruitment and administration protocol. District and school respondents will be provided a $50 stipend to incentivize participation. Stipend eligibility criteria and amounts were recommended by grantees,

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[12] SMHSS sample sizes were generated from a CBH file collected in March 2023 containing a list of schools funded by the BHSSA and are subject to change.

mental and behavioral health professionals, and internal and external local evaluators who reviewed and provided feedback on the BHSSA Evaluation Plan.

Measures

School Mental Health Systems Survey

The SMHSS was designed to measure the current state of school mental health system capacity at all levels of California's school mental health service delivery system (county, district, and school). WestEd developed the SMHSS to align with the BHSSA conceptual model and evaluation questions related to grantee partnerships implementing BHSSA-funded activities and services and systems change at the county, district, and school level.

The SMHSS consists of the sections outlined in Table 11, which indicate the content and/or domains and the intended respondent group for each survey section. Respondents will only be asked to complete the SMHSS section relevant to their role as self-defined within the survey.

Table 11. BHSSA Survey Sections, Domains, and Respondents

Section	Domains	Respondents
Respondent background	• Employer information • Professional experience • BHSSA grant role • Demographics	All
Grantee partnership	• Leadership • Collaboration • Practices • Implementation facilitators and barriers	County-, district-, or school-level BHSSA grantee partnership members or staff

Section	Domains	Respondents
School mental health systems	• Leadership • Data systems and practices • Continuum of intervention • Strategic communication • Youth and family engagement • Implementation support • Policies • Funding and resources	District and school mental health systems change leaders
County-level system	• Leadership • Data systems and practices • Continuum of intervention • Strategic communication • Youth and family engagement • Implementation support • Policies • Funding and resources	County-level staff

WestEd developed the SMHSS using a validation process consistent with DeVellis and Thorpe's (2021) instrument development standards. The initial step involved a thorough review of the related literature on school mental health and systems change to identify the critical implementation components across the various levels of the service delivery system. WestEd inventoried and reviewed over 30 validated school mental health and partnership (i.e., collaboration and teaming) measures, instruments, and tools—summarized in a School Mental Health metrics report submitted to the CBH by WestEd on July 17, 2024. This review informed the development of survey items and domains (i.e., constructs).

To generate the initial item pool for the survey, a team of researchers with expertise in school mental health reviewed, coded, and sorted the existing measures to ensure alignment with the conceptual model's elements. The initial pool of items was based on this review of existing instruments, research literature, and key features identified through community engagement.

First, three senior WestEd researchers and a CBH Research and Evaluation Division member reviewed the first drafts of the SMHSS, and based on their feedback, the

survey was further refined. Then, a panel of experts and grantees reviewed the SMHSS using a survey and cognitive interviews.

A panel of three nationally recognized content experts and two local BHSSA evaluators completed a survey review. Using a 4-point scale, each panelist reviewed the SMHSS and provided feedback on the understandability and content of each item, providing suggestions on how to improve low-scoring items. The panel reviewed the SMHSS in its entirety regarding its feasibility, utility, and extent to which equity and culturally sustainable practices are reflected in the items. The WestEd team used a structured process to analyze the feedback provided by panel members and revised the survey accordingly. WestEd considered 80 percent or higher agreement among panel members as the criterion for determining that an item was understandable and content-appropriate, and those that met this criterion were retained in their current form (i.e., 84 of 101 items). Those that did not meet this criterion were revised using reviewers' feedback.

Finally, WestEd conducted cognitive interviews with seven grantees (four from county offices of education and three from behavioral health) overseeing the implementation of the BHSSA and school mental health systems change. The cognitive interviews were conducted to solicit feedback on the clarity of the survey items and to understand how partners interpreted the survey items. Interviewers followed a structured protocol in which interviewees verbalized their interpretation of each item, their thought process while rating each item, and any questions they may have had (Beatty & Willis, 2007; Drennan, 2003; Schecter et al., 1996; Willis, 1999). Participants also provided feedback on any terms or phrases that were confusing. WestEd made further revisions to survey items based on participants' feedback.

Grant Monitoring Data

The evaluation's Process and Systems Change Analysis component will include state-level aggregate grant monitoring data that the CBH has collected and analyzed. As determined by the CBH, grant monitoring data may include data from annual fiscal reports, quarterly hiring reports, monthly reports, and/or the BHSSA data reporting tool.

Method/Process

Data Collection

WestEd will collect the contact information for identified district respondents from the grantee point of contact. District points of contact will provide contact information for identified school respondents. WestEd will coordinate data collection through a process that allows for tracking survey completion using email identifiers without the ability to link identifying information to responses. Using this approach, WestEd can communicate with survey respondents while keeping their response data anonymous.

Participants will have 2 months to complete and submit the survey. WestEd will be available and in communication with respondents throughout the process, providing reminders, support, and answers to any questions or concerns.

Analytic Plan

After a thorough data-cleaning process, the SMHSS data will be reviewed for quality and completeness. This analysis aims to identify any potential data issues that may impact subsequent analyses.

Confirmatory Factor Analyses

WestEd will conduct a confirmatory factor analysis (e.g., Brown, 2015) on the grantee survey data to increase the credibility of this measure and demonstrate its usability for future research and evaluations. Confirmatory factor analysis provides evidence for the constructs measured by a tool while also estimating the tool's reliability within a given sample. WestEd will use the domains related to the BHSSA conceptual model to inform the structure to be tested using the confirmatory factor analysis; however, results from the CFA will be most useful for the school mental health systems survey component. The confirmatory factor analysis will result in both an estimate of the internal consistency reliability of the tool and domain-based subscales, as well as confirmation of which items best align with their respective subscales.

With the proposed sample for each respondent group and respective survey section (see Table 10, above), WestEd anticipates sufficient survey responses to make a confirmatory factor analysis possible (Krejcie & Morgan, 1970). However, if the number of respondents is much lower than anticipated, WestEd will assess the viability of the confirmatory factor analysis and report, at minimum, internal consistency estimates from the obtained sample.

Descriptive Statistics

Descriptive statistics will provide the foundation for understanding trends and patterns in the survey data at the state level. This will include means, medians, standard deviations, frequencies, and percentages for variables measuring systems change across the different levels of California's school mental health service delivery system. Furthermore, WestEd will explore patterns across survey domains aligned with the BHSSA conceptual model. Results will be reported separately for each respondent group (school, district, county) and will not be aggregated, as each respondent groups report on different systems.

Multilevel Modeling

Multilevel modeling will be used to explore covariate-adjusted relations between grantee-level predictors and grantee survey outcomes across survey domains. WestEd's models will include two levels: (a) respondent and (b) entity (respondent's

county, district, or school). Thus, the data are nested, meaning that respondents are not independent of their entity, which will be accounted for using multilevel modeling.

Respondent and Grantee Characteristics Analysis

Including respondent, county, district, and school characteristics will allow WestEd to explore respondent and community characteristics related to findings from the SMHSS and identify differences based on contextual factors at the respondent and community level. Each multilevel model will include respondent- and community-level moderators, with coefficients coded to allow for covariate-adjusted estimates by moderator.

Component 3: Grantee Partnership Case Study

Brief Summary

The Grantee Partnership Case Study provides an opportunity to explore how different grantee partnerships supported the implementation of BHSSA-funded activities and services within their unique contexts and larger school mental health systems change efforts. WestEd will conduct a multimethod case study of 10 grantees to contextualize how grantee partners implement BHSSA activities and services and reimagine school mental health systems change.

