



**Research and Evaluation Committee
Mental Health Student Services Act
Workgroup Meeting**

**April 19, 2023
2:00 to 3:30 pm**

Research and Evaluation Committee Mental Health Student Services Act Workgroup Meeting Notice & Agenda

April 19, 2023

NOTICE IS HEREBY GIVEN that the Research and Evaluation Committee MHSSA Workgroup will conduct a meeting on **April 19, 2023, at 2:00 p.m.** This meeting will be conducted via teleconference pursuant to the Bagley-Keene Open Meeting Act according to Government Code sections 11123, 11123.5 and 11133. The location(s) from which the public may participate are listed below. All members of the public shall have the right to offer comment at this public meeting as described in this Notice.

Date April 19, 2023

Time 2:00 – 3:30 PM

Location Virtual Only

ZOOM ACCESS:



FOR COMPUTER/APP USE

Link: <https://mhsoc-ca.gov.zoom.us/j/84371311370>



FOR PHONE DIAL IN

Dial-in Number: (408) 638-0968
Meeting ID: 843 7131 1370

Public participation is critical to the success of our work and deeply valued by the Commission. Please see the detailed explanation of how to participate in public comment after the Meeting Agenda.

Our Commitment to Excellence

The Commission's 2020-2023 Strategic Plan articulates three strategic goals:



Advance a shared vision for reducing the consequences of mental health needs and improving wellbeing.



Advance data and analysis that will better describe desired outcomes; how resources and programs are attempting to improve those outcomes.



Catalyze improvement in state policy and community practice for continuous improvement and transformational change.

COMMISSION MEMBERS:

Mara Madrigal-Weiss, *Chair*
Mayra E. Alvarez, *Vice Chair*
Mark Bontrager
John Boyd, *Psy.D.*
Bill Brown, *Sheriff*
Keyondria D Bunch, *Ph.D.*
Steve Carnevale
Wendy Carillo, *Assemblymember*
Rayshell Chambers
Shuonan Chen
Dave Cortese, *Senator*
Itai Danovitch, *MD*
Dave Gordon
Gladys Mitchell
Alfred Rowlett
Khatera Tamplen

EXECUTIVE DIRECTOR:

Toby Ewing

Research and Evaluation Committee Mental Health Student Services Act Workgroup Meeting Objectives

Commissioner Dr. Itai Danovitch, the Chair of the Research and Evaluation Committee leads the MHSSA Research and Evaluation Committee Workgroup, comprised of four Research & Evaluation Committee members. The MHSSA Workgroup will provide expert guidance to the Commission regarding MHSSA evaluation planning and implementation.

Workgroup Meeting Agenda

The Workgroup reserves the right to take action on any agenda item as it deems necessary based on discussion at the meeting. Items may be considered in any order at the discretion of the Chair. Unlisted items may not be considered.

2:00 PM

1. Call to Order and Roll Call

Melissa Martin-Mollard, Ph.D., Director of the Research and Evaluation Division.

2:05 PM

2. December 16, 2022 Meeting Minutes

Action

The workgroup will consider approval of the December 16, 2022 Meeting Minutes.

- Public Comment
- Vote

2:10 PM



3. MHSSA Evaluation Planning

Information

- Commission staff will summarize feedback received at the December 16, 2022 MHSSA Workgroup meeting on aligning success metrics with State initiatives (e.g., the Child and Youth Behavioral Health Initiative) and conducting community engagement.
- Commission staff will present the first 18-month phase of the MHSSA evaluation and the plan to provide technical assistance to grant recipients.
- Commission staff will introduce WestEd, the Commission's lead MHSSA evaluation partner who will provide a brief overview of their MHSSA evaluation planning process and receive input from Workgroup members and the public.

- Public Comment

3:30 PM

4. Adjournment

Our Commitment to Transparency

In accordance with the Bagley-Keene Open Meeting Act, public meeting notices and agenda are available on the internet at www.mhsoac.ca.gov at least 10 days prior to the meeting. Further information regarding this meeting may be obtained by calling (916) 500-0577 or by emailing mhsoac@mhsoac.ca.gov

Our Commitment to Those with Disabilities

Pursuant to the American with Disabilities Act, individuals who, because of a disability, need special assistance to participate in any Commission meeting or activities, may request assistance by calling (916) 500-0577 or by emailing mhsoac@mhsoac.ca.gov. Requests should be made one (1) week in advance whenever possible.

Public Participation: The telephone lines of members of the public who dial into the meeting will initially be muted to prevent background noise from inadvertently disrupting the meeting. Phone lines will be unmuted during all portions of the meeting that are appropriate for public comment to allow members of the public to comment. Please see additional instructions below regarding Public Participation Procedures.

