



Emerging MHSSA Evaluation Framework

February 15th, 2024

Meeting Goals

- Share an overview of the **emerging MHSSA evaluation framework** with a focus on meaningful and equitable outcomes
- Provide an **opportunity for reflection and feedback** on outcomes
- Engage in **ongoing and collective learning and collaboration** to inform the MHSSA evaluation plan

Agenda

Welcome
and
Introductions

Overview

Emerging
Evaluation
Framework

Reflection
Activity

Closing

Our Team



Natalie Romer, PhD



Alexis Grant, PhD



Nick Gage, PhD



Nicole Tirado-Strayer, PhD



Tom Hanson, PhD



Jacquelyn Tran



Theresa Pfister, PhD

MHSSA Legislation and Funding

Phase 1

Authorized by Senate Bill 75 as part of the state's 2019 Budget Act, the MHSSA allocated \$40 million one time and \$10 million ongoing funding for new and existing school county mental health partnerships.

18 counties were funded.

Phase 2

The Budget Act of 2021 provided an additional \$95 million to fund applicants who applied to the first round of funding but did not receive a grant. An additional 20 counties were eligible for grants, which were approved at the Commission's June 2021 meeting.

19 counties were funded.

Phase 3

The federal American Rescue Plan Act (ARPA) provided up to \$100 million through the State Fiscal Recovery Fund (SFRF) to fund the remaining 20 counties establishing an MHSSA program. These grants will be for Economically Disadvantaged Communities.

20 counties were funded.

Welfare and Institutions Code Section 5886

The evaluation shall address the following:

- (i) Successful strategies**
- (ii) Identified needs for additional services**
- (iii) Lessons learned**
- (iv) Numbers of, and demographic information for, the school age children and youth served,**
- (v) Available data on outcomes, including, but not limited to, linkages to ongoing services and success in meeting the goals of this grant program.**

