

## Mental Health Student Services Act (MHSSA) Draft Theory of Change

**IF MHSSA**, incentivizes building and strengthening partnerships between county behavioral health departments and local education agencies.



### **THEN, PARTNERS ARE ABLE TO WORK TOGETHER TO:**

- Increase capacity to provide a continuum of behavioral health services and supports to students and families in schools (e.g., universal screening, suicide prevention, Tiers I, II, and III services, and Wellness centers).
- Increase access to culturally relevant behavioral health services for unserved or underserved populations (e.g., hiring staff from diverse communities).
- Increase outreach and training (e.g., mental health awareness and trauma-informed training for students, parents, and educators).
- Improve referral pathways and linkages to community services (e.g., partnership development, creating protocols and procedures).
- Make services and support sustainable over time (e.g., Medi-Cal billing, staff capacity building).



### **THEREBY, WHAT WOULD SUCCESS LOOK LIKE FOR:**

*Feedback from October 5 MHSSA Workgroup Meeting*

#### Students and families

- Students are more motivated and academically engaged\*
- Students are more resilient\*
- Students attend school regularly\*
- Students know where to receive support\*
- Students are able to identify their protective factors and personal strengths
- Achievement and graduation gaps are closed
- Understand how different subgroups are impacted
- Students feel safe at school
- Student needs are identified early, linked to and engaged with services

#### Schools and educators

- School services are culturally and linguistically appropriate
- Schools are equipped to meet the needs of all students (adequate Tier II and III services).
- School address the social determinants of health and connect students/families to resources
- Schools create opportunities for youth with lived experience to be peers and help others
- Schools create a pipeline for employment in the mental health field

#### Partnerships and systems\*

- Partners have shared language and understanding
- Data sharing and infrastructure are in place (e.g., data use agreements, HIPAA/FERPA)
- All students are served regardless of insurance
- Partnership services are sustainable
- Services are integrated
- The delivery of services is seamless
- School mental health initiatives are aligned

*\*Indicates overlap with emerging list of measures for Children and Youth Behavioral Health Initiative*

## Children and Youth Behavioral Health Initiative Description

The Children and Youth Behavioral Health Initiative was announced in July 2021 with a \$4.4B investment to enhance, expand and redesign the systems that support behavioral health for children and youth.

The goal of the Children and Youth Behavioral Health Initiative is to reimagine mental health and emotional well-being for ALL children, youth, and families in California by delivering equitable, appropriate, timely and accessible behavioral health services and supports with the following aspirations:

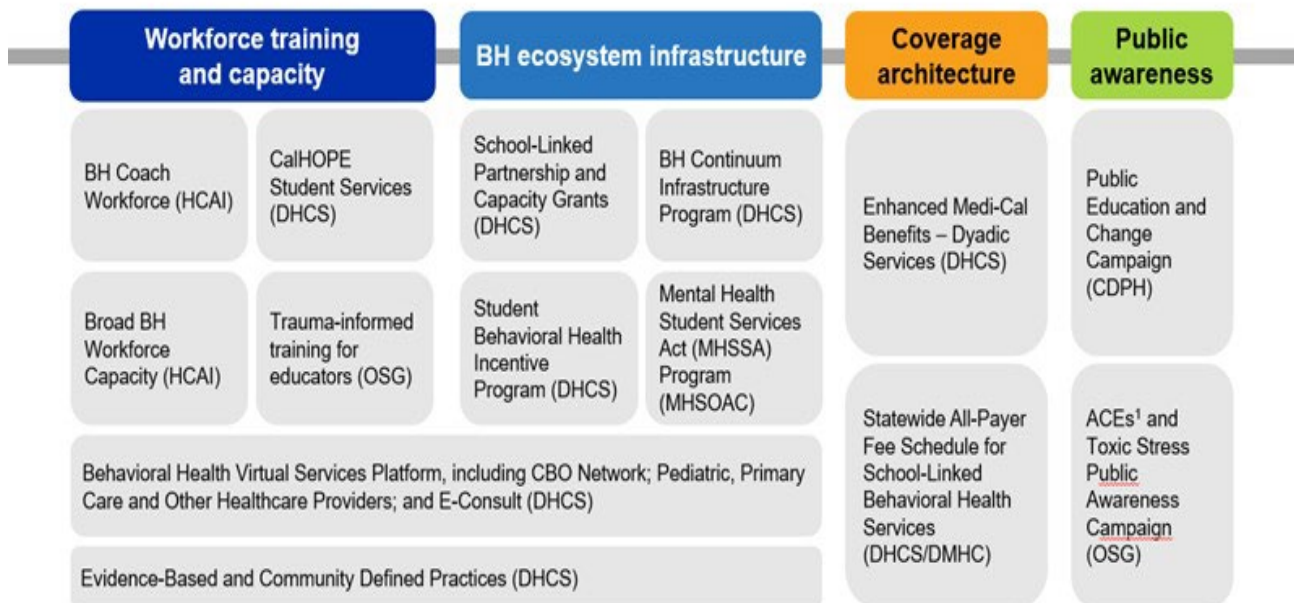
- Advance Equity: ALL children, youth and their families have access to linguistically, culturally, and developmentally appropriate services and supports.
- Designed for Youth by Youth: Children and youth are engaged in the design and implementation of services and supports; ensuring that programs center on their needs
- Start Early, Start Smart: The systems that support children, youth and their families act early by promoting positive mental health and reducing risk for more significant mental health needs and challenges
- Center around Children and Youth: Across all levels of government, child- and youth-serving agencies form coordinated systems of care to deliver high-quality behavioral health programs responsive to the needs of youth and their families
- Empower Families and Communities: People who teach, work with or care for children and youth are equipped to recognize signs of poor mental health or substance use and know how to access supports
- Right Time, Right Place: Youth and children can access high-quality care and information when they need it — including early mornings, evenings, and weekends and where they need it — including where they live, learn, and play
- Free of Stigma: Children, youth and their families can talk about their mental health and well-being and seek help without feeling ashamed or fearing discrimination

(Source: *California Health and Human Services Agency*, [www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/](http://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/))

## Children and Youth Behavioral Health Initiative Key Areas of Focus



## Children and Youth Behavioral Health Initiative Workstreams and Departments



Source: California Health and Human Services Agency

1. Adverse childhood experiences



## Emerging List of Outcome Measure Domains and Measures for Children and Youth Behavioral Health Initiative

\* indicates potential measures of success for the Mental Health Student Services Act (MHSSA) identified by the MHSSA workgroup and the public at the October 5, 2022 MHSSA Workgroup meeting.

Population Outcomes	System-level Performance Measures
1. Increase in overall mental well-being for children and youth*	8. Increase in knowledge of available BH supports and services*
2. Decrease in mental health challenges	9. Increase in children and youth who received mental health and substance use services and supports
3. Decrease in rates of suicidal ideation for vulnerable populations	10. Increase in diversity of BH professionals, especially in underserved communities
4. Decrease in emergency room visits and hospitalizations for children and youth with mental health and substance use related conditions	11. Increase in preventive services and family supports for children ages 0-5
5. Decrease in rates of school absenteeism*	12. Increase in substance use prevention strategies specifically for younger children and adolescents
6. Decrease in stigmatizing attitudes toward behavioral health	13. Decrease in barriers to care for children and youth from underserved communities
7. Improvement of experience with BH services and supports for children, youth, and families	14. Increase in cross-sector collaboration and adoption of continuous improvement approaches*
	15. Increase in utilization of the school-linked statewide fee schedule