The Commission is not responsible for unforeseen technical difficulties that may occur. The Commission will endeavor to provide reliable means for members of the public to participate remotely; however, in the unlikely event that the remote means fails, the meeting may continue in person. For this reason, members of the public are advised to consider attending the meeting in person to ensure their participation during the meeting.

Public participation procedures: All members of the public shall have the right to offer comment at this public meeting. The Subcommittee Chair will indicate when a portion of the meeting is to be open for public comment. **Any member of the public wishing to comment during public comment periods must do the following:**

- **If joining by call-in, press *9 on the phone.** Pressing *9 will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce the last three digits of your telephone number.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.
- **If joining by computer, press the raise hand icon on the control bar.** Pressing the *raise hand* will notify the meeting host that you wish to comment. You will be placed in line to comment in the order in which requests are received by the host. **When it is your turn to comment, the meeting host will unmute your line and announce your name and ask if you'd like your video on.** The Chair reserves the right to limit the time for comment. Members of the public should be prepared to

complete their comments within 3 minutes or less time if a different time allotment is needed and announced by the Chair.

- **Under newly signed AB 1261**, by amendment to the Bagley-Keene Open Meeting Act, members of the public who use translating technology will be given **additional time** to speak during a Public Comment period. Upon request to the Chair, they will be given at least twice the amount of time normally allotted.
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**Research and Evaluation Committee
Mental Health Student Services Act (MHSSA) Workgroup
Teleconference Meeting Summary
Date: Friday, December 16, 2022 | Time: 11:00 a.m. – 12:30 p.m.**

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

****DRAFT****

Committee Members:	Staff:	Other Attendees:
Sharon Ishikawa* Gustavo Loera* Mari Radzik* Eleanor Castillo Sumi*	Latonya Harris Kai LeMasson Melissa Martin- Mollard Tom Orrock	Angela Brand Melanee Cottrill Elveena Fareedi Steve McNally Katy Sommerfeld

*Participated remotely.

All Committee Members present.

Agenda Item 1: Information – Call to Order and Roll Call

Melissa Martin-Mollard, Director of the Research and Evaluation Division, welcomed everyone to the second meeting of the Research and Evaluation Committee MHSSA Workgroup. She called the meeting to order at approximately 11:00 a.m. and 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 – October 5, 2022, Meeting Minutes

Dr. Martin-Mollard asked for a motion to approve the meeting minutes for the October 5, 2022, MHSSA Workgroup meeting.

Committee Member Loera made a motion to approve the 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

Public Comment

No public comment.

Agenda Item 3: Information – Setting the Stage for the MHSSA Evaluation

Dr. Martin-Mollard summarized feedback received at the October 5, 2022, MHSSA Workgroup meeting on the MHSSA Theory of Change Model, provided additional context on MHSSA grants, and lead a discussion on aligning success metrics with state initiatives such as the Child and Youth Behavioral Health Initiative (CYBHI). She noted that the Model will continue to be revised and refined, based on public feedback. The Draft Theory of Change Model was included in the meeting materials and was available on the website under the Research and Evaluation Committee link. Outcome measures that align with CYBHI metrics were marked with an asterisk.

Committee Members provided feedback to Dr. Martin-Mollard's discussion questions as follows:

1. Are there outcomes or indicators set forth by the CYBHI that you see as adoptable or adaptable for the MHSSA and MHSSA evaluation?
2. Based on this list, is there still something missing? Are there still elements of school mental health, student mental health, or systems success that should be included?
 - Multi-tiered supports are missing from the system-level performance measures, such as that schools are implementing it and are implementing it with fidelity.
 - Number 10 under System-level Performance Measures is not only about diversity of behavioral health professionals but is also about capacity – the retention and recruitment of behavioral health professionals to implement the whole package.
 - Workforce issues also apply to Number 13, barriers to care.
 - Include measures that correspond to the different staff levels to provide various services.
 - Ensure immediate employment opportunities to support individuals as they work toward postgraduate degrees.
 - Pay parents and young people for services to validate the work they now are doing for free. Peer work is important on campuses.
 - Measure students enrolled in community college certification programs as juniors in high school.
 - Consider how to support teachers and other caring adults that students rely on by providing trainings on mental wellness.
 - Introduce the idea of this being a meaningful career pathway for parents of younger children.
 - Improve stigma by changing how parents view mental health. Help children normalize conversations at home about mental health as a career path and about free mental health services that are available should the family need them.