Evaluation Goal: Transformational Change

Develop **performance metrics** that cut across systems

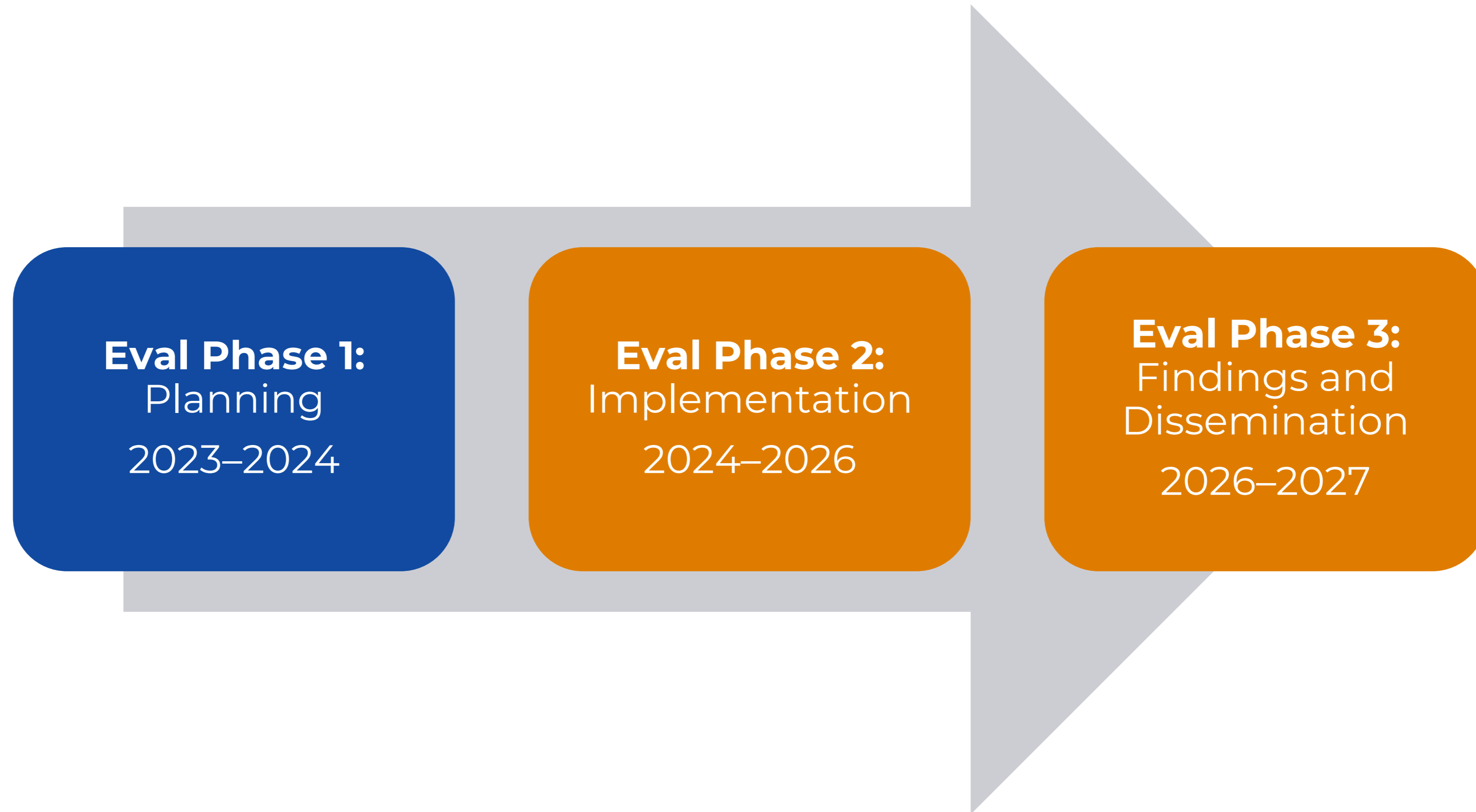
Understand the **impact of MHSSA**

Understand **MHSSA implementation**

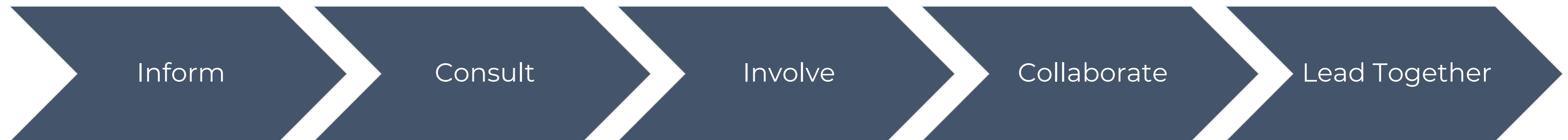
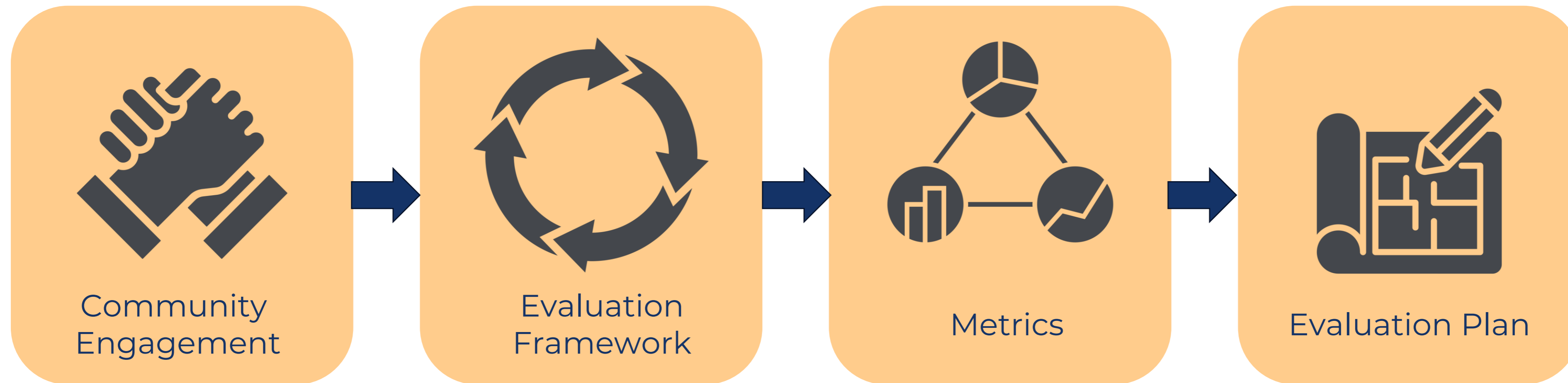
Understand the **different needs and experiences of student subgroups**

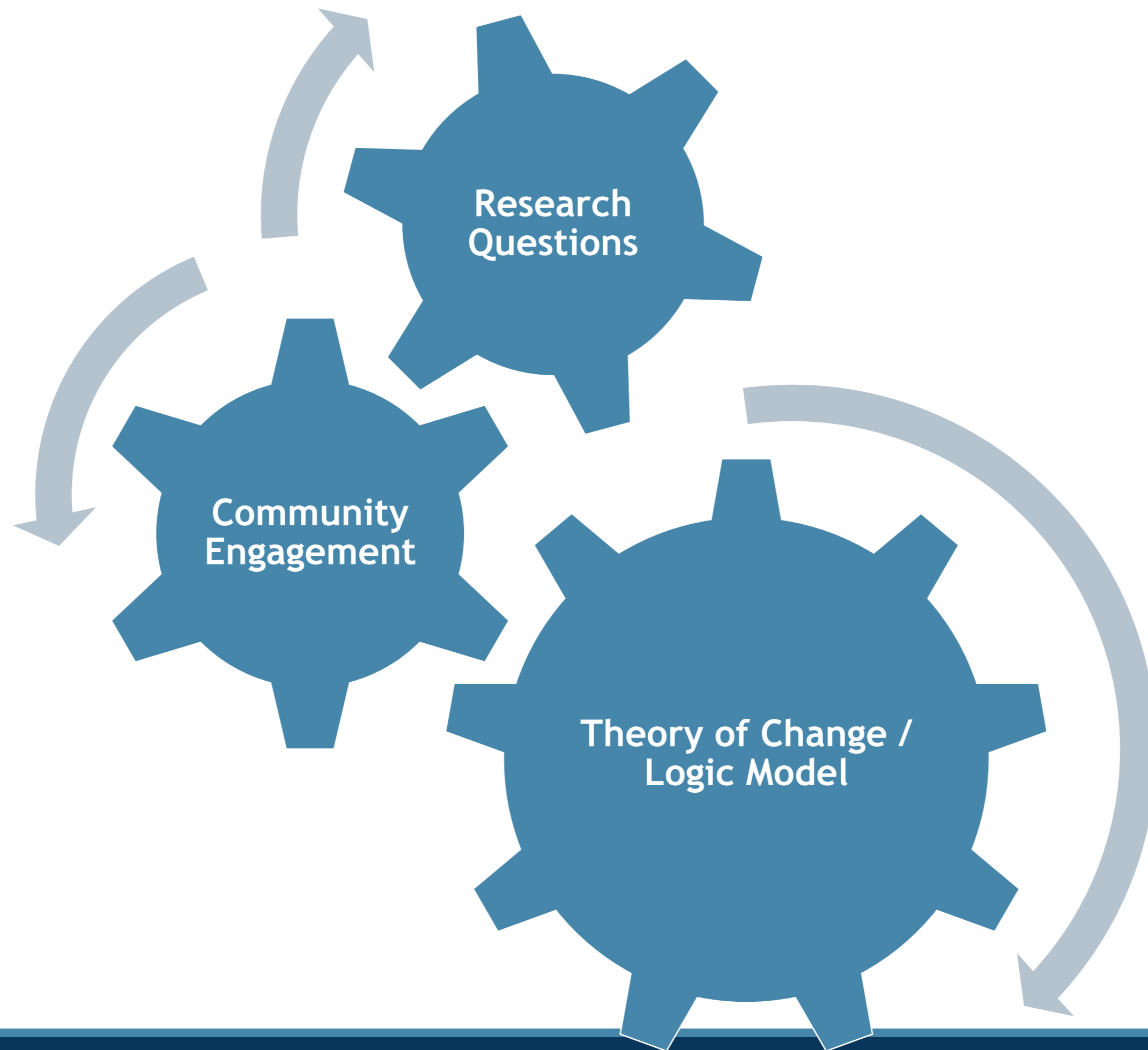
Build **comprehensive, effective, and sustainable school mental health systems** in local communities

