Research and Evaluation Committee
Mental Health Student Services Act (MHSSA) Workgroup
Teleconference Meeting Summary
Date: Wednesday, October 5, 2022 | Time: 1:30 p.m. – 3:00 p.m.

MHSOAC
1812 9th Street
Sacramento, CA 95811

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Committee Members:	Staff:	Other Attendees:
Sharon Ishikawa* Gustavo Loera* Mari Radzik* Eleanor Castillo Sumi*	Latonya Harris Kai LeMasson Melissa Martin-Mollard Tom Orrock	Theresa Comstock John Drebinger Steve Leoni Elizabeth

*Participated remotely.

Agenda Item 1: Welcome and Roll Call

Melissa Martin-Mollard, Ph.D., Director of the Research and Evaluation Division, welcomed everyone to the first meeting of the Research and Evaluation Committee MHSSA Workgroup. She called the meeting to order at approximately 1:30 p.m. She reviewed the meeting agenda.

Kai LeMasson, Ph.D., Senior Researcher, reviewed the meeting protocols, called the roll, and confirmed the presence of a quorum.

Agenda Item 2: Information – MHSSA Workgroup Purpose and Goals

Dr. Martin-Mollard reviewed the workgroup's purpose, goals, and deliverables as outlined in the project charter. She stated this workgroup provides the opportunity to have a public discussion about MHSSA evaluation planning and receive input from Workgroup Members and public partners. The Workgroup will work over the course of the next year to accomplish the following:

- Support the development of evaluation components, such as a Theory of Change Model.
- Provide guidance on implementation of the Commission's community engagement plan, including the methods and processes for engagement.

- Review and provide feedback on information provided by Commission staff and contractors conducting the evaluation (e.g., evaluation plans and methodology).
- Provide guidance and insight into the development of reports, and review draft reports produced from analysis or synthesis of MHSSA quantitative or qualitative data prior to public release.
- Along with Commission staff, report out at Committee meetings on MHSSA Workgroup activities. When appropriate, lead peer/public discussion of MHSSA evaluation during Committee meetings.

Public Comment

There was no public comment.

Agenda Item 3: Information – MHSSA Evaluation Planning

Dr. Martin-Mollard stated the Workgroup will hear a presentation on the Research and Evaluation Division's progress in planning the MHSSA evaluation. She asked staff to present this agenda item.

Latonya Harris, Ph.D., Co-Lead, MHSSA evaluation, provided an overview of the background, vision, priority, and evaluation planning of the MHSSA. She stated the priority for MHSSA was to disseminate funds, particularly as student mental health needs intensified during the COVID-19 pandemic. The legislation requires data reporting and monitoring of the MHSSA to track performance metrics and outcomes. Data collection began in 2022. Now that the county-school partnerships have been funded and services have been implemented, the Commission has begun to formally develop the evaluation process by inviting potential partners to submit requests for qualifications to engage in a formal evaluation process. Proposals have been received and are being reviewed.

Discussion

Committee Member Loera referred to the second bullet point in the work of the Workgroup over the course of next year, to provide guidance on implementation of the Commission's community engagement plan, and asked if this has already been done.

Dr. Martin-Mollard stated the team developed an internal document with Tom Orrock, Chief, Community Engagement and Grants Division, and his team to begin laying out a plan for community engagement. Feedback from this Workgroup on the community engagement plan will be solicited at the next Workgroup meeting. Today, staff is requesting input on the Theory of Change Model, as part of the next agenda item.

Committee Member Loera asked about preliminary data on the 18 applicants that were part of the Phase 1 grants, which were awarded in 2020.

Dr. Harris stated individual-level demographic data and aggregate-level data has been gathered from the Phase 1 grantees.

Committee Member Loera asked if data has been gathered and perhaps analyzed to help formulate how to structure evaluation questions. It is important to ask the right questions.

Dr. Harris stated only two rounds of data have been submitted to date. Staff has not yet begun to formally analyze data but has basic insights into the types of services these partnerships are providing that could help inform the Theory of Change Model.

