



**Research and Evaluation Committee
Mental Health Student Services Act (MHSSA) Workgroup
Teleconference Meeting Summary
Date: April 19, 2023 | Time: 2:00 p.m. – 3:30 p.m.**

**MHSOAC
1812 9th Street
Sacramento, CA 95811**

****DRAFT****

Committee Members:	Staff:	Other Attendees:
Sharon Ishikawa* Gustavo Loera* Mari Radzik* Eleanor Castillo Sumi*	Melissa Martin-Mollard Latonya Harris Kai LeMasson Tom Orrock	Lucy Cunningham

*Participated remotely.

All Committee Members present.

Agenda Item 1: Call to Order and Roll Call

Melissa Martin-Mollard, Director of the Research and Evaluation Division, welcomed everyone to the third meeting of the Research and Evaluation Committee MHSSA Workgroup. She called the meeting to order at approximately 2:00 p.m. She reviewed the meeting agenda.

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

Agenda Item 2: Action – December 16, 2022, Meeting Minutes

Committee Member Loera made a motion to approve the December 16, 2022, meeting minutes as presented. The motion was seconded by Committee Member Radzik.

Vote recorded with participating members as follows:

- Approve: Committee Members Ishikawa, Loera, Radzik, and Sumi

Agenda Item 3: Information – MHSSA Evaluation Planning

Presenters:

- Melissa Martin-Mollard, Ph.D., Director of Research and Evaluation
- Kai LeMasson, Ph.D., Senior Researcher

Dr. Martin-Mollard reviewed the Summary of Feedback Received to Support Evaluation Planning for the MHSSA from the December 16, 2022, MHSSA Workgroup Meeting document, which was provided in the meeting materials.

Feedback received on how to conduct outreach and community engagement most effectively for evaluation planning:

- Partner with trusted agencies and community members that have knowledge of the “local landscape” when planning MHSSA community engagement events.
- Employ strategies to increase access to and participation in events such as (a) leveraging existing meetings for people’s convenience; (b) holding events in locations where people naturally congregate such as schools and churches; (c) holding events in languages that the community speaks; and (d) supporting people in attending events by providing transportation, stipends and/or gift cards.
- Engage parents and students from diverse communities and recognize heterogeneity within groups (i.e., not all Latino groups are from Mexico) and intersectionality.
- Ensure clear communication and continuous engagement so that the information collected during engagement events is reflected back to the community, validated, and considered in decision making.

Feedback was received on aligning success metrics with state initiatives, such as the Child and Youth Behavioral Health Initiative (CYBHI). Of the CYBHI’s 15 proposed population outcomes and system-level performance measures to best measure performance of the CYBHI, MHSSA participants identified two they felt were important to the MHSSA evaluation and improving practice:

- A decrease in stigmatizing attitudes toward behavioral health (population outcome #6).
- An increase in diversity of behavioral health professionals, especially in underserved communities (system-level performance measure #10).

Dr. Martin-Mollard stated staff will continue to track meeting participant feedback and report out at future meetings to establish an ongoing communication loop so that individuals feel heard and have the opportunity to validate, clarify, and refine their statements to support MHSSA evaluation planning. Additional points or clarifications to information in the summary can be sent to staff.

Dr. Martin-Mollard reviewed the MHSSA Evaluation Overview and Timeline document, which was provided in the meeting materials. She stated the evaluation will take place in three general phases: planning, implementation, and findings and dissemination.

- Phase 1, planning, will include community engagement, evaluation framework and key questions, school mental health metrics, evaluation plan and legislative report.

- Phase 2, implementation, will include ongoing community engagement and data collection and analysis.
- Phase 3, findings and dissemination, will include ongoing community engagement and dissemination of preliminary findings.

Dr. Martin-Mollard reviewed the process for selecting an evaluation partner and introduced WestEd, the Commission's lead MHSSA evaluation partner to lead evaluation planning (Phase 1).

Dr. Natalie Romer, Senior Program Associate, WestEd, introduced members of the leadership team in attendance and provided an overview of WestEd and the type of work it supports.

Dr. Nicole Tirado-Strayer, Senior Research Associate, WestEd, provided a brief overview of WestEd's participatory research approach that will be used in developing the MHSSA evaluation plan over the next 18 months for Phase 1. The planning process is intended to be co-designed with community involvement throughout the process and will adapt to the needs and perspectives of the community.