Case-centered research design is a strategy in which researchers conduct an in-depth study of one or more cases. The cases are time and activity-bound, and researchers collect detailed information over an established period using a variety of data collection procedures (Creswell, 2009). The Grantee Partnership Planning Process (G3P) is the BHSSA Evaluation case study protocol designed for grantee partnership teams that have facilitated the implementation of BHSSA activities and services and school mental health systems change over the course of the BHSSA contract period.

WestEd will facilitate the G3P with a representative sample of grantee partnership teams to

- interpret themes related to school mental health systems change identified within the evaluation as a whole (i.e., statewide);
- provide a comprehensive, in-depth picture of BHSSA implementation successes and challenges; and
- create opportunities for collective learning about transformational school mental health systems change.

The G3P follows a structured case study protocol that can be tailored to capture the BHSSA implementation stories of diverse grantee partnerships that will be analyzed to identify common themes to understand the nuances of implementation across the state. Through this process, WestEd will gather data unique to each grantee that will be

aggregated and analyzed for the statewide evaluation. As part of the G3P, grantee teams will review their county's results from the Contextual Descriptive Analysis and SMHSS data. Grantee teams may also provide additional data relevant to their case study as applicable. While reviewing grantee specific data is a part of the G3P process designed to promote discussion, only findings from aggregated data will be shared through the statewide BHSSA Evaluation quarterly products or Final Report. WestEd will only share grantee specific data directly with the grantee team in accordance with WestEd data-sharing processes. Protocols will be followed to maintain the anonymity of the case studies to the greatest extent possible, and reported findings will be de-identified.

Through the G3P, grantee teams will explore

- the impact of the BHSSA on cross-system partnerships;
- county- and school-level mental health systems change;
- the BHSSA implementation and successes, challenges, and lessons learned;
- the relationship between the BHSSA and other school mental health initiatives; and
- approaches to closing equity gaps impacting BHSSA communities.

With the support of WestEd facilitators, grantee teams will participate in a sequence of four to five G3P meetings that address key evaluation questions. While not the focus of the evaluation, the G3P encourages teams to consider applying their collective learning from engaging in the grantee case study to their ongoing efforts to create sustainable systems change beyond the BHSSA.

The G3P protocol was informed by input from local BHSSA external evaluators, WestEd reviewers, and CBH staff. In addition, WestEd facilitated G3P feedback sessions with one external content expert; three grantees (two county offices of education, one county behavioral health); and one external evaluator on the feasibility, utility, and clarity.

Sample and Recruitment

WestEd will systematically sample 10 grantee partnership teams, ensuring diversity based on several county-level characteristics and BHSSA-funded activities and services.[13] First, the sampling process will begin with separating partnerships by cohort. WestEd will aim to recruit teams from three to four counties per cohort. Within Cohorts 1 and 2, partnership type will then be prioritized, aiming for two existing and one new

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[13] The timing of the Grantee Partnership Case Study is critical in ensuring the inclusion of the greatest possible number of grantees across Phases 1–3 in the sampling frame. Sample eligibility criteria are subject to change depending on WestEd's evaluation contract start date.

partnership within Cohort 1 and one existing and two new partnerships within Cohort 2. Partnership type does not exist for Cohort 3 and will not be prioritized for this cohort.

Next, the regional distribution of counties will be considered to include one county from each designated region (i.e., Northern, Central, and Southern) within each cohort. Finally, the county's locale will be considered based on the California State Association of Counties caucus designations, with a recruitment goal of at least one urban, suburban, and rural county within each cohort.

The final sample will be selected to reflect the variety of BHSSA-funded activities and services. This approach ensures that the narratives generated from the Grantee Partnership Case Study reflect, to the greatest extent possible, the diversity of BHSSA-funded activities and services implemented statewide.

As described in the Process and Systems Change Analysis section, confidentiality is critical to mitigate response bias within this evaluation. Confidentiality will be a core component in all Grantee Partnership Case Study recruitment communication. While some grantees may be eager to promote their work, WestEd will maintain confidentiality to protect the identity of those grantees who may not be comfortable disclosing information if their name is attached.

WestEd will leverage grantee relationships established during the evaluation planning process to recruit grantees selected through systematic sampling. Outreach will be conducted through an initial email and subsequent zoom calls to tailor communication to selected grantees' questions and concerns. Should a selected grantee opt out of participating in the case study, WestEd will refer to the sampling process to systematically select another grantee with the appropriate profile to ensure a diverse sample of case study participants.

Once a grantee opts in to the case study, WestEd will collaborate with behavioral health and education county and district grantee leads to recruit the sample of grantee team members from partnership entities leading the implementation of BHSSA activities and services and school mental health systems change.

Method/Process

This G3P protocol follows a sequence of virtual (unless otherwise requested) meetings facilitated by senior WestEd staff with support from the research team. The G3P includes a planning meeting with the grantee lead(s) and four meetings (i.e., case study sessions) with the grantee partnership team.

All grantee teams will complete the entire G3P. However, the protocol will be adapted (e.g., fewer longer sessions, the order of sessions may change, etc.) to make the

process feasible for teams and facilitate gathering information that aligns with the grantee's unique BHSSA activities and services.

Premeeting: Preparing for the G3P

- Gather information to inform G3P by identifying team members and scheduling sessions.

Session 1: Overview and Grounding the Grantee Partnership Case Study

- Provide an overview of G3P, gather contextual information, and brainstorm additional data sources to support the case study.

Session 2: School Mental Health Systems Change

- Examine and reflect on the BHSSA SMHSS results to prioritize the G3P focus areas.

Session 3: Grantee Case Study Story

- Engage in a data-based discussion about BHSSA implementation and outcomes.

Session 4: Meaning Making

- Reflect on G3P learnings and create an action plan.

The premeeting and each following session have been designed to last 1.5 hours approximately every 2 weeks (i.e., grantee teams complete the G3P within 2–3 months). A fifth session man be added to facilitate scheduling and/or provide additional time for a grantee team to complete the G3P.

Data Collection

Grantee Partnership Planning Process
Five grantee partnership teams will complete the G3P in the fall of 2025, followed by another five in the spring of 2026.

Secondary Data
WestEd will collect relevant documents at the county and district levels from each county's school mental health system to contextualize each case study. Documents and aggregated data at the school, district, or county levels will be used in the secondary data analysis, including in-depth county-level BHSSA grant monitoring data. WestEd will not request any individual-level student data.

Analytic Plan

The Grantee Partnership Case Study data will be analyzed following each G3P to incorporate key insights into subsequent sessions. In addition, G3P data from all participating grantee teams will be analyzed using cross-case analyses for the final report.

Prework

Before the first Grantee Partnership Case Study session, WestEd will create a summary of each grantee's survey data and data from the Contextual Descriptive and Process and Systems Change analyses to use during the G3P where appropriate.

Post Session Analyses

WestEd researchers will meet weekly during the Grantee Partnership Case Study data collection, analysis, and reporting periods to engage in reflective discussions and peer debriefing to ensure that any biases or assumptions have minimal impact on data collection and analysis (Roller & Lavrakas, 2015).

Each Grantee Partnership Case Study session will be guided by activities aligned to evaluation questions that will generate qualitative data for the evaluation. Sessions will be recorded and transcribed for analysis, and following each session, WestEd will analyze data from the prior session to incorporate key insights into future session activities.

After the Grantee Partnership Case Study data collection period, data will be synthesized across the participating 10 grantee teams to identify cross-case themes for the final report. WestEd will conduct this summative thematic analysis of all transcripts using the process described in the community engagement section above. The thematic analysis will identify trends across BHSSA grantee partnerships to address the associated evaluation questions.

