



## Draft Categories and Guiding Research Questions for the Evaluation of the Mental Health Student Services Act

(Handout for May 12, 2022 Research and Evaluation Committee Meeting, Agenda Item #3)

The Mental Health Services Oversight and Accountability Commission is charged with reporting to the Governor and Legislature on the impact of the Mental Health Student Services Act (MHSSA) on school mental health and related outcomes.

The Commission is working to best define that opportunity through the lens of what information would support practitioners and policymakers working to address student mental health needs, and what information is practical to access, analyze and report.

To frame a discussion on that opportunity—how best to fulfill the Commission’s analysis and reporting opportunity—Commission staff have identified the following broad categories and high-level questions as a starting point for discussion.

### ***Key Considerations:***

State statute directs the Commission to report on the following:

- Numbers of and demographic characteristics of students served.
- Successful strategies for meeting the mental health needs of students.
- Need for additional mental health and related services.
- Lessons learned.

And to the extent that data are available, the Commission is asked to report on the following:

- Information on students who have been connected with community mental health services through a school mental health partnership.
- Whether programs prevent mental illnesses from becoming severe and disabling.
- Whether programs improve timely access to care for underserved populations.
- Outreach provided to families, employers, primary health care providers and others to recognize the early signs of potentially severe and disabling mental illnesses.
- Reducing stigma associated with mental illnesses or seeking services.
- Reducing discrimination against people with mental illnesses.



- Preventing negative outcomes, including but not limited to:
  - ✓ Suicide and attempted suicide.
  - ✓ Incarceration.
  - ✓ School failure or dropout.
  - ✓ Unemployment.
  - ✓ Prolonged suffering.
  - ✓ Homelessness.
  - ✓ Removal of children from their homes.
  - ✓ Involuntary mental health detentions.

*Opportunity: The Commission has the opportunity to design data collection and reporting to provide the highest value information to further the goals of reducing mental health needs and improving access to care for students.*

*Through the Mental Health Student Services Act, the Commission provides grant funding to support partnerships that include county behavioral health departments, local education agencies, county offices of education and in some instances charter schools. These grant funds range from \$2.5 million for small counties, \$4 million for medium size counties and \$6 million for large counties.*

The Commission is supporting county behavioral health-school partnerships in 54 of California's 58 counties. Funding is not adequate to provide services in all schools. Local partners have considerable discretion in how they use the MHSSA funding, with many launching student wellness centers, enhancing linkages to community mental health services, improving awareness and training for school staff. The diversity of local investments will complicate efforts to design a reporting framework that anticipates consistency across local MHSSA strategies.

*Opportunity: A reporting framework and research questions will need to address the array of implementation strategies. Data collection should recognize that specific data requests may not be applicable to all grantees or all MHSSA implementation strategies. Sampling should be considered.*

MHSSA grant funds are designed to augment existing investments and activities. Funds were explicitly intended to incentivize partnerships among local education and behavioral health agencies with the intent that those partnerships would be better positioned to leverage existing mental health and education funding to meet the needs of students. As such, the impact of MHSSA funding may depend on whether and how local education agencies and mental health partners are using other funds and resources to respond to school mental health needs. For example, local agencies with



strong partnerships before receiving these funds are more likely to have greater impact than those that did not have a pre-existing partnership.

*Opportunity: When designing a data collecting and reporting strategy, how can the Commission recognize and adjust for both pre-existing collaboration and variation in willingness to invest other, non-MHSSA funds in student mental health opportunities.*

The Commission began investing in school mental health partnerships prior to the COVID-19 pandemic and received additional MHSSA funding as the pandemic spread and student mental health needs were escalating. In response, the Commission elected to disseminate funds quickly with the understanding that it would need to design a data collection and reporting strategy as a follow-up to releasing the funds. Similarly, funding was distributed in three phases, with a potential fourth phase. Thus, developing a data collection and reporting framework will need to recognize multiple differences in program launch, duration and the potential for supplemental funding. Additionally, the MHSSA is part of a broader Child and Youth Behavioral Health Initiative that includes more than \$4 billion in funding for mental health services and supports, including investments to enhance the ability of local schools and behavioral health agencies to bill Medi-Cal and commercial insurance for school-based mental health services.

*Opportunity: Metrics and reporting strategies for the MHSSA can be leveraged to inform and report on broader efforts to meet the mental health needs of children and youth.*

### **Questions for Breakout Group Discussion:**

1. The Commission has been granted broad latitude in how it designs a reporting and analysis framework for the MHSSA. What priorities should the Commission take into consideration as it pursues this work if it hopes to provide information and analysis that will be important to meeting the mental health needs of students?
2. Recognizing the complexity of the Mental Health Student Services Act—phased implementation, variation across 54 programs, dependence on leveraging other funds, etc.—are there examples of evaluative strategies or reporting frameworks that lend guidance to this work?
3. The Commission has multiple audiences for its data analysis and reporting activities, state policymakers focused on providing additional funding, local education and behavioral health partners working to design strategies to meet the needs of students, parents and community members who may not be aware of the scale of mental health needs among students yet may be in the best position to support their needs. How can the Commission best weigh trade-offs among these diverse audiences and its capacity to meet their information needs?