Committee Member Radzik asked about an updated grant summary document to reflect the newest grantees. There is one online dated January 21, 2022.

Mr. Orrock stated the online Grant Summary Document is the most up-to-date document available. It reflects 38 programs but there are now 57. It needs to be updated; however, many counties recently received additional funding. Staff is working with these counties to learn how those additional funds will enhance or expand their programs. The Grant Summary Document will be updated soon to reflect these changes. Monthly check-ins with all grantees will be provided to staff in writing on what they are currently working on, implementation challenges, etc., which will also be valuable.

Committee Member Sumi stated funds were distributed between large, medium, and small counties. To help inform the discussion on the Theory of Change Model, it would be helpful to get more information about the kinds of partnerships that were granted. Also, it would be important to learn how the additional funding was used – to expand the number of schools implementing services or to enhance the work being done in particular schools. Not all schools are selected. It is important to learn why certain schools were selected and if there are differences between large and small counties. This will help to inform the Theory of Change Model.

Mr. Orrock stated small counties received $2.5 million, medium counties received $4 million, and large counties received $6 million. Counties that applied for it received the additional funding. Large counties received an additional $1.2 million. Counties have been asked to describe how they will expand to other schools or bring on new staff to serve more students. Also, there was a focus in these grants on students who were from Title 1 schools or where there was a high number of students who received free and/or reduced lunch. It is important for the evaluation to look at this to ensure students with the greatest needs are being served.

Committee Member Loera asked if there is an accountability mechanism to ensure the funding is not just spent for the sake of spending due to short timelines.

Mr. Orrock stated workforce is a big part of that. A mental health workforce is difficult to find. He suggested incentivizing peers, interns, and clinicians to work in schools and taking advantage of this opportunity to grow the workforce by drawing young people into the conversation and providing peer services on campus to get young people interested in the profession. Counties are asked for quarterly hiring and annual fiscal reports to track spending.

Committee Member Sumi stated interns and trainees in school settings need supervisors. One of the ways to work around the workforce issue is to work with community-based organizations to house the supervisors and farm trainees into the school sites.

Mr. Orrock stated the need to incentivize bringing in clinical supervisors as well.

Committee Member Sumi stated the need to be mindful that school providers are fighting for those same resources. Encouraging schools to hire is great, but partnering with organizations is more effective because resources are there.

Committee Member Sumi asked if the county-school partnerships have room to put funding toward building out the infrastructure so they have technology to communicate with each other rather than spending the time entering in the data or spending funding to hire a data entry person.

Mr. Orrock stated there is freedom on how these funds can be used. Some counties are spending the majority of their funds in developing partnerships within the county to put an infrastructure together for future spending, and there are schools that are building wellness centers. It would be interesting to focus on how these partnerships work and the effectiveness of partnerships that include additional entities such as community-based organizations, probation departments, departments of social services, and local employers. The partnerships should be significant. For sustainability, it is important to continue to discuss growing partnerships beyond three or four entities identified in the legislation.

Community Member Sumi agreed that partnering is important but stated it is also important for community-based organizations to take referrals from the community that are not exclusively carved out in the school referrals that come through that this grant is focused on. It impacts the whole community that comes to community-based organizations. It is important to provide services onsite so services can be provided immediately rather than being put on a wait list.

<u>Public Comment</u>

Theresa Comstock, Executive Director, California Association of Local Behavioral Health Boards & Commissions (CALBHB/C), and Chair of the State Rehabilitation Council that advises the California Department of Rehabilitation (DOR), suggested involving the 59 mental and behavioral health boards and commissions during the planning process. There may be ways during and after the planning process that the boards and commissions can be involved, especially regarding the performance, impacts, and successes of these programs.

Steve Leoni, consumer and advocate, agreed that there are workforce issues in all fields. The speaker suggested looking at the workforce, education, and training (WET) component of the MHSA when recruiting. Although the WET component is not part of this funding, hearing stories from clients and family members and individuals from underserved communities early on might inspire more individuals to become part of the mental health workforce.