MHSSA Evaluation Phases



Phase 1





Theoretical Foundations

Implementation Science

Ecological Models of Development

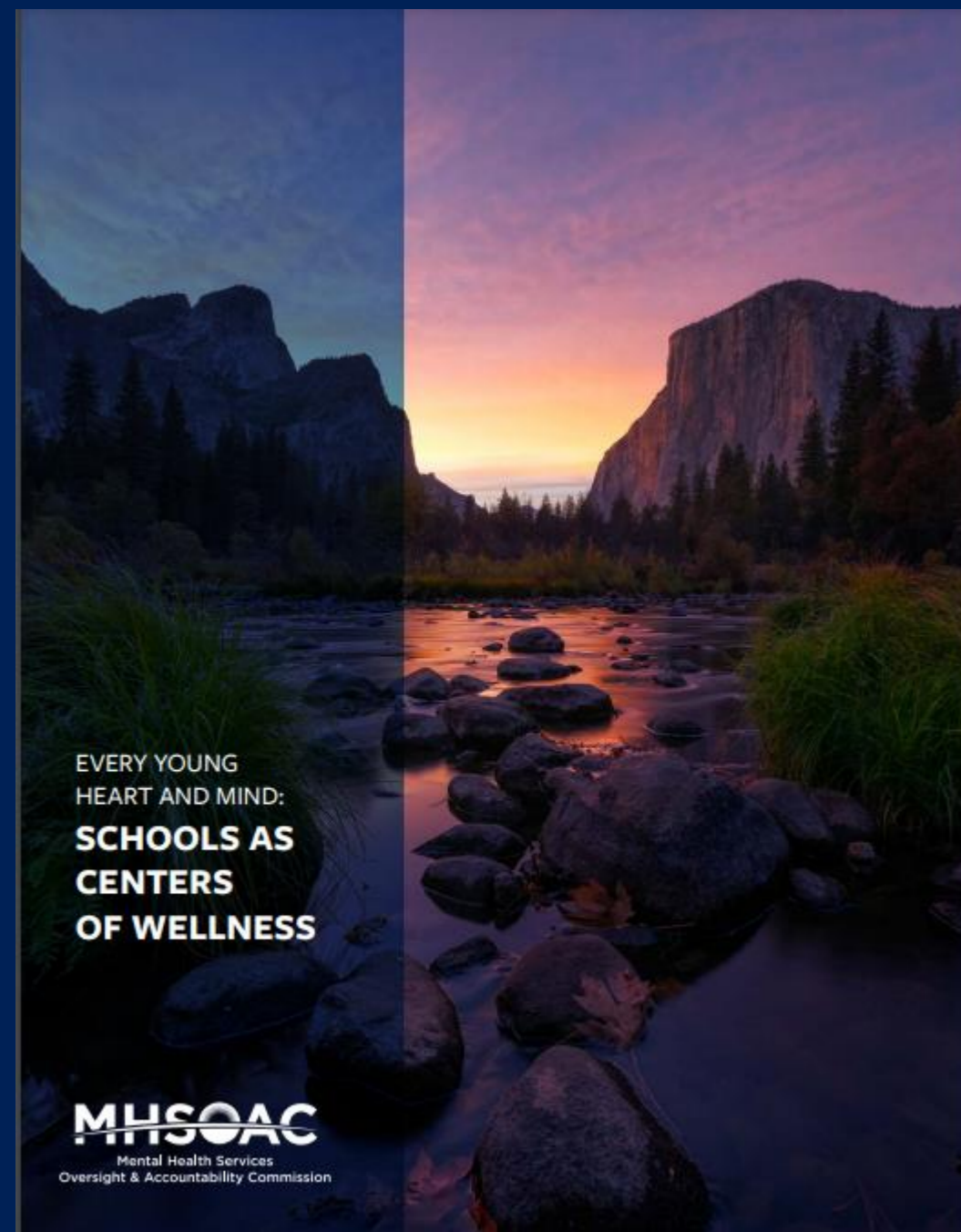
School Mental Health Systems

Antiracist Participatory Research

Developmental Systems Change

Meta-Analytic Framework

School Mental Health Systems Change



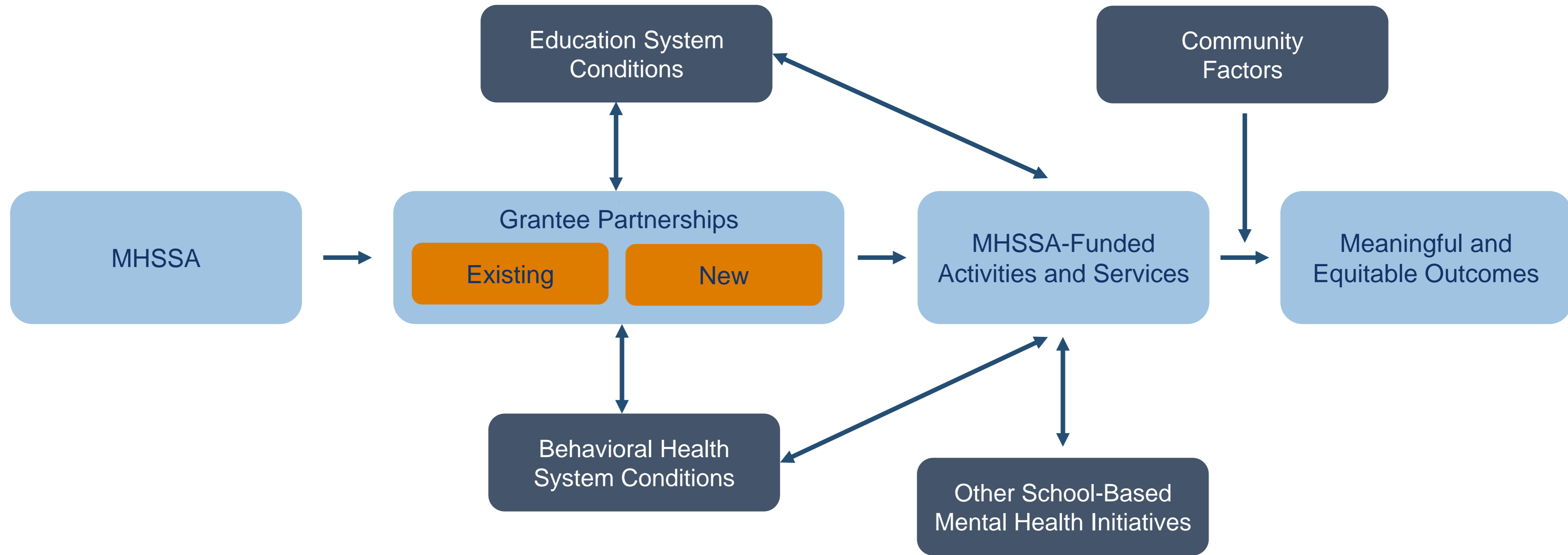
Comprehensive school mental health systems provide an array of supports and services that promote positive school climate, social and emotional learning, and mental health and well-being, while reducing the prevalence and severity of mental illness.