## MHSSA Evaluation Categories and Guiding Questions

Category	High-Level Guiding Questions
<b><i>The following categories are required for reporting to the legislature.</i></b>	
Student Profile/Equity <sup>1</sup>	What is the profile of students served by MHSSA services? Are MHSSA services reaching high-risk youth students as intended?
Student Outcomes/Disparities <sup>2</sup>	Do the MHSSA partnership and strategies prevent or reduce negative outcomes including “school failure or dropout,” “suicide,” or “suicide risk”? Have services reduced disparities in mental health outcomes for high-risk groups?
MHSSA Partnerships and Services <sup>3</sup>	How has the MHSSA improved the quality, strength, and availability of school mental health partnerships and services?
<b><i>The following categories are required by the MHSSA legislation, but not specifically for reporting.</i></b>	
Sustainability <sup>4</sup>	How are MHSSA partners working toward sustainability? Have they been successful?
Professional Development and Training <sup>5</sup>	How has the MHSSA funding been used by school mental health partnerships to improve staff professional development and training?
<b><i>These questions are not explicitly required by the MHSSA legislation; rather, they are implicitly supported by legislation; and support the intentions and goals of MHSSA partnerships.</i></b>	
Assessment, Screening, and Referrals <sup>6</sup>	Are MHSSA funded schools adequately assessing students’ need for mental health services, including conducting screenings and assessments? Do MHSSA prevention services and partnerships reduce students’ need for and use of more intensive services?
MTSS, SEL, School Climate <sup>7</sup>	Has MHSSA funding helped improve schools’ existing multi-tiered systems of support (MTSS)/positive behavioral interventions and support (PBIS) models? Do MHSSA partnerships improve overall school climate ratings, including students’ school belonging, support needs, feelings of victimization, and perceived levels of safety?

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## Summary of Legislation

<sup>1</sup> Grants awarded should provide support services that include "outreach to high-risk youth and young adults, including, but not limited to, foster youth, youth who identify as lesbian, gay, bisexual, transgender, or queer, and youth who have been expelled or suspended from school." WIC § 5886 (d)(4); WIC § 5886 (k)(2)(A)(iv)

<sup>2</sup> Grants awarded should provide support services that include "Suicide prevention," "Drop-out prevention", placement assistance. ((WIC § 5886 (d)(2)) Grantee plans should address preventing negative outcomes in the population, including, but not limited to Suicide and attempted suicide; Incarceration; School failure or dropout; Unemployment; Prolonged suffering; Homelessness; Removal of children from their homes; Involuntary mental health detentions. WIC § 5886 (c)(3)(F)(i-viii)

"The commission shall develop metrics and a system to measure and publicly report on the performance outcomes of services using the grants;" and the reports shall address (v) Available data on outcomes, including, but not limited to, linkages to ongoing services and success in meeting the goals identified in paragraph (3) of subdivision (c). WIC § 5886 (k)(2)(A)(iv); WIC § 5886 (c)(3)

<sup>3</sup> The MHSSA legislation states that the Commission "shall award grants to county mental health or behavioral health departments to fund partnerships between educational and county mental health entities;" (WIC § 5886 (b)) that grants awarded shall be provided on school campus and address a variety of support services; (WIC § 5886 (d)) and partnerships should be able to "administer an effective service program" to accomplish desired goals. (WIC § 5886 (c)(4)(E)(iv)). Grants awarded ... "shall be used to provide support services that include...(1) Services provided on school campuses, to the extent practicable." WIC § 5886 (d)(1) "Reports to the legislature should address successful strategies, identified needs for additional services, and lessons learned." WIC § 5886 (k)(2)(A)(i-iii)

Plans should address how funds will be used to facilitate linkage and access to ongoing and sustained services, including, but not limited to, objectives and anticipated outcomes. WIC § 5886 (c)(4)(C)

<sup>4</sup> Grantee were required in their plans to include a description of "The partnership's ability to obtain federal Medicaid, collect information on health insurance, engage health care service plan, connect children and youth to a source of on-going mental health services, and continue to provide services and activities after funding ends." WIC § 5886 I(4)(E)(I-vi)

<sup>5</sup> Funding may also be used to provide other prevention, early intervention, and direct services, including, but not limited to, hiring qualified mental health personnel, professional development for school staff on trauma-informed and evidence-based mental health practices, and other strategies that respond to the mental health needs of children and youth, as determined by the commission. WIC § 5886 (d)(e)

<sup>6</sup> In their applications, grantees were required to indicate how they would address reducing suicide and attempted suicide (WIC § 5886 (c)(3)(F)(i)); prevent mental illness from becoming severe and disabling (WIC § 5886 (c)(3)(A)); prevent negative outcomes (WIC § 5886 (c)(3)(F); address students' needs for and gaps in services (WIC § 5886 (c)(4)(A)); and facilitate linkage across on-going and sustained services to meet grantees objectives and outcomes (WIC § 5886 (c)(4)(C)). Grants are expected to provide drop out and suicide prevention services. WIC § 5886 (d)(2)

<sup>7</sup> "Funding may also be used to provide other prevention, early intervention, and direct services...as determined by the commission." WIC § 5886 (e)