Dr. LeMasson read a comment in the Chat Section from Debbie suggesting communication between the MHSSA and the California and Youth Behavioral Health Initiative (CYBHI), since they actively work on many of the same issues, so efforts and funds are not duplicated.

Dr. Martin-Mollard stated, for the evaluation component, staff is expecting that the contracted evaluation partner will look for opportunities to align evaluation efforts with

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the CYBHI. Toby Ewing, Executive Director, MHSOAC, sits on the advisory committee for the CYBHI.

Mr. Orrock stated staff is collaborating with the Department of Health Care Services (DHCS) on a Memorandum of Understanding (MOU) to work closely on efforts to launch programs that are evidenced based and that work for children and youth. The California Department of Public Health (CDPH) and the DHCS have been invited to collaboration meetings to discuss existing programs that fund services on campuses.

Agenda Item 4: Information – MHSSA Theory of Change Model Development

Dr. Martin-Mollard stated Commission staff will seek input and guidance from the Workgroup and public members on developing a Theory of Change Model for the MHSSA. She asked for the discussion to begin with what success looks like for students, families, schools, educators, community, partnerships, and systems. She noted that this discussion is the first of many conversations and community engagements to develop the Theory of Change Model for the MHSSA.

Dr. Martin-Mollard reviewed today's goals as follows:

- Backward mapping – begin to fill in a Theory of Change Model, beginning with the desired goals that the Workgroup thinks the MHSSA should and will achieve.
- A rudimentary Theory of Change has been drafted to begin the discussion. Workgroup Members will provide feedback on desired long-term goals, outcomes, and successes that would be expected as a result of the MHSSA.
- Today's discussion is a starting point in this process. Conversations with partners will continue over the coming months to fill in different components of the Theory of Change Model. It will be revised and refined, based on public feedback.

Dr. Martin-Mollard stated a Theory of Change Model is a comprehensive description and illustration of how and why a desired change or outcome is expected to happen as a result of a program or initiative, like the MHSSA. It is usually one of the first steps in evaluation planning because it provides a foundation for the evaluation and the development of research questions and a more detailed logic model. The Theory of Change Model will provide an overarching picture of the different ways that the MHSSA might lead to change and produce success for students, families, schools, educators, partnerships, and the system.

Dr. Martin-Mollard showed a slide of a simplified draft Theory of Change chart that focuses on success. She pointed out key features of the chart and stated additional boxes and arrows will be added over time as it is flushed out with public input.

Dr. Martin-Mollard asked a series of questions to facilitate the discussion. Workgroup Members provided feedback as follows:

1. What would we expect success to look like for <u>students</u> who are receiving MHSSA activities, services, and supports? What long-term outcomes do we hope to see for students? How about for families?

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- A lot of literature has already been published on the risk factors for the Social Determinants of Health (SDOH), but it is important to continue this conversation and to define structural and systemic risk factors.
    - Individuals are exposed to things that they are not aware of that could be potential drivers that lead them to feel depressed or anxious, which could become more severe.
- Protective factors do not apply to all students due to diversity of populations. One of the things that can be done as part of curriculum development is to help students identify their personal strengths and assets and what they value the most.
    - Helping students identify those inner strengths and assets and linking them to workforce development would be a valuable tool to help them work with other individuals who may also be struggling.
    - Identifying protective factors changes the trajectory from illness to wellness while, at the same time, creating a pipeline for young people to potentially work in the mental health field and serve their communities.
- Work with schools to help students become more academically engaged. This builds resiliency that should be a part of the Theory of Change Model.
- Tie services to academic outcomes. Education attainment is a SDOH.
- Ultimately close achievement and graduation gaps.
- Look at the data across all the different demographic variables, including sexual orientation and gender identity (SOGI) data.
- Things need to be individualized for the student. Many young people deal with different issues. Individualized plans, whether through IEPs or 504s, and schools that successfully assist young people with those services are important and link to everything else.
- Gathering SOGI data is important. Many young people link to alternative school sites. It is important to ensure that these schools and these services are addressed in a strength-based approach, which comes from an individualized way of looking at all students.
- In the recent report, *Well and Thriving, Prevention and Early Intervention in California*, Dr. Thomas Insel was quoted as saying that the tendency is to focus on the crisis. The language in the draft Theory of Change Model still speaks to that. Although difficult to assess, it may be interesting to look at early identification and how to learn the number of students who sought services early enough and had contact with a peer at school, like in the wellness centers, to help them deal with issues. These impacts are not measured because it is abstract. It is difficult to know whether an individual was actually struggling outside of interviews asking students how they felt before they came into the wellness center. If just having contact with the peer-to-peer wellness center gave them a new outlook on life, then we can start to say we are making an impact. Recovery needs to be looked at differently. We are