(Hoover et al., 2019)



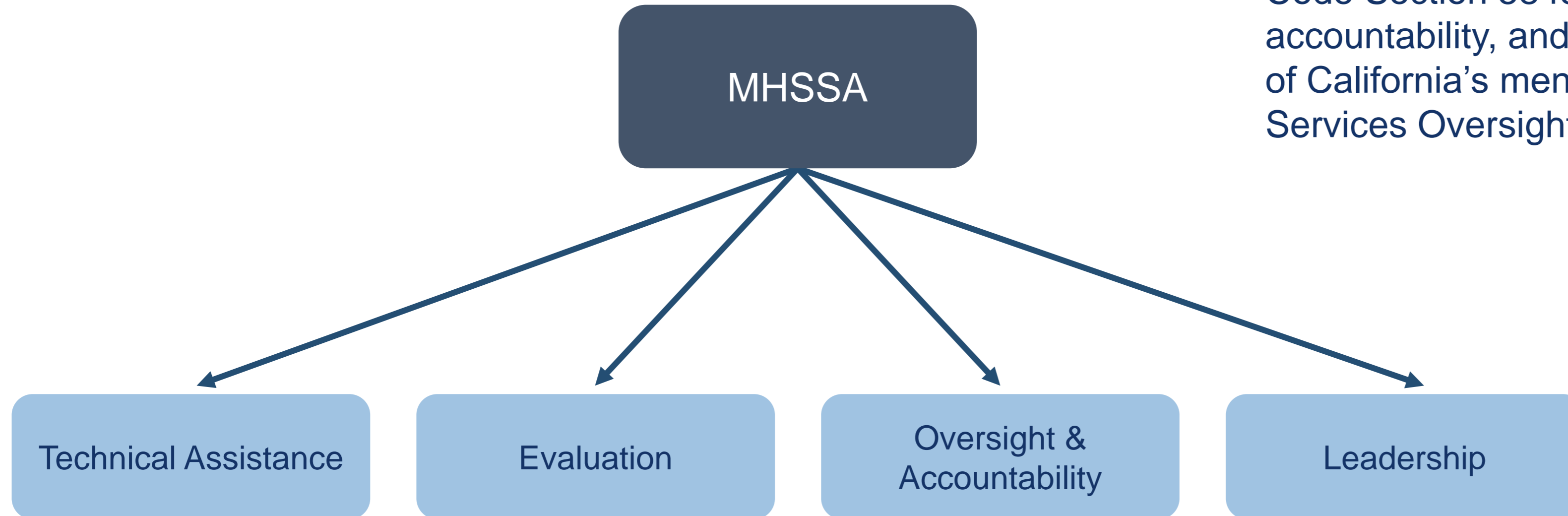
Overview: Emerging Evaluation Framework

The MHSSA Theory of Change

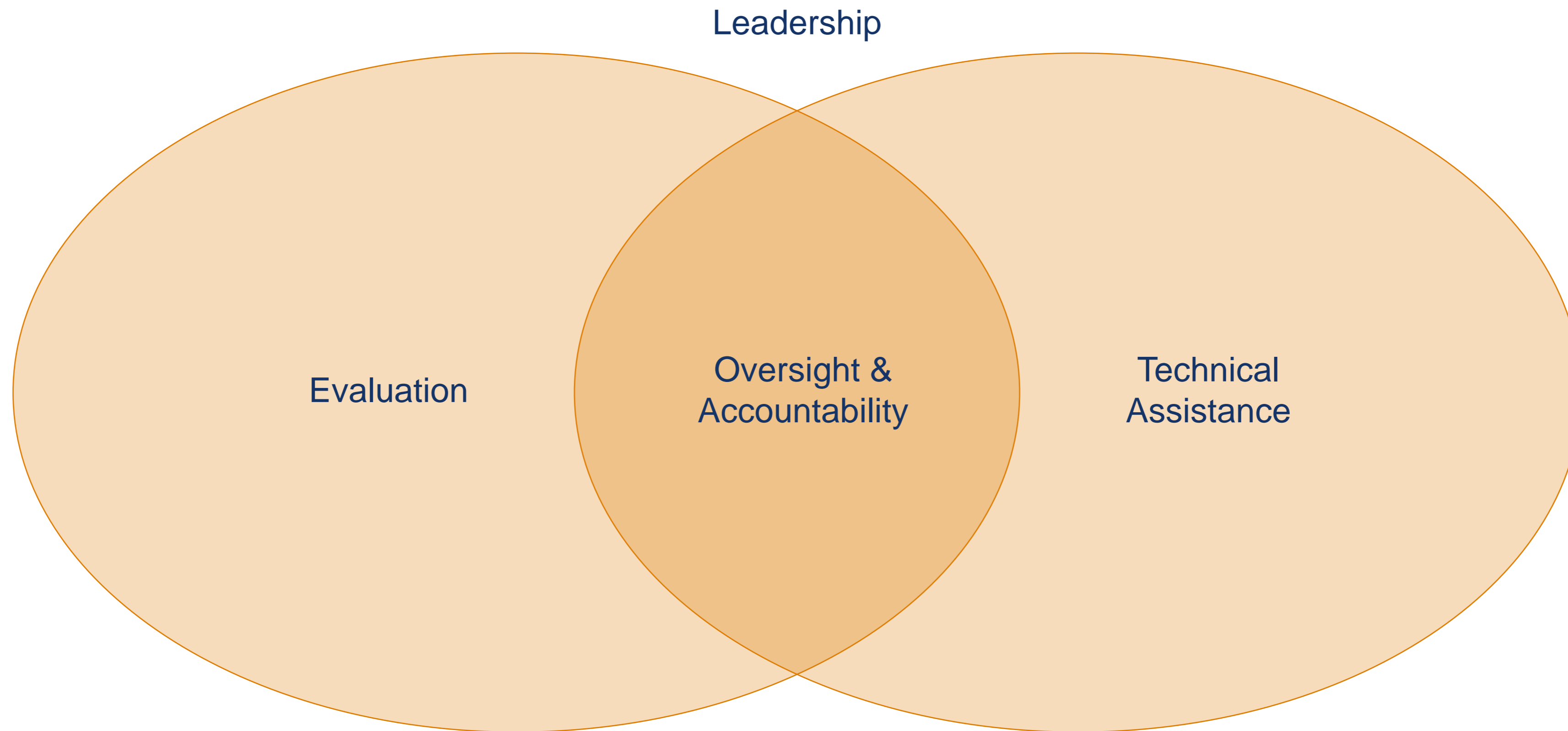


Conceptual Model of the MHSSA

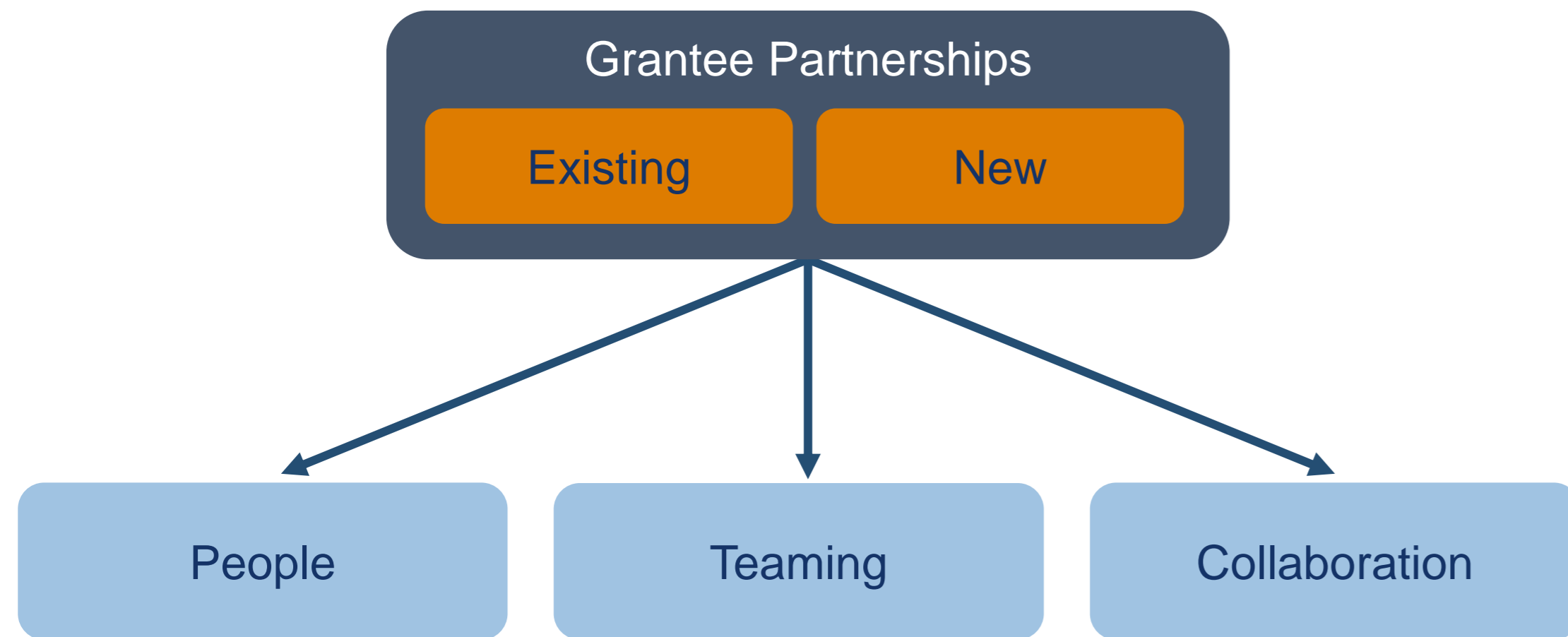
Mental Health Services Act, in Welfare and Institutions Code Section 5845, is designed to provide oversight, accountability, and leadership to guide the transformation of California's mental health system (Mental Health Services Oversight and Accountability Committee, 2022).



Definitions for the Conceptual Model of the MHSSA



Conceptual Model of Grantee Partnerships



"[We aim to be] autonomous in decision-making but collaborating on best use of resources to not step on each other's toes or repeating services to the same students/school."

—Grantee

"The real work this first year [is] establishing effective communication, getting roles in place, getting the fiscal side of things [effective] for everyone, . . . getting everyone at the table."

—Community Engagement and Grants staff member

"School communities need systems alignment and intentional planning before implementation."

—MHSOAC staff member

"It's not about staying in artificially drawn lanes of 'this is what you do and this what I do,' but more about matching the work across agencies to get the work done."

—Grantee

"[We] invest time to develop positive relationships so when difficult conversations need to happen, they're built on trust."

—Grantee

Definitions for the Conceptual Model of Grantee Partnerships

People (the “Who”)