WestEd will collaborate closely with grantees, holding optional sense making sessions to gather input and feedback on how the G3P findings are summarized and presented in the final Evaluation and select quarterly products.

Component 4: Implementation and Impact School Case Study

Brief Summary

WestEd will conduct a multimethod case study of 12 schools receiving BHSSA funding, services, or support. The Implementation and Impact School Case Study will include interviews, focus groups, and document reviews (Denzin & Lincoln, 2011; Patton, 2002). WestEd will collect existing BHSSA-related documents at the school and district levels and data on mental health and wellbeing activities and services to contextualize

each case study. Primary data collection will include interviews and focus groups with school staff, mental/behavioral health professionals, students, and families/caregivers. As part of a Youth Engagement Cohort (YEC), WestEd will partner with students from four schools to co-interpret data and support young people in making recommendations for school mental health systems change to state and local school mental health system leaders.

The Implementation and Impact School Case Study will help to explain the impact of BHSSA-funded activities and services and school mental health system changes on school and student outcomes. It will also explore intervention conditions and describe BHSSA implementation in the context of each participating school.

Sample and Recruitment

WestEd will systematically sample a diverse group of 12 schools receiving BHSSA funding, services, or support to participate in the case study based on several school-level characteristics listed in Table 12. Data will be collected in two waves and school sampling will occur before the first wave. Recruitment will occur before each wave of data collection, and sample selection will be adjusted accordingly.

Sampling

Sampling will follow the Grantee Partnership Case Study methodology using stratified random sampling (Kalton, 2002). School-level variables will define strata using cluster analysis, a methodology for identifying similar patterns across observations and creating classifications for sample selection (Tipton, 2013).

The final school case study sample will be selected to reflect the variety of BHSSA-funded activities and services. This approach ensures that the narratives generated from the Implementation and Impact School Case Study reflect, to the greatest extent possible, the diversity of BHSSA-funded activities and services implemented statewide. WestEd will validate the selection of schools with grantees to ensure their readiness and fit to participate in the case study. Every effort will be made to avoid convenience sampling or the selection of exemplars within each county. The primary purpose of the sampling strategy is to position schools to share unbiased information about barriers and facilitators to implementing BHSSA-funded activities and services and school mental health systems change.

Like the Grantee Partnership Case Study, WestEd will maintain the confidentiality of participating schools and individuals within schools. This is done to mitigate possible reporting bias and improve the likelihood of schools opting in to the case study. In addition, school sampling will be independent of grantee sampling. Independent sampling is done to further maintain confidentiality.

Table 12. School Case Study Sampling Frame Data Sources

Relevant variables	Secondary data source
• Elementary, middle, or high school • % White, non-Hispanic • Average daily attendance • % socioeconomically disadvantaged	CALPADS school-level data
• Urban/rural/suburban designation	CA State Association of Counties

Site Recruitment

WestEd will recruit four schools from each funding phase, including at least one elementary, middle, and high school. The first wave of recruitment will prioritize Phase 1 schools within BHSSA grantee counties whose grant awards end in 2025 (n = 4).[14] The next wave(s) of data collection will include Phases 2 and 3 schools in BHSSA grantee counties with later grant end dates (n = 8).

To support initial outreach, WestEd will partner with grantees from the sample school's county to connect WestEd to a BHSSA Implementation Liaison (see Table 13 for roles and responsibilities of each school case study partner and participant) to ensure that the data collection plan and timeline is appropriate for the school. WestEd will share recruitment materials that outline the purpose and the goals of the BHSSA Evaluation, participation requirements, a data collection timeline, and potential risks and benefits of participating in the case study. To incentivize schools to participate in the case study, WestEd will provide participating schools a $1,000 gift card to purchase school supplies.

Method/Process

Data Sharing Agreements

WestEd will establish a data-sharing agreement with each school that will include

- start and end data of the case study,
- purpose of the study,
- requested information,
- data type,
- requested data delivery/collection date, and

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[14] The timing of the Implementation and Impact School Case Study is critical in ensuring the inclusion of the greatest possible number of schools funded, supported, or served by the BHSSA. The stated sample is subject to change depending upon WestEd's evaluation contract start date.

- plan for dissemination.

Secondary Data Collection

WestEd will collect school mental health information to contextualize each case study. No individual-level student data will be collected.

Primary Data Collection Planning and Coordination

Protections to Ensure the Health and Wellbeing of Evaluation Participants

Several safeguards are in place to protect the health and wellbeing of evaluation participants. Before data collection begins, WestEd will get IRB approval from the WestEd Office of Research Integrity. All WestEd research staff will be trained on project specific guidelines to protect participant confidentiality and securely handle data. At the start of each focus group, behavioral guidelines will be discussed, including agreements to keep the information shared during the focus group confidential.

Due to the sensitive topics covered in qualitative interviews and focus groups, adults and students may experience strong emotions during conversations with WestEd researchers. For this reason, a trusted adult from the school community will be present to support students proactively during all student data-collection activities.

All data collection protocols have been developed using a trauma-informed lens (Alessi & Kahn, 2023; Dowding, 2021) and will be reviewed by three to five mental health professionals before data collection begins. Contacts at school sites will also review protocols before they are implemented. Consent and assent will be revisited with participants throughout the data collection process. Senior WestEd staff will debrief with all data collectors following each round of interviews and focus groups, which will help uncover any new risks or potential issues.

To protect participant confidentiality, interview and focus group notes and transcripts will be de-identified from the start. The data manager will maintain a list of participants and assign them a unique project ID number. Interviewers will use this ID number on the hard copy focus group protocol, notes, and recordings/transcripts. The use of names will be avoided as much as possible during the notetaking process.

For in-person and virtual interviews and focus groups, notes will be taken on encrypted WestEd laptops, and the notetaker will upload their notes and recordings to a designated project Box folder. Once the data manager confirms that data has been properly synced and is complete, the manager will notify the interview notetaker, who will then delete the data from their recording devices and laptops.

Aside from uploading data privileges for the interview/focus group notetakers, only the project directors and the Implementation and Impact School Case Study lead will have full access to this project Box folder. Information will be stored such that no

unauthorized persons (including unauthorized WestEd staff) can retrieve or alter it using a computer, remote terminal, or any other means. The notes and transcripts will be reviewed by the focus group manager to ensure that names or other identifiers are deleted. Once cleaned, de-identified focus group notes will be transferred to a project analysis folder.

De-identified focus group data will be analyzed using qualitative data analysis software, and the analysts will use these de-identified data for analysis. Selected summaries of these analyses or copies of selected de-identified interview/focus group notes may be shared with the larger WestEd research team for analysis.

Site-Specific Process Planning

The Impact and Implementation School Case Study will include virtual and on-site data collection. WestEd will conduct a 2-day site visit to each school with two to three WestEd facilitators who bring expertise in participatory qualitative research, are trained in trauma-informed data collection methods, and have experience collecting data in school settings.

WestEd will conduct interviews and focus groups with school staff, mental/behavioral health providers, students, and families/caregivers (see Table 14 for more information about each group). These discussions will focus on the coordination and implementation of BHSSA-funded activities and services. In addition, they will address the impact of BHSSA-funded activities and services on the broader school mental health system and the impact of school mental health systems change on school and student outcomes.