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still in the crisis-thinking mode; we need to focus not on reacting to crisis but on how to change life trajectories early on. Consider how to measure proactively.

- A metric to consider for students and schools is for those who are identified and referred to services or supports – how many of them link to and engage with those services and supports to which they were referred? Do they find them helpful?

2. What would we expect success to look like for <u>schools</u> that are implementing MHSSA activities, services, and supports? What long-term outcomes do we hope to see for schools? How about for educators?
   - Create a system where schools can meet the needs. Schools are implementing MTSS and PBIS in a multi-tiered system, but Tiers 2 and 3 are often inadequate.
   - Ensure that schools have the resources they need to fully meet the needs of students on all levels, whether in special education or not. This includes addressing other things like the SDOH issues.
   - A metric to consider for schools and students is to what extent they feel more equipped with knowing where to go and how to support the steps to take – who to talk to and who to reach out for – when they identify a student who might be at risk or who might be struggling or going through a difficult time. Do they know the steps to take to be able to offer support and reach out to that student?
   - Oftentimes, navigating or even starting to navigate the system is one of the biggest challenges in being able to support students.
   - It is important to have culturally-competent and culturally-diverse services for both youth and schools so that there is cultural matching for young people for identification but also that language is so important because we are not just working with the student, we are working with the family, and so many family members need support to navigate systems in the school setting. Language is important to address.

3. What would we expect success to look like for <u>partnerships</u> that are collaborating to implement MHSSA activities, services, and supports? What long-term outcomes do we hope to see for partnerships? How about for systems change?
   - Shared language and a common understanding.
   - How well and to what extent did the schools, districts, and counties work through the Federal Research Public Access Act (FRPAA) and the Health Insurance Portability and Accountability Act (HIPAA) to come to a data-sharing agreement?
   - What does that look like in terms of their ability to monitor their respective program implementations for their different measures of success?
   - Shared language, building the workforce, understanding or discovering some of the risk factors students are exposed to, and discovering protective factors that students have such as language and understanding culture are good ways to partner with community-based organizations that work with schools.

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- HIPAA is a potential barrier to students entering the workforce, shadowing a professional, and feeling like they have a meaningful role. When this is done much earlier, such as in 11th grade, we are more likely to hold onto young people in that pipeline to become mental health service professionals.
- Counties have positions that will only be given to community college students but they are unable to fill them due to disinterest. Give them to students as a paid summer internship, which can help families as well.
- Partnerships are a success, not just county to school – consider how to bring in community-based organizations that need someone who speaks a particular language or comes from a particular cultural background. This can provide a huge level of support for families who do not have access to culturally and linguistically appropriate resources.
- Measure the number of students served within each county with the partnership and whether the partnership is continuing to expand the number of schools that can reach more students and not just students on Medi-Cal.
- There is better integration between the cross-function teams that talk about solving issues for students rather than who is paying for what services.
- Have a clear vision of how different initiatives come together to fill gaps and how well the different tiers and funding streams scaffold services to meet needs.
- Put infrastructure in place to share data more efficiently.
- Partner with community-based organizations that provide mental health services. It is important to get buy-in from the community-based organization and the school they serve. Programs that are success should embrace having the team onsite and integrated into the school setting so it is seamless for services that are mental health or behavioral health oriented as well as on the academic side. The partnership should look integrated and seamless.
- If agencies are offsite and schools are referring to those agencies, a success partner would have figured out a way to move patients back and forth between the agency and the school. Traveling to a community-based organization for services offsite is a barrier to care.