Leadership team composition, roles, and participation

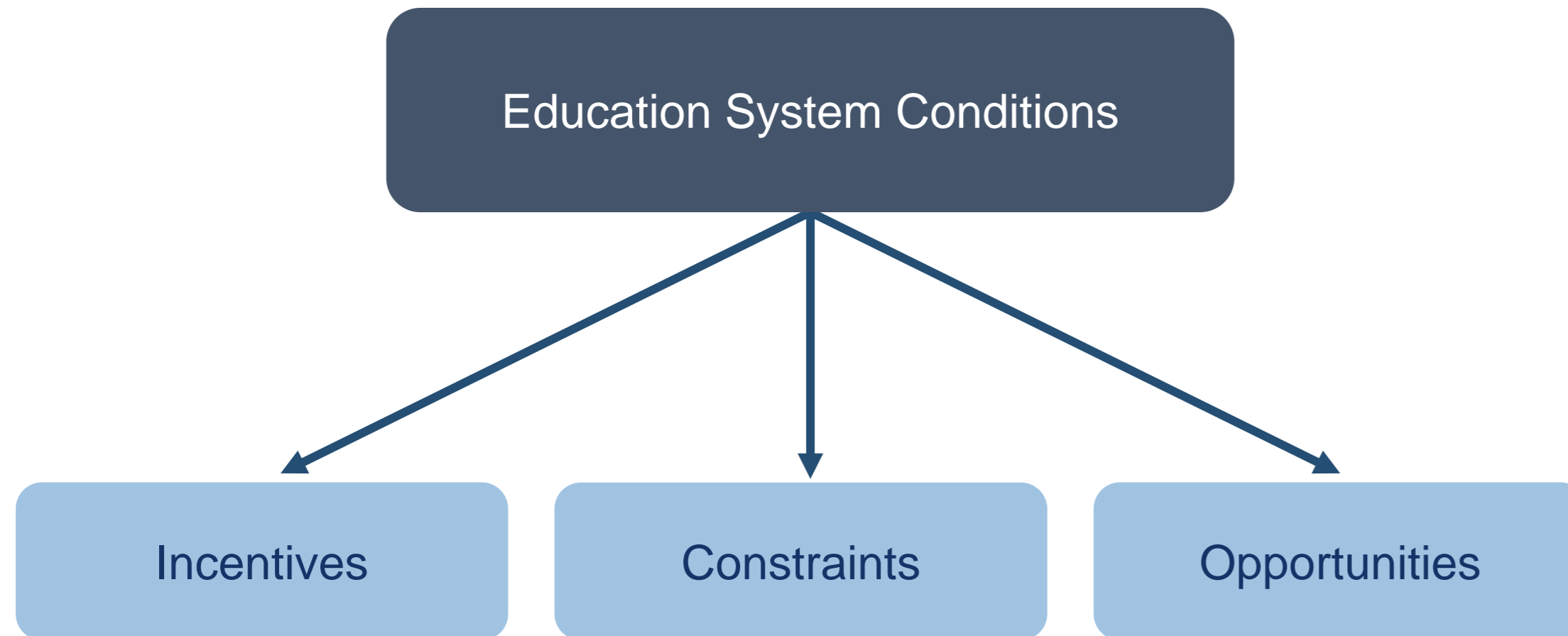
Teaming (the “What”)

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)

Collaboration (the “How”)

Newly defined relationships and roles, interdependence, collective ownership and accountability, shifting beliefs, building a shared understanding, and addressing power inequalities

Conceptual Model of Education System Conditions



“Having schools set aside money to support these services is a hard sell.”

—Grantee

“[This work is impacted by] readiness of schools to incorporate mental health needs within the school system.”

—Grantee

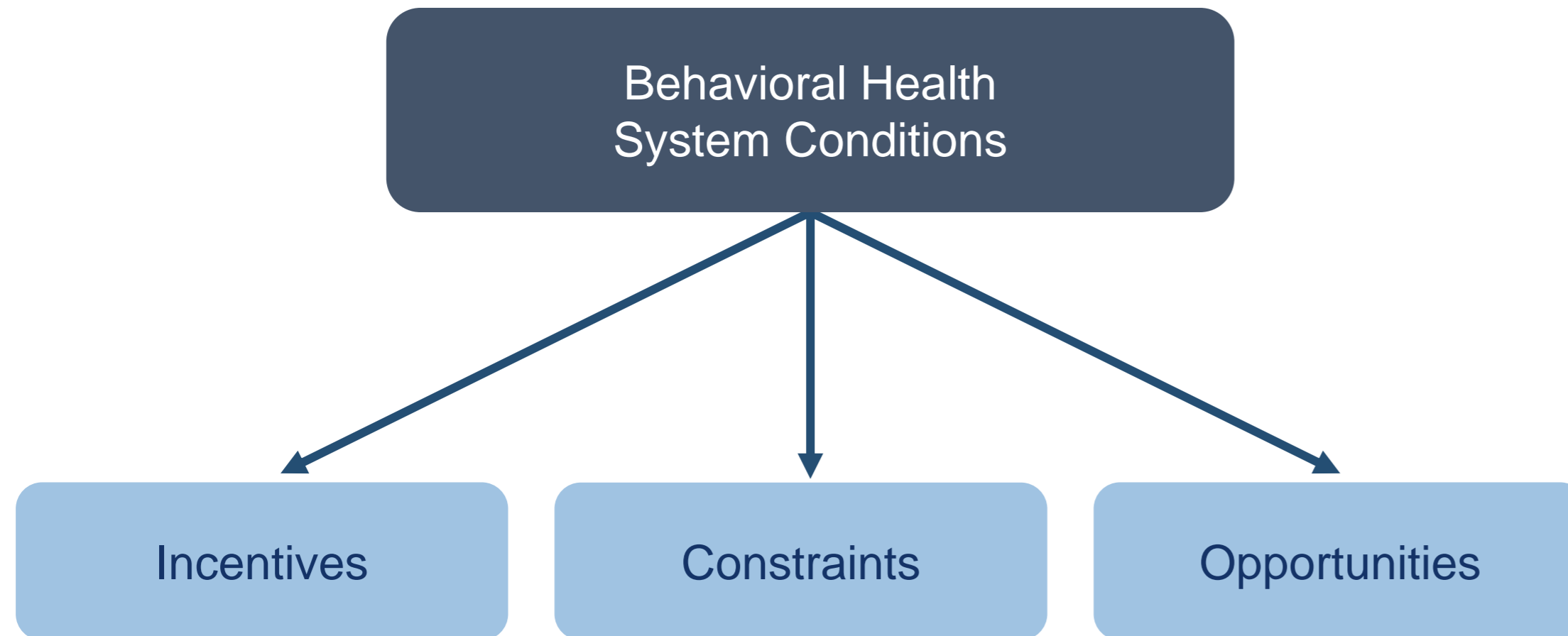
“[We should have] a concrete operational manual regarding mental health services and make it part of orientation for all CBOs and schools. This is to help with staff turnover.”

—Grantee

“[We need to assess] internal barriers to transparency between partner agencies.”