For documentation purposes, all interviews and focus groups will be audio recorded. WestEd will partner with each site to establish the appropriate processes and procedures for on-site data collection activities, ensuring protocols accommodate participant schedules. This includes the option to use Zoom for data collection when on-site methods are not feasible for select evaluation participants. WestEd will collaborate with the BHSSA Implementation Liaison, the Site Coordinator, and the Student Liaison to facilitate data collection planning and preparation (see Table 13 for roles and responsibilities).

Table 13. Implementation and Impact School Case Study Role Information

Role/Title	Description/Role	Compensation[15]
BHSSA grantee contact	The point of contact from the grantee partnership who works directly with someone at the school to coordinate the implementation of BHSSA-funded activities and services	N/A
BHSSA Implementation Liaison	An individual funded by BHSSA at the school who is responsible for communicating or coordinating with the district lead and BHSSA grantee partnership team. The BHSSA implementation liaison will provide a referral for the site coordinator and a student liaison and participate in an interview.	N/A
Trusted adult	A school staff member, possibly a school counselor or other mental health professional, who attends youth focus groups and youth engagement sessions, both on-site and virtual. The trusted adult should have appropriate training to support students if their participation in an evaluation activity causes distress.	$100/session digital gift card
Student Liaison[16]	A student leader identified in partnership with the BHSSA Implementation Liaison to inform the student focus group recruitment strategy	$25 digital gift card
State and local school mental health system leaders	Adults with leadership roles in the school mental health system. Leaders will be invited to participate in Sessions 4 and 5 of the YEC.	N/A
Site Coordinator	A site staff member identified by the BHSSA Implementation Liaison who will facilitate the scheduling of on-site sessions and focus group recruitment	$200 digital gift card
School staff	School-based staff who interact with students regularly as teachers, coaches, administrators, or another role (e.g., bus drivers). They will participate in the school case study as focus group participants.	$100 digital gift card
Mental and behavioral health professionals	Community-based providers, school counselors, social workers, school psychologists, wellness center directors, etc. They will participate in the school case study as focus group participants.	$100 digital gift card

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[15] Feedback from grantees, mental and behavioral health professionals, and internal and external local evaluators informed the stipend eligibility criteria and amounts. In cases where local policies do not allow monetary compensation, WestEd will collaborate with the school to identify alternative compensation of the same amount.

[16] Implementation and Impact School Case Study methods will be adapted for elementary school settings. The Student Liaison role will be adapted to be developmentally appropriate.

Role/Title	Description/Role	Compensation[15]
Students	Young people who attend the school selected for the case study. They will participate in the school case study as focus group participants.	Pizza party $50/session for students participating in the YEC
Youth data collectors	Young people who are a part of the BHSSA YAG and are trained to cofacilitate youth engagement sessions.	$100/session
Family/caregiver	Family or caregiver of a student who attends the school. They will participate in the school case study as focus group participants.	$100 digital gift card

BHSSA Implementation Liaison

WestEd will virtually meet with the BHSSA Implementation Liaison as part of the outreach process described earlier to establish a relationship and begin planning for data collection. WestEd will ask the BHSSA Implementation Liaison to select an appropriate individual to act as the site coordinator.

Site Coordinator

WestEd will meet virtually with the Site Coordinator to better understand the school context and tailor recruitment materials and data collection protocols for each site's specific needs. In addition, WestEd will ask the Site Coordinator to identify an appropriate student to serve as the student liaison and recruit for and schedule on-site data collection. Scheduling will account for school and community events, professional development or early-release days, and other site-specific opportunities or constraints.

One month before data collection begins, WestEd will ask the Site Coordinator to distribute data collection information flyers to the school community. Interested individuals will be asked to complete a brief interest survey that includes contact and demographic information and group-specific questions to determine their fit for the BHSSA Evaluation data collection activity. WestEd will select individuals to participate in data collection activities based on their answers to the brief survey. The Site Coordinator will also be asked to communicate directly with students and their families/caregivers to obtain consent.

Student Liaison

WestEd will meet virtually with the Student Liaison to gather input on how best to adapt recruitment materials and/or data collection protocols and processes to be culturally responsive. WestEd will also work with the Student Liaison to identify a trusted adult within the school to attend student focus groups and engagement sessions.

Primary Data Collection

WestEd will use a trauma-informed and culturally responsive approach to conduct interviews and focus groups with school staff, mental/behavioral health professionals, students, and families/caregivers. Table 14 provides detailed information about each data collection activity.

Table 14. Interview and Focus Group by Implementation and Impact School Case Study Participant

Participant	Interview/Focus group	Number of participants per session	Protocols
BHSSA Implementation Liaison[17]	One 60-minute interview	1–2	BHSSA Implementation Liaison Interview
School staff	Up to two 60-minute focus groups	4–6	School Staff Focus Group
School mental and behavioral health professionals	Up to two 60-minute focus groups	4–6	School Mental and Behavioral Health Professionals Focus Group
Students from grades 5–12	One 90-minute focus group	7–10	Student Focus Group
Family/Caregiver	Up to two 60-minute focus groups	4–6	Family/Caregiver Focus Group

Youth Engagement Cohort

The YEC is a five-session protocol designed to deeply engage young people in the BHSSA Implementation and Impact School Case Study. WestEd will co-facilitate engagement activities across four schools selected from the Implementation and Impact School Case Study sample. This supplement aims to gather deeper student insights and perspectives on school mental health services and foster student engagement in state and local school mental health systems change initiatives (Safir & Dugan, 2021).

The YEC sample will be limited to late middle and high school students at a critical developmental stage where they can fully participate in all YEC activities. While not eligible for the YEC, elementary age students will be included in previously described youth focus groups to ensure their perspectives are adequately represented in the case study results.

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[17] If the BHSSA Implementation Liaison works closely with additional school staff to implement the BHSSA, the protocol will be adapted for a focus group.

Each of the four participating schools will follow a cohort model, in which the same group of students from each school will be invited to participate in all five sessions.

School Selection and Onboarding

Four schools will be selected from the pool of 12 case study schools representing diverse local contexts and BHSSA-funded activities and services. To qualify, the schools must be a middle or high school and the site coordinator must have the capacity to support session coordination. If more than one school meets the inclusion criteria, WestEd will randomly select a school to participate in the YEC.

Youth Recruitment

In partnership with the Site Coordinator and Student Liaison, WestEd will recruit up to 15 middle and high school students (ages 13–19) utilizing flyers and a social media campaign. WestEd will collect an online application form, and selected students will be contacted with information about the sessions to set appropriate expectations. WestEd will ask interested students to attend all sessions to foster trust and cohesion among the student cohort.

Session Protocols

WestEd will partner with each school to adapt the YEC implementation plan to meet the needs of each student community. Planning will involve initial meetings with each school's site coordinator to finalize session dates and secure an appropriate space for each session.

A subgroup of the BHSSA Evaluation YAG consisting of high school and early college–aged students from across California will be trained to serve as youth data collectors for the YEC. These youth data collectors will play an active role in facilitating the YEC sessions. They will contribute by creating introductory content, facilitating virtual discussions, and taking notes during key activities. The following sections provide an overview of the goals and activities of each of the five sessions.

Session 1: In the first session, WestEd facilitators will assist students in becoming familiar with and interpreting data sources relevant to their school's case study, such as CHKS data and school focus group data. While on-site in a designated classroom, WestEd facilitators will lead relationship-building activities, orient students to data sources, and engage in small and whole group discussions, making meaning of the relevant data (EdTrust West, 2024). While not directly participating in the session, youth data collectors will create an introductory video about themselves and the BHSSA to establish a youth-centered atmosphere. Across all five sessions, the same trusted and appropriately trained school staff member will be present and invited to co-facilitate sections of each session to support trust-building and ensure the ethical protection of youth during and after the sessions.