- Track graduation rates, which impact the ability for individuals to enter the mental health field.
- Timeliness to access of services is important. Increasing effectiveness with cross-sector collaboration should help provide services sooner.
- Track who is receiving services and who is not. If not, why not? Consider what needs to be done differently to reach populations that decide not to enter treatment?
- Include reducing disparities in the Population Outcomes category.
- In partnerships between schools and counties, give students early exposure to workplace or experiential learning, where students can shadow a professional. This will also promote mental and physical wellness for students.
- Include community engagement projects that students may already be doing that can be considered work-based learning projects for credit that students can be paid to do.
- Move the Population Outcomes and System-level Performance Measures into something that is operationalized for schools and providers to collect data and provide on. Drill down into what is feasible and how outcomes are defined so everyone is collecting the same outcomes.
- Number 6 under Population Outcomes about decreasing stigmatizing attitudes falls within a broader context of stigma and the timeline for it. Culture cannot be changed overnight. Measures are time-based measures following a training. Consider how to measure a shift in overall population attitude over time that also ties into the timeline of reporting outcomes for a particular grant or project. Time-based measures do not necessarily tie in well with the ultimate goal of a culture shift.

Public Comment

Katy Sommerfeld, consumer and advocate, stated the Transformation Schools into Centers of Wellness Initiative is looking for licensed wellness clinicians. The speaker suggested that the wellness team include both clinicians and peers. The speaker also suggested changing the training into wellness training for the whole staff who will be implementing the initiative for children.

Katy Sommerfeld stated there is interest in getting state peer certification lowered to 16 years and older to include transition-age youth (TAY). There may be more interest in a viable career path when individuals start on that path at a younger age. The speaker suggested building that into high schools for students aged 16 and above.

Katy Sommerfeld suggested having mental health wellness education as a mandatory class in middle school and have a wellness center on campus beginning in elementary school to normalize mental health.

Elveena Fareedi, California Alliance of Child and Family Services (CACFS), stated they appreciated the discussion around behavioral health workforce development as it relates to pipeline. This is a critical issue. The CACFS is partnering with Chabot/Las Positas Community District College to work on an apprenticeship program, which addresses

similar issues, with two main focuses: training and exposure into the field earlier and filling gaps with on-the-job-training. The speaker suggested collaborating with counties and college districts that are doing similar work and considering how to increase capacity for counties and college districts to implement similar work.

Steve McNally, family member and Member, Orange County Behavioral Health Advisory Board, speaking as an individual, agreed with ensuring that research can be operationalized. The speaker suggested putting this more in the scope of skill-building and family outcomes rather than industry outcomes. The speaker suggested linking PEI programs to vocational programs later on.

Steve McNally agreed with the importance of timing and showing short-term and long-term things that can be affected such as implementing steps that will affect culture. The speaker suggested being more direct with the goals and strategies to facilitate understanding furthering the work.

Steve McNally stated the importance of understanding how to feed into and out of other projects and about the requirements of the funding. The speaker suggested looking into increasing health, understanding how to better communicate with each other, and teaching skills that eliminate or lessen the impacts of mental illness on the quality of life.

Steve McNally shared a definition of equity as every student getting whatever they need wherever they need it. A college education should not be pushed on students if they instead choose a vocation. A system should be offered to help individuals achieve their best matched with the things they need.

Agenda Item 4: Information – Community Engagement Planning

Dr. Martin-Mollard stated Commission staff will provide an overview of a community engagement plan to inform the MHSSA evaluation and solicit initial feedback from Workgroup members and the public. She asked staff to present this agenda item.

Kai LeMasson, Senior Researcher, reviewed the Draft Community Engagement Strategies for Evaluation Planning, which was included in the meeting materials. She stated staff will work with a contracted evaluator over the next 18 months to hold a series of community engagement activities to help with evaluation planning to develop a logic model, meaningful research questions, and measures of success that matter to communities.

Committee Members provided feedback to Dr. LeMasson's discussion questions as follows:

1. What suggestions do you have on how to engage diverse partners and ensure events are accessible?
 - Engage through social media, especially to reach younger populations.
 - At the same time, consider groups that are not as technologically oriented or that feel more comfortable with in-person contact in a safe space.
 - Provide language-specific engagement so individuals can communicate directly in their preferred languages without being slowed down or disrupted through an interpreter.