—Grantee

Conceptual Model of Behavioral Health System Conditions



"[A big factor is the] capacity of the behavioral health/mental health agency to provide services to schools versus focus on community 'standard' clients."
—Grantee

"It also takes a lot to build trust, especially with our rural and tribal communities, so these [behavioral health clinician] turnovers are a huge hit."
—Grantee

Definitions for the Conceptual Model of Education and Behavioral Health System Conditions

Incentives

Potential benefits for taking a particular action

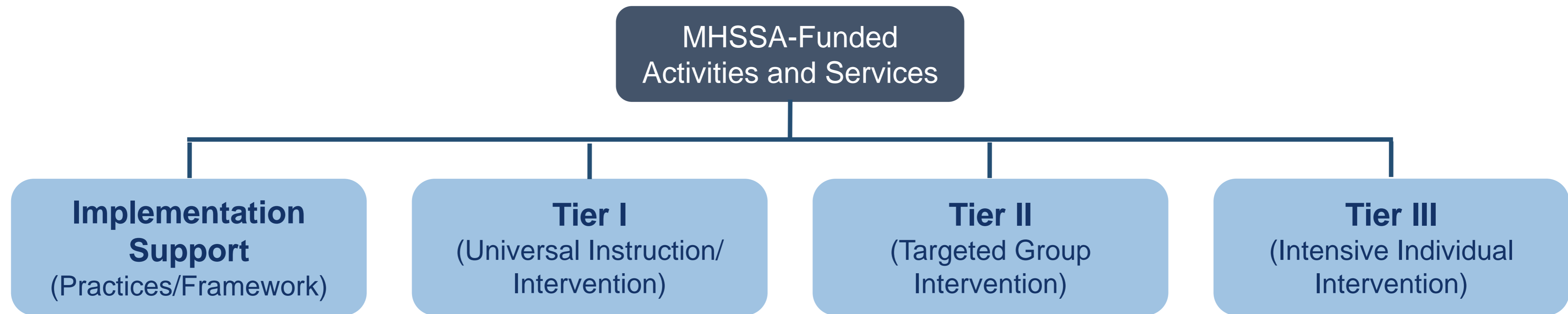
Constraints

Rules or limits that prevent a particular action or make an action difficult

Opportunities

Conditions that enable a particular action

Conceptual Model of MHSSA-Funded Activities and Services



Definitions for the Conceptual Model of MHSSA-Funded Activities and Services

Implementation Support (Practices/Frameworks)

Examples:

Multi-tiered systems of supports (MTSS), training/coaching, hiring staff, wellness center planning, establishing cross-agency teams

Tier I (Universal Instruction/ Intervention)

Examples:

Schoolwide social-emotional learning (SEL)/trauma-informed approaches, early screening

Tier II (Targeted Group Intervention)

Examples:

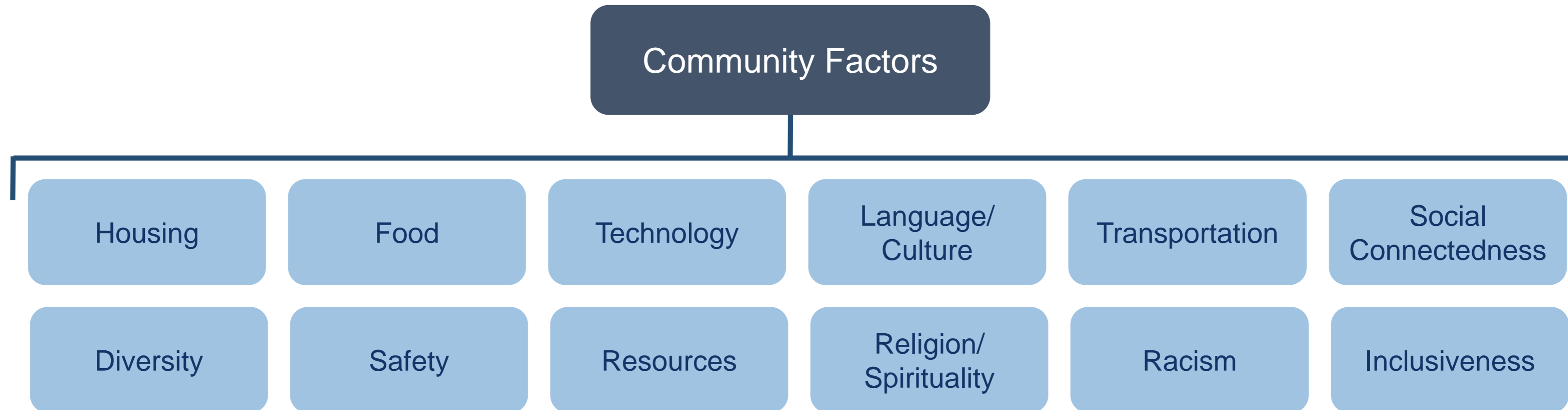
Small group assessments and interventions, positive parenting program, mentoring, youth leadership development

Tier III (Intensive Individual Intervention)

Examples:

Individual assessment and treatment/intervention, system navigation support

Conceptual Model of Community Factors

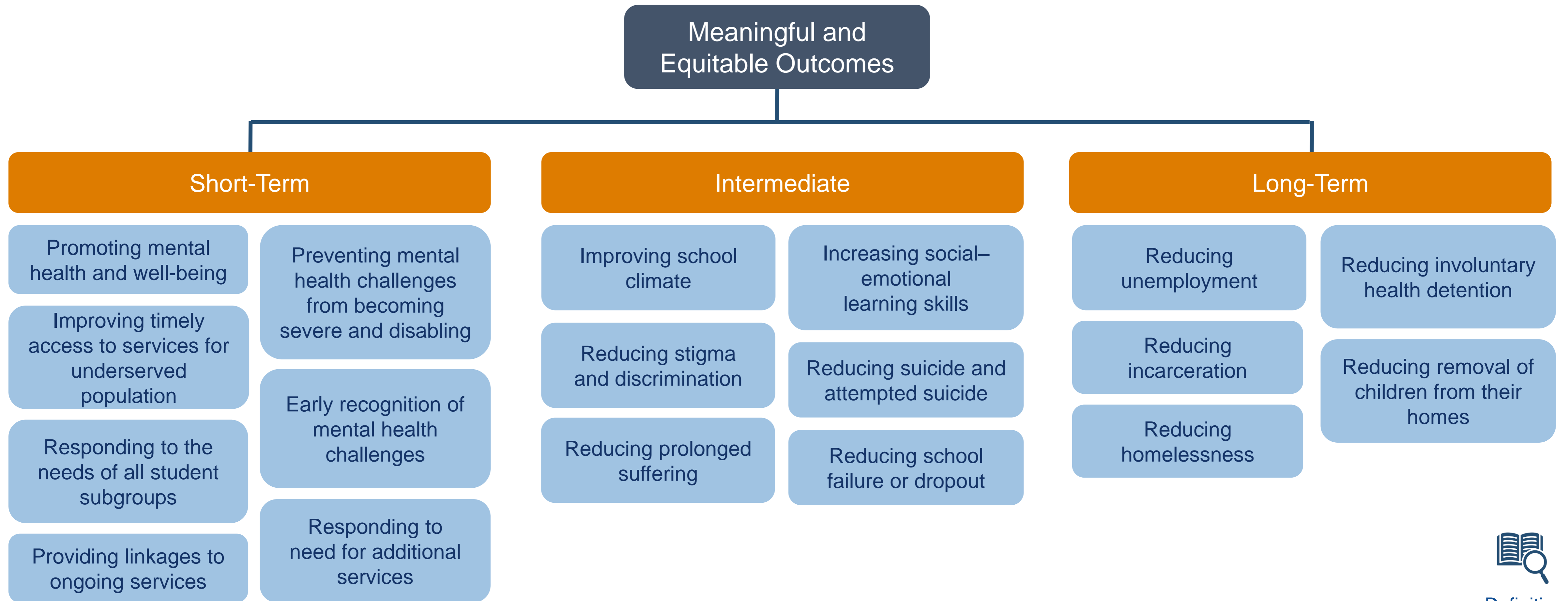


There are many types of inequities we are facing; it's not always who you typically think [just] because of a label.”
– Grantee