Session 2: During the second session, WestEd will gather youth perspectives about school and community mental health strengths and needs (Burns et al., 2012). Using a protocol adapted from the Advancement Project, WestEd facilitators will incorporate student insights into a product shared with state and local school mental health system leaders during Session 4.

Session 3: In the third session, WestEd facilitators will help students prepare to share their perspectives about school mental health with state and local school mental health system leaders. Held virtually, this session will continue to emphasize trust building, while also including a presentation skills workshop and practice session to prepare for the student panel.

Session 4: In the fourth session, WestEd and the youth data collectors will facilitate a virtual student panel with state and local school mental health system leaders. Students will present their insights in a structured panel format.

Session 5: In the final session, WestEd will facilitate a reflective discussion about students' experiences participating in the five-session series. The meeting will close with an opportunity for students to consider opportunities for ongoing engagement with student mental health systems change.

Analytic Plan

WestEd researchers will meet weekly during the Implementation and Impact School Case Study data collection, analysis, and reporting periods to engage in reflective discussions and peer debriefing to ensure that any biases or assumptions have minimal impact on data collection and analysis (Roller & Lavrakas, 2015).

Following transcription, WestEd will conduct a summative thematic analysis of the transcripts using the process described in the Community Engagement section earlier. The thematic analysis will identify trends across schools to address the associated evaluation questions. Following an initial analysis, WestEd will engage in sense making with youth data collectors and other partners, and findings will be refined, revised, and reported.

WestEd will disseminate findings from the cross-case analysis to each participating case study school and broader BHSSA partners through the key quarterly products and the final report.

Dissemination and Strategic Communication

Brief Summary

WestEd will produce content for quarterly products for key audiences to ensure transparency, solicit input, and increase the visibility of the BHSSA Evaluation. WestEd will also produce two final BHSSA Evaluation reports, one community-facing and one technical, and a final presentation of evaluation findings to CBH staff at the end of the evaluation.

Quarterly Products

WestEd will develop content for quarterly products designed for key audiences. These products will include interim evaluation findings and highlight artifacts from key evaluation activities. Examples include a newsletter containing preliminary evaluation findings, a recorded presentation from a YEC, or a report of key insights generated from sense making sessions.

Final Reporting

WestEd will develop a technical summative evaluation report with an executive summary, introduction, evaluation questions, research design, results, and discussion. Data from all evaluation components, including sense making sessions, will be used to generate the results. All data will be reported at the state level, highlighting trends across different county and school characteristics.

WestEd will also create a community-facing summative evaluation product that will provide information necessary for a general audience to understand the BHSSA Evaluation's purpose, approach, and outcomes. WestEd will follow several recognized methods for effectively communicating evaluation findings to nontechnical audiences to ensure the report is accessible to policymakers and practitioners. WestEd will integrate data visualizations into this product in accordance with Evergreen and Evergreen's (2017) design principles. Within the community-facing report, WestEd will avoid jargon and highly technical terms to describe evaluation findings (Torres, Preskill, & Piontek, 2005).

WestEd research staff will work with the WestEd Communications Department, which includes professional editors and designers, to create final reports. WestEd's Communications Department has an efficient quality assurance review process for all reports and ensures that high-visibility reports are thoroughly reviewed and made accessible to all audiences.

The BHSSA Evaluation will leave behind instruments and evaluation resources that the CBH, grantees, and participating school sites can continue to use after the evaluation period.

Finally, WestEd staff will prepare an in-person presentation of the key evaluation findings to share with CBH staff. The presentation will be tailored to the needs of the CBH, summarize the study's findings, and generate ideas and discussion.

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Appendix A. Community Partner Demographics

Demographic Characteristics of Youth Advisory Group Members

Table A1. Race and Ethnicity of Youth Advisory Group Members

Race/Ethnicity	Percentage of YAG members
Asian or Asian American	36%
Black or African American	14%
Hispanic, Latinx, or Spanish origin	36%
White	36%
American Indian or Alaska Native	29%

Note. Percentages do not add to 100%; respondents were asked to select any that apply.

Table A2. Counties Where Youth Advisory Group Members Attend School

County	Percentage of YAG members
Los Angeles	31%
Solano	19%
Orange	13%
Sacramento	13%
San Diego	6%
Santa Clara	6%
Shasta	6%
Tulare	6%

Age and County of Non–Youth Advisory Group Engaged Youth

Table A3. Age of Engaged Youth (*n* = 42)

Age	Percentage of engaged youth
14–17	90%
18–20	10%

Table A4. County of Engaged Youth (*n* = 42)

County	Percentage of engaged youth
Contra Costa	31%
Kern	2%
Los Angeles	12%
Orange	10%
Riverside	5%

County	Percentage of engaged youth
Sacramento	14%
San Diego	5%
Santa Clara	5%
Shasta	2%
Solano	7%
Tehama	2%
Tulare	2%
Ventura	2%

Note: **Percentages do not add up to 100% due to rounding.**

Grade and County of Engaged Families'/Caregivers' Child

Table A5. Grade of Engaged Families'/Caregivers' Child (*n* = 133)

Grade level	Listening session parents (%) (*n* = 36)	Surveyed parents (%) (*n* = 97)
PreK	28%	9%
K–5	75%	31%
6–8	36%	38%
9–12	14%	38%
Post–high school	3%	5%

Note. Percentages do not add up to 100%, as parents could share the grades of multiple children.

Table A6. Counties of Engaged Families/Caregivers (*n* = 133)

County	Attended listening session (%) (*n* = 36)	Completed survey (%) (n = 97)
Alameda	6%	8%
Amador	3%	3%
Butte	0%	2%
Calaveras	0%	1%
Colusa	0%	1%
Del Norte	0%	1%
El Dorado	0%	2%
Fresno	0%	5%
Glenn	0%	1%
Imperial	0%	1%
Inyo	3%	0%

County	Attended listening session (%) (*n* = 36)	Completed survey (%) (n = 97)
Kings	0%	2%
Lake	3%	2%
Los Angeles	0%	33%
Marin	3%	0%
Mendocino	3%	0%
Monterey	3%	0%
Napa	3%	1%
Nevada	3%	0%
Orange	3%	0%
Placer	3%	0%
Plumas	3%	0%
Riverside	3%	0%

County	Attended listening session (%) (*n* = 36)	Completed survey (%) (n = 97)
San Benito	3%	0%
San Diego	3%	11%
San Francisco	3%	6%
San Joaquin	3%	2%
San Luis Obispo	3%	0%
San Mateo	3%	3%
Santa Barbara	3%	0%
Santa Clara	0%	1%
Santa Cruz	3%	0%
Shasta	3%	0%
Sierra	3%	0%
Siskiyou	3%	0%

County	Attended listening session (%) (*n* = 36)	Completed survey (%) (n = 97)
Sonoma	3%	0%
Stanislaus	3%	0%
Sutter-Yuba	3%	0%
Tehama	6%	11%
Trinity-Modoc	6%	0%
Tulare	3%	0%
Ventura	3%	0%
Yolo	6%	1%

Note: **Percentages do not add up to 100% due to rounding.**

Profession, Demographics, and County of Engaged Behavioral/Mental Health Professionals and District/School Administrators

Table A7. Profession of Surveyed Behavioral/Mental Health Professionals (*n* = 26)

Profession	Surveyed professionals (%)
District/School administrator	12%
Behavioral health administrator	27%
School-based behavioral/mental health provider	46%
Unknown	15%

Table A8. Race/Ethnicity of Surveyed Behavioral/Mental Health Professionals (*n* = 26)

Race/Ethnicity	Surveyed professionals (%)
American Indian or Alaska Native	4%
Asian or Asian American	12%
Black or African American	12%
Hispanic or Latino	35%
Middle Eastern or North African	8%
Native Hawaiian or other Pacific Islander	4%
White	58%

Note. Percentages do not add up to 100%, as respondents were asked to select any that apply.