<u>Public Comment</u>

Theresa Comstock stated the CALBHB/C supports outcome data regarding school-based wellness such as attendance, grades, and classroom behavior; standardized screening and assessments; reporting by self and family; tracking cultural, race, ethnicity, LGBTQ, and age data; and being able to tease out that information to see where programs are not addressing them to make them better informed for those categories. She suggested allowing small counties to report trends.

Theresa Comstock stated the State Rehabilitation Council would like to see more employment programs in schools and through behavioral health agencies for individuals with mental illness. The speaker suggested tracking that data. Employment is a large part

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of wellness and, oftentimes, students with disabilities who have not been on the path toward employment or future education by the time they graduate end up in mental health crisis or at home, so that wellness long-term is not there once they leave school. The DOR and behavioral health agencies already have cooperative agreements with each other or with schools. Integration of these programs needs to be more solidified with mental health.

Elizabeth stated concern with hearing pathologizing language that adolescents were using around normal feelings and experiences and being quick to diagnose themselves as having clinical dysfunction. The speaker gave an example: when it would be natural to talk to teachers about postponing examinations, students instead are suddenly experiencing panic attacks. The speaker stated, while we may believe we are helping students have some literacy around this, there is no room for nuance of emotions. Students believe it is normal to have big feelings.

Elizabeth stated Ventura County has a number of wellness centers, some funded by the MHSSA and others funded by California Advancing and Innovating Medi-Cal (CalAIM). The speaker stated concern that the individuals working as peers are working in a clinical model, so they are being directed into clinical programs rather than understanding or having training about the peer perspective of partnering and collaborating and using those peer values to shift the medical model system.

Elizabeth stated concern that the constant surveys only ask students about negative emotions and feelings rather than asking what they are doing well or how they overcame issues. Surveys focus students' attention on distressing situations leading up to crisis. The speaker suggested including the metric of bullying.

Elizabeth echoed Theresa Comstock's comment about focusing on vocational training and employment. Not everyone wants to go to college. It is important for students not to feel bad about that and their vocation of choice. The speaker stated the need to find ways to embrace all possibilities.

Steve Leoni agreed with Elizabeth's comments. The speaker noted that the Theory of Change chart was not on the website; this puts the speaker at a disadvantage. The speaker referred to Number 3 on page 4 of the handout, which was included in the meeting materials, conduct landscape analysis to understand MHSSA in context, and stated it was important. All counties work differently. It is important to know explicitly what is going on before preposing anything.

Steve Leoni referred to Number 4 on page 4 of the handout, identify performance metrics and report on outcomes, and stated some performance metrics are good but the language under Number 4 states "based on community-defined priorities, the Commission will identify relevant outcomes that align with the MHSSA and can be monitored with available data from grantee reporting and/or existing data systems that the Commission can access." The speaker has been a part of efforts to do research and evaluation. Everyone has a list of what they would like to measure but they think that only data that is already collected can be used and that they cannot afford to collect anything more. The problem is existing data is based on the way the system used to be. Trying to transform the system and looking at new things cannot happen without the new data. Many efforts fail because of this. The speaker asked the Workgroup to look at those realities while putting these pieces together

and perhaps to even think about how data collection can be streamlined and made less expensive.

Steve Leoni stated, regarding the difficulty with the personnel workforce, it is difficult to hire individuals when funding is for a finite amount of time. Sustainability needs to be taken seriously. Establishing wellness centers on school campuses is great but they require ongoing funding.

John Drebinger, Senior Advocate, Policy & Legislative Affairs, California Council of Community Behavioral Health Agencies (CBHA), suggested including community-based organizations at the table and thinking about community-based organizations as a way to continue coordinating services with schools and ensuring that all students have access. The CBHA would be interested in supporting the Workgroup.

Agenda Item 5: Adjournment

Dr. Martin-Mollard thanked everyone for their participation and feedback. The next Workgroup Meeting is expected to be held before the end of the year. She adjourned the meeting at approximately 3:00 p.m.

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