- Have trusted community cultural ambassadors host targeted groups.
 - Work with the cultural ambassadors to determine if the events should be in-person or virtual or both. A hybrid setting is difficult for an unestablished group.
 - Provide transportation assistance to bring and orient the group around food.
 - Offer stipends or gift cards to event participants.
 - Consider participants' time and availability.
 - Leverage existing meetings to improve participation.
 - Capture individual stories.
 - Be transparent about budget limitations.
 - A continuous feedback loop is important to ensure that the data represents the community voices.
 - Do not just collect the data but return to communities to share the results of their feedback and participation or to provide trainings or interventions.
 - Give communities more opportunities to react to a result and provide input.
2. What suggestions do you have on specific groups or partners that we should reach out to and engage?
- Parents and marginalized student groups such as BIPOC and LGBTQ youth.
 - Partner with agencies that have focused outreach or work.
 - Recognize differences among groups; do not clump them together. Heterogeneity is a critical element.
 - Recognize intersectionality.
 - Respect privacy.
 - Cultural brokers who are trusted in the community. Cultural brokers can recommend other groups that should be included in the conversation.
 - Remove barriers by going to where people naturally congregate such as places of faith to make it easier for them to participate.
 - Engage with marginalized groups such as differently-abled students, parents, and individuals with neuro-developmental disabilities.

Public Comment

Melanee Cottrill, Executive Director, California Association of School Psychologists, suggested including the pupil personnel services credentialed staff on campus, such as school psychologists, counselors, and social workers. It is best for school personnel to hold meetings after 4:00 p.m. when students are off-campus. The speaker also suggested including the Pupil Services Coalition of which the speaker is the chair and the ACLU Youth Liberty Squad.

Angela Brand, Crisis and Recovery TAY Center, agreed with finding individuals where they naturally congregate that are safe but noted that there is value in hosting events on campus. The speaker suggested partnering with individuals and entities that are already doing the work and are trusted in the community and in the schools such as the MHSOAC Stakeholder Contractors, Wellness Together, and NAMI On Campus.

Agenda Item 5: Adjournment

Dr. Martin-Mollard thanked everyone for their participation and feedback. She adjourned the meeting at approximately 12:30 p.m.

DRAFT

Summary of Feedback Received to Support Evaluation Planning for the Mental Health Student Services Act (MHSSA) December 16, 2022 MHSSA Workgroup Meeting

This document provides a summary of the feedback Commission staff received from members and public partners during the December 16, 2022 MHSSA Workgroup meeting. Commission staff synthesized information obtained from meeting notes and minutes to produce this summary for the purpose of establishing a communication loop that allows for ongoing communication with workgroup members and public partners. Commission staff will track and report out during workgroup meetings on how your feedback is used to inform MHSSA evaluation planning and decision making.

Community Engagement Planning (Agenda Item #4)

Commission staff provided an overview of a community engagement plan to inform the MHSSA evaluation and solicited feedback from Workgroup members and public partners.

The following questions guided the discussion:

- Question 1: What suggestions do you have for how to engage diverse partners and ensure events are accessible?
- Question 2: What suggestions do you have on specific groups or partners we should reach out to and engage?

Feedback from Workgroup members and public partners is summarized and presented below.

1. Partner with Trusted Agencies and Community Members

The Commission should partner with trusted agencies and community members when planning MHSSA community engagement events. Trusted entities, cultural ambassadors or brokers, including those already conducting focused community outreach, and/or those with knowledge of the “local landscape”: Wellness Together, NAMI On Campus, MHSOAC Stakeholder Contractors, the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), and the leadership of the California Reducing Disparities Project. For example, one meeting participant said:

“Partner with cultural brokers who are trusted in the community. Cultural brokers can recommend other groups that should be included in the conversation.”

2. Employ Strategies to Increase Access and Participation

Increase access and participation in MHSSA community engagement events. Strategies listed below emphasize removing barriers to participation and consideration of participants’ time, availability, and cultural/language preferences.

- Leverage existing events for people’s convenience.
- Have trusted local community cultural ambassadors/brokers host events.

- Hold language-specific community engagement events so people can communicate directly in their preferred languages without the need for an interpreter.
- When planning in-person events, hold them in locations people naturally congregate and feel safe (e.g., churches, school campuses, and community centers).
- Consider the best time of day to hold events for specific groups. For example, a meeting participant said, *“It is best for school personnel to hold meetings after 4:00 p.m. when students are off campus.”*
- Provide aid and assistance to attend events such as transportation, stipends and/or gifts cards.
- Offer food and/or organize in-person events around a meal.
- To reach younger populations, engage them through social media.

3. Engage Parents and Students from Diverse Communities

- Target diverse parents and students groups, such as BIPOC, LGBTQ, differently abled, and those with neuro-developmental disabilities. When engaging with LGBTQ students, one meeting participant emphasized caution in not “inadvertently outing a student.”
- Understand heterogeneity within groups (i.e., not all Latino groups are from Mexico).
- Recognize intersectionality (e.g., understanding the complex, cumulative ways in which the effects of multiple forms of discrimination combine, overlap, or intersect).