Table A9. County of Surveyed Behavioral/Mental Health Professionals (*n* = 26)

County	Surveyed professionals (%)
Alameda	8%
Amador	4%
Berkeley	4%
El Dorado	4%
Lake	4%
Lassen	4%
Los Angeles	23%
Riverside	4%
San Bernardino	4%
San Joaquin	8%
Sierra	4%
Siskiyou	4%

County	Surveyed professionals (%)
Solano	8%
Tehama	4%
Unknown	15%

Note: Percentages do not add up to 100% due to rounding.

Appendix B. Inventory of Community Engagement Activities Related to Evaluation Planning

Table B1. Inventory of Community Engagement Activities Related to Evaluation Planning

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
NA	Relationship building	All grantees at the BHSSA collaboration meeting	CBH	Mar. 1, 2023	1. Introduce WestEd as the Phase 1 evaluation partner.
NA	Relationship building	BHSSA Research and Evaluation Workgroup	CBH	Apr. 19, 2023	1. Introduce WestEd as the Phase 1 evaluation partner. 2. Provide a high-level overview of Phase 1 of the BHSSA Evaluation.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
NA	Relationship building	Research and Evaluation Division (RED) Team	CBH	Jul.–Aug. 2023	1. Identify a shared purpose, guiding values, and community agreements. 2. Learn about BHSSA implementation. 3. Determine how the RED Team and WestEd will collaborate.
Informing the Evaluation Framework	Listening session	All grantees at the BHSSA collaboration meeting	CBH	Jun. 7, 2023	1. Learn about the impact that grantees hope BHSSA implementation will have.
Informing the Evaluation Framework	Listening session	10 external evaluators	RED Team	Aug. 9, 2023	1. Share lessons learned from evaluating local BHSSA activities and services. 2. Learn how external evaluators are measuring the impact of the BHSSA. 3. Receive suggestions for aligning local and statewide evaluation efforts.
NA	Relationship building	138 grantees at the BHSSA collaboration meeting	CBH	Sep. 6, 2023	1. React to and reflect on the BHSSA Evaluation process with other grantees. 2. Inform what the WestEd/grantee collaboration will look like throughout the planning phase. 3. Learn about the immediate next steps related to BHSSA Evaluation planning.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Informing the Evaluation Framework	Listening session	10 Phase 1 grantees	WestEd	Sep. 19, 2023	1. Identify salient outcomes. 2. Identify shared goals. 3. Identify shared implementation strategies.
Informing the Evaluation Framework	Listening session	8 Phase 1 grantees	WestEd	Sep. 29, 2023	1. Learn about BHSSA partnerships. 2. Learn about facilitators and barriers to developing/strengthening partnerships. 3. Learn about mechanisms of change within the BHSSA. 4. Identify priority outcomes. 5. Learn about BHSSA-funded activities and services.
Informing the Evaluation Framework	Listening session	12 Phase 2 grantees	WestEd	Oct. 6, 2023	1. Learn about BHSSA partnerships. 2. Learn about facilitators and barriers to developing/strengthening partnerships. 3. Learn about mechanisms of change within the BHSSA. 4. Identify priority outcomes. 5. Learn about BHSSA-funded activities and services.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Informing the Evaluation Framework	Listening session	7 Phase 2 grantees	WestEd	Oct. 11, 2023	1. Learn about BHSSA partnerships. 2. Learn about facilitators and barriers to developing/strengthening partnerships. 3. Learn about mechanisms of change within the BHSSA. 4. Identify priority outcomes. 5. Learn about BHSSA-funded activities and services.
Informing the Evaluation Framework	Relationship building and listening session	16 CBH staff at Kickoff Meeting	CBH	Oct. 11, 2023	1. Get to know the WestEd BHSSA Evaluation team. 2. Share WestEd's approach to planning the BHSSA Evaluation. 3. Learn about BHSSA implementation with a focus on partnerships.
Informing the Evaluation Framework	Listening session	7 Phase 3 grantees	WestEd	Oct. 26, 2023	1. Learn about BHSSA partnerships. 2. Learn about facilitators and barriers to developing/strengthening partnerships. 3. Learn about mechanisms of change within the BHSSA. 4. Identify priority outcomes. 5. Learn about BHSSA-funded activities and services.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Informing the Evaluation Framework	Listening session	10 Phase 3 grantees	WestEd	Oct. 30, 2023	1. Learn about BHSSA partnerships. 2. Learn about facilitators and barriers to developing/strengthening partnerships. 3. Learn about mechanisms of change within the BHSSA. 4. Identify priority outcomes. 5. Learn about BHSSA-funded activities and services.
Informing the Evaluation Framework	Relationship building and listening sessions	22 youth who have a position at an organization funded by CBH Youth Advocacy contracts	WestEd	Nov. 20, 21, 28, 2023	1. Introduce the BHSSA and Phase 1 evaluation planning to youth. 2. Learn which evaluation questions are important to youth. 3. Learn about how youth define and experience wellbeing. 4. Co-construct the structure and format of a Phase 1 YAG.
Informing the Evaluation Framework	Relationship building and listening session	8 Community Engagement and Grants (CEG) team members	WestEd	Nov. 14, 2023	1. Learn about the roles and responsibilities of the CEG team.
Informing the Evaluation Framework	Relationship building and key informant focus group	6 external evaluator consultants	WestEd	Nov. 29, 2023	1. Identify evaluation strategies that worked well in local BHSSA evaluations. 2. Identify challenges in the implementation of local BHSSA evaluations.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the Evaluation Framework	Feedback session	Grantees attending the BHSSA Collaboration meeting	CBH	Dec. 6, 2023	1. Provide an evaluation status update. 2. Share initial learnings from listening sessions.
NA	Survey	84 grantees	WestEd	Dec. 6, 2023	1. Identify which grantees engage youth in their BHSSA implementation. 2. Identify grantee interest in more collaboration with WestEd.
Refining the Evaluation Framework **Informing the metrics report**	Feedback session	80 grantees	WestEd	Dec. 14, 2023	1. Hear feedback about the emerging Evaluation Framework. 2. Gather suggestions for methods to address evaluation questions. 3. Gauge feasibility and utility of proposed methods.
NA	Relationship building	9 YAG members	WestEd	Feb. 6, 2024	1. Foster relationships with YAG members. 2. Discuss the role of the advisory group. 3. Establish group norms.
Refining the Evaluation Framework	Feedback session	BHSSA Research and Evaluation Workgroup	CBH	Feb. 15, 2024	1. Provide an overview of the BHSSA Evaluation Framework. 2. Discuss feedback about the BHSSA Evaluation Framework.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the Evaluation Framework	YAG meeting	13 YAG members	WestEd	Feb. 20, 2024	1. Introduce YAG members to evaluation phases. 2. Identify young people's priorities in an evaluation plan. 3. Review and revise future advisory board topics.
Informing the metrics report	Listening session	47 grantees	WestEd	Feb. 28, 2024	1. Discuss indicators for measuring program outcomes. 2. Become familiar with data that grantees collect beyond what is required for BHSSA data reporting. 3. Learn what data grantees would like to collect to evaluate outcomes.
NA	Relationship building	Grantees attending the BHSSA collaboration meeting	CBH	Mar. 6, 2024	1. Provide an update on the evaluation planning process.
Refining the Evaluation Framework **Informing the metrics report**	Key informant interview	Member of the BHSSA Research and Evaluation Workgroup	WestEd	Mar. 6, 2024	1. Continue gathering feedback on the BHSSA Evaluation Framework with a focus on outcomes. 2. Discuss metrics aligned with the BHSSA Evaluation Framework.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the Evaluation Framework **Informing the metrics report**	Key informant interview	Member of the BHSSA Research and Evaluation Workgroup	WestEd	Mar. 6, 2024	1. Continue gathering input on the BHSSA Evaluation Framework with a focus on outcomes. 2. Discuss metrics aligned with the BHSSA Evaluation Framework.
Refining the Evaluation Framework	YAG meeting	8 YAG members	WestEd	Mar. 19, 2024	1. Learn about evaluation questions. 2. Brainstorm young people's evaluation questions about the BHSSA.
Informing the metrics report **Informing the Evaluation Plan**	Listening sessions	28 grantees	WestEd	Apr. 4 and 9, 2024	1. Learn about data-sharing processes, systems, and culture within and across districts, county offices of education, and behavioral health county offices. 2. Understand facilitators and barriers to tracking, using, and sharing education, behavioral health systems, and student outcome data. 3. Gather information on how data are being collected and used for BHSSA reporting.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the Evaluation Framework **Informing the metrics report**	Key informant interview	Member of the BHSSA Research and Evaluation Workgroup	WestEd	Apr. 8, 2024	1. Continue gathering input on the BHSSA Evaluation Framework with a focus on outcomes. 2. Discuss metrics aligned with the BHSSA Evaluation Framework.
Informing the metrics report	YAG meeting	12 YAG members	WestEd	Apr. 16, 2024	1. Explore different types of data sources and how to choose the best way to gather information. 2. Identify what evaluation questions can and cannot be answered with a survey. 3. Brainstorm other data collection tools to collect data for the BHSSA Evaluation beyond surveys.
Refining the metrics report **Informing the Evaluation Plan**	Feedback sessions	23 grantees	WestEd	May 13–16, 2024	1. Assess the feasibility of administering a student survey to gather information about topics including school climate and safety, student wellness, and youth resilience. 2. Assess the utility of fiscal data for the BHSSA Evaluation. 3. Gather ideas for measuring school mental health systems change.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Informing the Evaluation Plan	YAG meeting	10 YAG members	WestEd	May 21, 2024	1. Learn about participatory evaluation. 2. Hear how youth would like to be a part of the Evaluation. 3. Identify how youth voices should be integrated into the Evaluation.
Informing the metrics report	Listening sessions	10 Mental health providers and educators	WestEd	Jun. 11–12, 2024	1. Develop relationships with listening session participants. 2. Learn which BHSSA outcomes are priorities for school staff and behavioral health/mental health providers. 3. Learn about school staff and behavioral/mental health practitioners' goals for the BHSSA Evaluation.
Informing the Evaluation Plan	Listening session	BHSSA Research and Evaluation Workgroup	CBH	Jun. 25, 2024	1. Provide an overview of emerging Evaluation Design. 2. Share input from the YAG members on the BHSSA Evaluation.
Refining the metrics report **Informing the Evaluation Plan**	Feedback sessions	6 Mental health providers and educators	WestEd	Jun. 25–26, 2024	1. Gather BHSSA implementers' input on qualitative data that should be collected for the statewide evaluation.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the metrics report	YAG meeting	11 YAG members	WestEd	Jun. 18, 2024	1. Learn about qualitative methods and the purpose of the statewide BHSSA Evaluation. 2. Engage youth in the co-creation of qualitative evaluation methods for the statewide BHSSA Evaluation.
NA	YAG onboarding/ relationship building	2 New YAG members	WestEd	Jun. 27, 2024	1. Learn what evaluation questions and mental health outcomes are most important for American Indian and rural youth. 2. Identify evaluation metrics, particularly of interest to American Indian and rural youth. 3. Onboard students to join the YAG starting in July.
NA	YAG presentation	6 YAG members	CBH	Jun. 25, 2024	1. YAG members present key messages about mental health to the BHSSA Research and Evaluation Workgroup.
Informing the Evaluation Plan	YAG meeting	7 YAG members	WestEd	Jul. 15, 2024	1. Identify specific populations to engage in the Evaluation. 2. Discuss approaches to recruiting youth for the Evaluation.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Informing the Evaluation Plan	Key informant interview	Member of the BHSSA Research and Evaluation Workgroup	WestEd	Jul. 16, 2024	1. Discuss the Implementation and Impact School Case Study design. 2. Discuss recruitment strategies at the school level.
Informing the Evaluation Plan	Key informant interview	Member of the BHSSA Research and Evaluation Workgroup	WestEd	Jul. 17, 2024	1. Discuss the Grantee Partnership Case Study design.
Informing the Evaluation Plan	Listening sessions	5 Youth unassociated with the YAG	WestEd	Aug. 5 and 12, 2024	1. Understand what youth want to learn about school mental health. 2. Understand what youth want others to learn about school mental health. 3. Learn about trusted partners and channels for youth. 4. Learn how to build trust with youth when collecting data in schools.
Informing the Evaluation Plan	YAG meeting	6 YAG members	WestEd	Aug. 19, 2024	1. Gather feedback from youth on the planning for upcoming BHSSA Evaluation activities, namely the Implementation and Impact School Case Study plan and Youth Engagement Cohort.

| Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Informing the Evaluation Plan	Listening sessions	36 parents/ caregivers	WestEd	Aug. 27–29, 2024	1. Understand what parents and caregivers want to learn about school mental health initiatives. 2. Understand what parents and caregivers want educators, behavioral health providers, and community leaders to know about school mental health initiatives. 3. Identify trusted sources and preferred formats for parents and caregivers to receive important information.
Informing the Evaluation Plan	Survey	106 parents/ caregivers	WestEd	Sep. 4, 2024	1. Understand what BHSSA outputs and outcomes are priorities for parents and caregivers.
NA	Information sharing	Grantees attending the BHSSA collaboration meeting	CBH	Sep. 4, 2024	1. Share how the BHSSA Evaluation Conceptual Model has evolved. 2. Present the four components of the emerging statewide BHSSA Evaluation Plan. 3. Describe the process for gathering information to tell the story of BHSSA implementation and impact at the county and school levels.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the Evaluation Plan	Survey	37 grantees at the BHSSA collaboration meeting	CBH	Sep. 4, 2024	1. Provide an opportunity for grantees to share feedback on the Evaluation Design.
Refining the Evaluation Plan	YAG meeting	7 YAG members	WestEd	Sep. 23, 2024	1. Reflect on experiences in the YAG. 2. Gather feedback on upcoming BHSSA Evaluation activities.
Refining the Evaluation Plan	Feedback sessions	8 grantees	WestEd	Sep. 16–19, 2024	1. Provide an opportunity to answer questions and provide additional information about the BHSSA Evaluation Plan. 2. Gather feedback from BHSSA grantees on the utility and feasibility of the statewide Evaluation Plan.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the Evaluation Plan	Feedback sessions	8 mental health providers and educators	WestEd	Oct. 16–22, 2024	1. Continue to build a relationship with educators and mental/behavioral health providers. 2. Gather feedback from school-based educators and mental and behavioral health providers on the feasibility of the Implementation and Impact School Case Study plan. 3. Gather advice about how to communicate about the school case study to the district, school decision-makers and administrators, and school staff.
Refining the Evaluation Plan	Feedback sessions	8 external evaluators with 6 counties represented	WestEd	Oct. 21, 2024	1. Provide an opportunity to answer questions and provide additional information about the BHSSA Evaluation Plan. 2. Gather feedback on the utility and feasibility statewide Evaluation Plan.