Dr. Tirado-Strayer reviewed evaluation goals outlined by the Commission that will guide the initial structure of Phase 1:

- Develop performance metrics that cut across systems to create a shared understanding of student success and wellbeing.
- Understand the impact of MHSSA on cross-system partnerships, access to comprehensive mental health services in schools, local communities, and student outcomes.
- Understand MHSSA implementation, successes, challenges, and lessons learned to identify best practices and needs for technical assistance.
- Understand the different needs and experiences of student subgroups and the provision of mental health services to close the equity gap.
- Build comprehensive, effective, and sustainable school mental health systems in local communities.

Dr. Tirado-Strayer stated the first steps are to think through community engagement and how that will be a through-line in all subsequent phases of the work; develop an evaluation framework and key questions; identify and develop school mental health metrics; develop a metrological and analytical approach; and develop a report to the Legislature describing successful strategies, identifying needs, describing lessons learned, reporting on the number and demographics of students served, and providing data on preliminary outcomes.

Discussion

Committee Member Loera stated concern about creating a report for Legislators because it rarely gets back to the community in terms of best practices. He stated the best deliverable would be best practices that teachers can use in the classroom and that administrators can use in schools. A good data report is great but translating that data into practical lesson

plans, etc., would benefit everyone in seeing the practices that came from the voice of the community as part of the research process.

Committee Member Radzik asked if community feedback will be included during Phase 1.

Dr. Tirado-Strayer stated WestEd's first activity for Phase 1 will be to think about how the community can be involved in the planning for that 18-month period.

Dr. Martin-Mollard added that one of the first deliverables is the community engagement plan.

Committee Member Ishikawa suggested outreaching to those who would not be interested in participating in a meeting and educating them on impacts and how it affects them, their families, students, and communities and how they can be a part of change as a way to encourage them to participate throughout all phases of the project.

Public Comment

Lucy Cunningham, parent advocate, Los Angeles County, stated the importance of using the words "parent" or "caregivers" rather than trying to engage "the community" at large. The speaker suggested including DCSS children, children who are awarded by the court, involved in the justice system, or moved place to place, and migrant children who do not attend school year-round, and asked how to follow them to capture that data. These are the numbers really needed because they are the children who are missed the most. The speaker asked about the age range and if it also included college-age youth.

Discussion, continued

Dr. Martin-Mollard stated MHSSA grantees have expressed a need for ongoing technical assistance in several key areas – partnership development, implementation, data collection and reporting, workforce development, and sustainability – and the Commission has responded by developing a technical assistance plan to meet those needs in partnership with WestEd. She asked Mr. Orrock to provide an overview of the plan to provide technical assistance to MHSSA grantees.

Tom Orrock, Chief of Community Engagement and Grants, stated the Commission approved an \$8.2 million approach to providing technical assistance to the MHSSA grantees at the March Commission meeting. Grantees were surveyed about areas they found needed technical assistance. Five areas were identified:

- Partnership development
- Program implementation
- Data collection and reporting
- Workforce development and workforce wellness
- Sustainability

Mr. Orrock noted that technical assistance was happening organically as part of the collaboration between counties. He stated a \$6.2 million Request for Qualifications (RFQs) will be sent to the MHSSA grantees in the next couple of weeks asking for those with

specific expertise in either of these five areas to submit an RFQ to become a member of a Technical Coaching Team.

Mr. Orrock stated, aside from that, there is \$2 million carved out for the Technical Coaching Team to work together to create a scope of work for any additional technical assistance that they need in order to provide technical assistance to the grantees. This hybrid approach will be built upon in future years.

Discussion

Committee Member Radzik asked about the type of technical assistance being discussed.

Mr. Orrock stated MHSSA grantees will be given the opportunity to respond to an RFQ to become a peer coach providing technical assistance to other grantees in one or more of the five identified areas of need.

Public Comment

Lucy Cunningham stated there are things already in place with federally-mandated funding such as Individual Education Plans (IEP) and Education-Related Mental Health Services (ERMHS) that is given to schools and school districts. The speaker asked if this data will be reviewed to learn how they are or are not working and if funding that is intended for mental health is being used for other things.

Dr. Martin-Mollard stated one of the deliverables will be to develop a core set of school mental health metrics that can be used to gauge how well individual schools, districts, counties, and the state are responsive to student mental health needs to start to create quality measures around what a responsive trauma-informed school or district might look like. While it will not be a direct evaluation of the IEP and ERMHS funding streams, the hope is that this work will align with and help to support other initiatives through the core metrics approach.

Lucy Cunningham stated the hope that private schools will also be included in this process.

Discussion, continued

Dr. Martin-Mollard asked a series of questions to facilitate the discussion:

1. What are your reactions and thoughts on the MHSSA evaluation planning – the evaluation phases, technical assistance strategy, and WestEd’s approach to the MHSSA evaluation?
 - Do you have any questions?
2. As WestEd embarks on developing an MHSSA evaluation strategy with the Commission, what are some key considerations that should inform the planning?
3. What are your suggestions for linking/connecting technical assistance and evaluation so that they inform each other?