“[We need to] hire staff to address the language barrier. Sixty-nine percent of staff are bilingual, and we want staff that represent families we are working with.”
– Grantee

“[We] identify gaps and work to find ways to expand services to meet those needs.”
– Grantee

Conceptual Model of Meaningful and Equitable Outcomes



Youth Perspectives on Meaningful and Equitable MHSSA Outcomes

Youth emphasized the importance of adults providing a safe space to feel that they can talk about their mental health and potentially to ask for help. In addition, youth shared that they seek a school climate that supports their well-being (e.g., an environment that isn't stressful and where there is no bullying and where students get along). Youth emphasized the importance of knowing where to get help and having the ability to access those services.

“[A school that centers well-being has] adults who have strong communication skills and know how to connect with students when they don't initially understand and they take the time to understand and see what might be going on behind the surface. Sometimes they think everything is fine when it's not.”

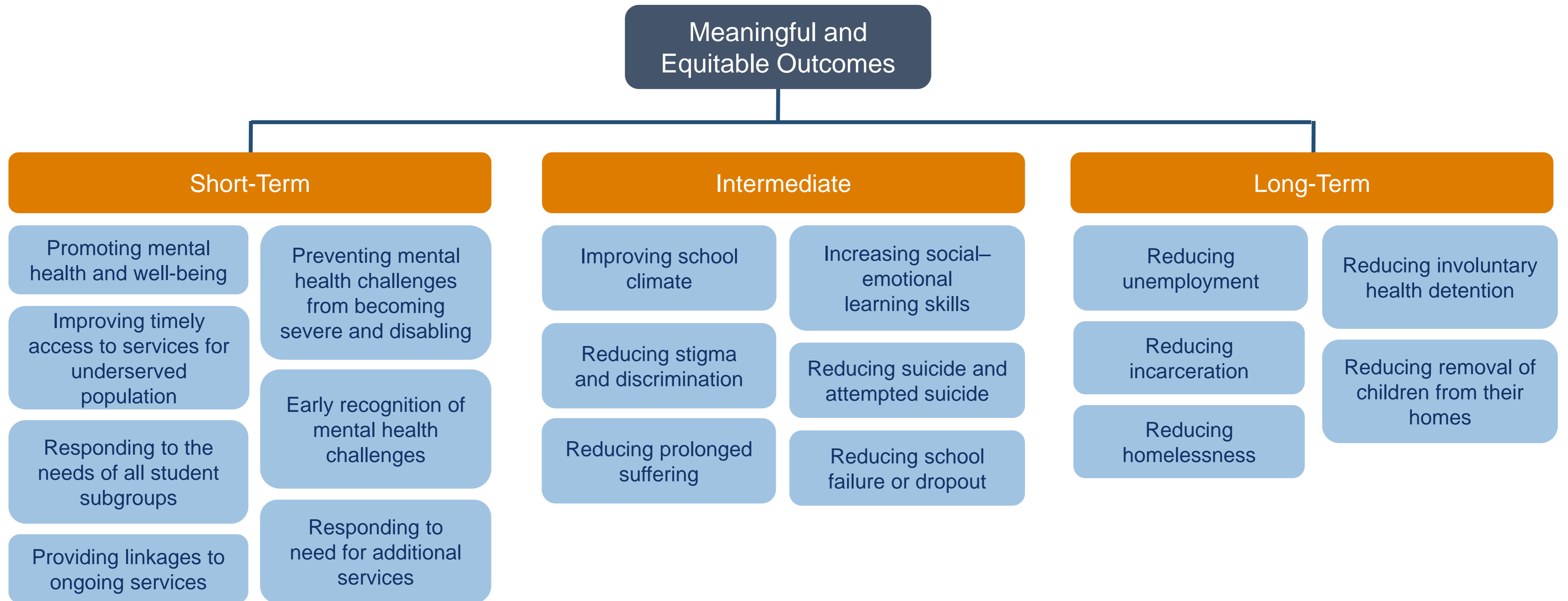
“[It is good] if more students are reaching out to get resources. If there are a lot of resources, it's not always very effective because students either aren't aware of their own mental health to know they need help or are otherwise hesitating to reach out.”

“[It is important that school staff] exhibit safe space behavior—[that they practice] inclusivity and open-mindedness and promote students to speak respectfully and thoughtfully and [have] open-door policies.”

“[A school that centers well-being looks like] no kids fighting and arguing in schools, no one running down the halls screaming. Just everyone going to class, doing what they need to do.”

Meaningful and Equitable Outcomes— Reflection Activity

Conceptual Model of Meaningful and Equitable Outcomes



Reflection Activity

1. What outcomes matter most to you and the communities you serve that are not represented here?
2. Are the outcomes sorted in the appropriate columns (short/intermediate/long-term)?
3. Which outcomes do you think are the most important measures of success for MHSSA?
4. Would we expect for these outcomes to improve based on grantees' use of funds?
5. What proxy indicators/metrics might be gathered to measure intermediate and long-term outcomes of the MHSSA? In other words, if we are not able to measure a long-term outcome such as "reducing involuntary health detention" is there an indirect measure of the desired outcome which is itself strongly correlated to that outcome?

Next Steps

- **Next Workgroup Meeting**
 - Review and collect feedback on metrics and measures
- **Please let us know if you would like to serve as a reviewer on upcoming iterations of the evaluation framework!**



Thank you!

Contact us anytime!

- MHSSAeval@wested.org
- **Natalie Romer:** nromer@wested.org
- **Nicole Tirado-Strayer:** ntirado@wested.org