Informing or refining contract deliverables	Type of engagement	Participants	Host	Date	Goals
Refining the Evaluation Plan	Feedback sessions	3 internal evaluators	WestEd	Oct. 29–30, 2024	1. Learn about the types of evaluations being conducted at the local level. 2. Provide an opportunity for WestEd to answer questions and provide additional information about the statewide BHSSA Evaluation Plan. 3. Gather feedback from internal evaluators on the utility and feasibility of the statewide Evaluation Plan.
Refining the tools and measures for the Evaluation Plan	Feedback sessions	8 grantees,1 external evaluator, 1 external expert	WestEd	Oct. 28–Dec. 16, 2024	1. Seek feedback (cognitive interviews) from individuals who may be asked to complete the SMHSS. 2. Seek grantees' feedback around the clarity and feasibility of the G3P.

Appendix C. BHSSA Evaluation Timeline

Figure C1. Key BHSSA Evaluation Activity Timeline[18]

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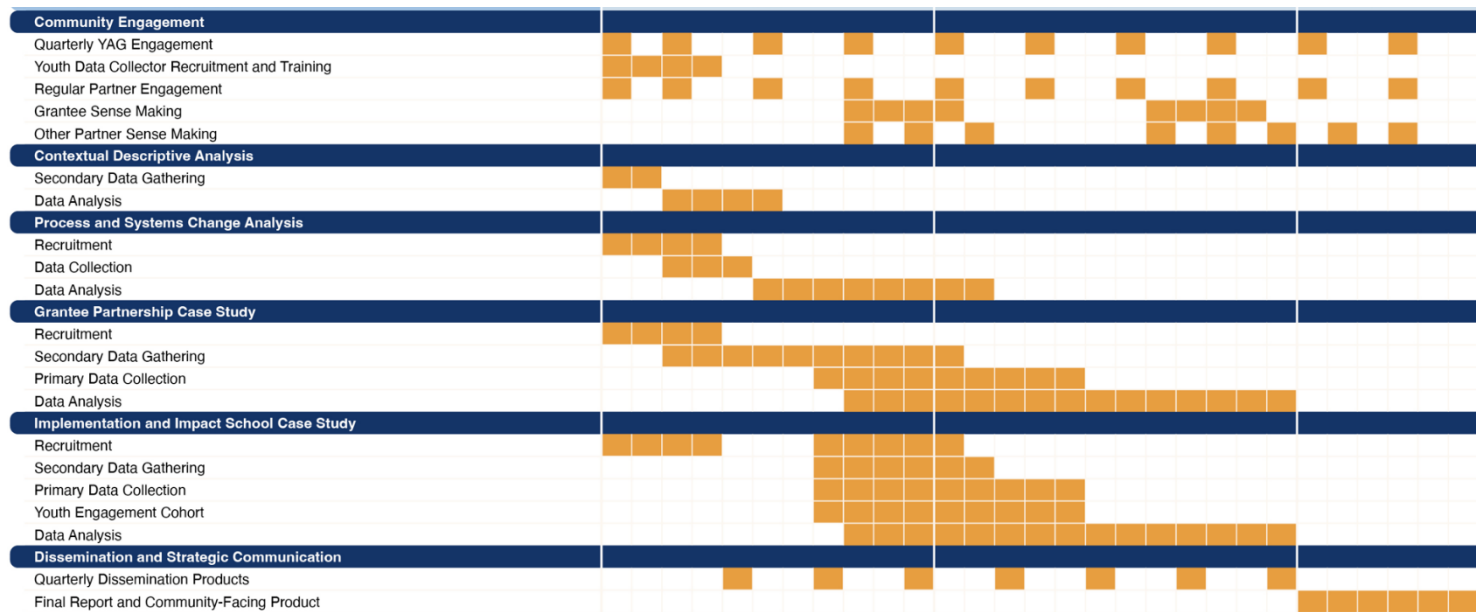
[18] All dates identified in this report are subject to change depending on WestEd's evaluation contract start date.

Table C1. Key BHSSA Evaluation Timeline (Accessible Display)

Key evaluation activities	Timeline description
Community engagement • Quarterly YAG engagement • Youth data collector recruitment and training • Regular partner engagement • Grantee sense making • Other partner sense making	Community engagement activities will occur throughout the contract at regular intervals. Quarterly YAG and regular partner engagement activities will occur on a quarterly basis. Sense making with grantees and other partners will be scheduled in the middle and at the end of each evaluation component.
Contextual Descriptive Analysis • Secondary data gathering • Data analysis	The Contextual Descriptive Analysis will occur within the first 6 months of the contract.
Process and Systems Change Analysis • Recruitment • Data collection • Data analysis	Recruitment and data collection for the Process and Systems Change Analysis will occur within the first 5 months of the contract. An 8-month data analysis period will follow.
Grantee Partnership Case Study • Recruitment • Secondary data gathering • Data collection • Data analysis	Recruitment for the Grantee Partnership Case Study will occur at the beginning of the contract. After grantees are identified, secondary data gathering will begin. Primary data collection will be scheduled over a 9-month period when school is in session. Data will be analyzed during and after primary data collection. Data analysis will require approximately a year and a half to complete.

Key evaluation activities	Timeline description
Implementation and Impact School Case Study • Recruitment • Secondary data gathering • Primary data collection • Data analysis	Recruitment for the Implementation and Impact School Case Study will take place at the beginning of the contract and again at the beginning of the 2025-2026 school year. Primary and secondary data collection and the youth engagement cohort meetings will occur over a 9-month period when school is in session. Data will be analyzed during and after primary data collection. Data analysis will require approximately a year and a half to complete.
Dissemination and Strategic Communication • Quarterly dissemination products • Final report and community-facing product	After the first few months of the contract, WestEd will begin disseminating products on a quarterly basis. The final six months of the contract will be dedicated to producing the final report and community-facing product.

Appendix D. Description of Figure 3

Overview and Presentation of the BHSSA Logic Model

The image in Figure 3 lists the BHSSA's inputs, activities, outputs, and outcomes, represented in Table D1.

Table D1. BHSSA Inputs, Activities, Outputs, and Outcomes

Logic model element	Description
Inputs	• BHSSA legislation (funding) • State (Commission for Behavioral Health) and grantee leadership and expertise • Existing and developing education and behavioral health partnerships
Activities	• Commission for Behavioral Health funds partnerships (grantees) • Commission for Behavioral Health provides oversight, accountability, technical assistance, evaluation, and reports to the legislature • Commission for Behavioral Health engages with community partners • Grantee partners implement project plan and engage in program requirements

Logic model element	Description
Outputs	• Grantee partnerships • BHSSA-funded activities and services • Recognition of mental health challenges • Response to need for additional services • Access to services for underserved populations • Response to needs of all student subgroups • Outreach and linkages to ongoing services • Prevention of mental health challenges from becoming severe or disabling
Outcomes	• Better mental health and well-being • Better school climate • Better social–emotional learning skills • Less stigma and discrimination • Less prolonged suffering • Less suicide and attempted suicide • Less school failure or dropout