Committee Members provided feedback as follows:

Committee Member Loera agreed with the importance of community engagement and defining the community and community partners, as suggested by public comment. Having that down on paper is unique. He cautioned that most communities do not trust

government or have a fear of even asking for help. Fear and trust issues will be a huge factor. It is important to identify the right cultural brokers or community champions as an essential part of building that trust and accessing communities that are the most difficult to reach.

Committee Member Loera agreed that workforce development is important. More students in high school are beginning to talk about careers in mental health. This demonstrates that, although there is still stigma, more students are open to mental wellness and mental wellbeing. The problem is that there is no continuation for them to explore that career pathway. He stated there is a lot of work happening in the career technical education space in California. He encouraged building from programs that already have a mental health or human services program in the schools to promote careers in mental health.

Committee Member Loera stated the focus is currently on kids in crisis and getting them the help they need. He stated the need to begin earlier to prevent kids from being in crisis and needing to seek services. He stated the hope that the grantees being funded will think about peer-to-peer type programs to help bring awareness of risk factors much earlier.

Committee Member Radzik echoed Committee Member Loera's comments that prevention and early intervention is crucial but it also is an avenue for young people to be more exposed to mental health in a holistic way. Providing services in the school setting will help reduce waitlists and the wait in community mental health clinics. It is important to have interventions in place so young people can get low barrier/no barrier therapy. She stated she loved that there will be more services on campuses to take advantage of the fact that schools are ecosystems - small cities, towns, or villages. Asking students to get transportation to a therapist who is always booked after school because all students need appointments after school is creating a barrier. Providing therapy in the school setting will increase prevention and earlier intervention services by lowering that barrier to access.

Dr. Tirado-Strayer responded to Committee Member Loera's comments related to trust-building and accessing community members who might be reticent to engage with state representatives. She stated WestEd has used several strategies to work closely with youth and families to train them on how to conduct data collection and work as partners and decision-makers within the leadership team. WestEd followed their lead in meeting individuals within communities that otherwise would be inaccessible.

Dr. Romer added that the WestEd team is grounded in conceptualizing school mental health within a continuum of support and recognizing schools as a point of access. The approach will look at the full continuum and how to support kids, and will think more broadly about who is providing the support and about supporting each other in mental health wellbeing.

Committee Member Ishikawa referred to creating sustainability, whether on the evaluation side with the metrics developed or chosen and the methodological approaches used as well as the technical assistance model that will be developed for county support. She stated the need to consider robust and agile ways to be sustainable to withstand future changes to legislation, policies, and funding streams. She stated the need to consider that big changes in payment reform will directly impact the work being done.

Committee Member Radzik suggested creating programming and evaluation that keeps a diverse population in mind. She agreed with Committee Member Loera's comments about trust and matching. She advocated for LGBTQ youth and young adult populations and individuals with developmental disabilities. Resourcing services on campus would reduce barriers, especially for parents who are monolingual Spanish-speaking. There is so much education and advocacy in community partners like regional centers, SSI, and social security that need to be done. This is an important part of this programming that needs to be kept in mind.

Committee Member Loera stated schools are overwhelmed. Individuals have shared with him that they have funding but they do not know how to spend it. He stated even introducing something positive for them could become another layer of burden. These individuals have asked him for technical assistance to help them coordinate all the different services, since everything seems to be piecemeal. He suggested also paying attention to teacher wellbeing.

Dr. Martin-Mollard stated the sustainability piece includes that issue of alignment and how to navigate and manage all the different funding streams and initiatives and the everchanging policy and fiscal landscape. These issues are important.

Mr. Orrock stated the need for a full-time employee as part of the partnership who can blend funds together, figure out which pot of money goes where, and map things out. The first thing to sustain is that person's position. It is difficult without a fiscal organizer.

Committee Member Radzik stated it is one thing to have a district office person or team doing it but she suggested having a person at the campus who helps on the ground who can facilitate and navigate all those pieces.

Mr. Orrock stated that is addressed in partnership development. County partnership plans often have high-level partnerships at the leadership level but not at the school-based level. He stated the need for partnerships across the levels from school-based staff to county-level staff so everyone hears from everyone else about real challenges in operating a school-based mental health program.

Public Comment

No public comment.

Agenda Item 5: Adjournment

Dr. Martin-Mollard thanked everyone for their participation and feedback. She adjourned the meeting at approximately 3:30 p.m.