4. Ensure Clear Communication and Continuous Engagement

Meeting participants emphasized the need for clear and reciprocal communication when planning events, collecting information from participants, and drafting findings and reports. One meeting participant said it is important when planning an event to:

“Communicate upfront what budget limitations and parameters are. It can be frustrating for participants to believe anything is possible when it isn’t.”

Several meeting participants said it was important to have a “continuous feedback loop” to ensure that the information collected during engagement events is reflected back to the community, validated, and considered in decision making.

“Give communities more opportunities to react to a result and provide input.”

“Let the participants weigh in on whether they felt they were heard or that their comments made any difference.”

Setting the Stage for the MHSSA Evaluation (Agenda Item #3)

The MHSSA legislation requires that the Commission “develop metrics and a system to measure and publicly report on the performance outcomes of services provided using the grants.” During the MHSSA Workgroup meeting, Commission staff led a discussion on aligning proposed Children and Youth Behavioral Health Initiative (CYBHI) measures with MHSSA outcome measures. Table 1 lists the proposed CYBHI population outcomes and system-level performance measures.

At the October MHSSA Workgroup meeting, participants provided feedback on how to best measure success of MHSSA at the student, school, and system level (See *Appendix A. MHSSA Draft Theory of Change*). Commission staff mapped the feedback on MHSSA success measures to the proposed CYBHI measures to identify where there was alignment. Those measures are underlined in Table 1.

Table 1. Emerging List of Outcome Measure Domains and Measures for Children and Youth Behavioral Health Initiative

Population Outcomes	System-level Performance Measures
<u>1. Increase in overall mental well-being for children and youth</u>	8. <u>Increase in knowledge of available BH supports and services</u>
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
<u>5. Decrease in rates of school absenteeism</u>	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. <u>Increase in cross-sector collaboration and adoption of continuous improvement approaches</u>
	15. Increase in utilization of the school-linked statewide fee schedule

The following questions guided the meeting discussion for this agenda item:

- Question 1: Are there outcomes or indicators set forth by the CYBHI that you see as adoptable or adaptable for the MHSSA and MHSSA evaluation?
- Question 2: Based on this list, is there still something missing? Are there still elements of school mental health, student mental health, or systems success that should be included (in CYBHI measures)?

Feedback from Workgroup members and public partners is summarized and presented below.

For Question #1, meeting participants primarily discussed two proposed CYBHI measures that they perceived to be important to the MHSSA evaluation and improving practice:

1. Decrease in stigmatizing attitudes toward behavioral health (CYBHI Population Outcome #6).

Meeting participants offered ways to reduce stigma including “*normalizing conversations at home with parents,*” and having wellness education and wellness centers in schools “*beginning in elementary school to normalize mental health.*”

A meeting participant reflected on measuring stigma by making the point that, “*Stigmatizing attitudes fall within a broader context of stigma and the timeline for it. Culture cannot be changed overnight...Consider how to measure a shift in overall population attitude over time that also ties into the timeline of reporting outcomes for a particular grant or project. Time-based measures do not necessarily tie in well with the ultimate goal of a culture shift.*”

2. Increase in diversity of behavioral health professionals, especially in underserved communities (CYBHI System-level Performance Measure #10).

Meeting participants spoke about the importance of having a diverse behavioral health workforce, and enhancing and measuring the workforce pipeline and capacity:

“This is not only about diversity of behavioral health professionals but is also about capacity – the retention and recruitment of behavioral health professionals to implement the whole package.”

“The California Alliance of Children and Family Services (CACFS) is partnering with Chabot/Las Positas Community District College to work on an apprenticeship program, which addresses similar issues, with two main focuses: training and exposure into the field earlier and filling gaps with on-the-job-training.”

“There is interest in getting state peer certification lowered to 16 years and older to include transition-age youth (TAY). There may be more interest in a viable career path when individuals start on that path at a younger age.”

“In partnerships between schools and counties, give students early exposure to workplace or experiential learning, where students can shadow a professional. This will also promote mental and physical wellness for students.”

For Question #2, meeting participants recommended the following student/school mental health and success measures be included in the proposed CYBHI measures:

- Track who is receiving services and who is not receiving services.
- Timeliness to access of services.
- Staffing levels, capacity, and pipeline.
- Equity and reducing disparities.
- High school graduation rates.
- Teacher and staff wellness.
- Fidelity in implementing multi-tiered services and supports.
- The impact of behavioral health and wellness training.

A meeting participant suggested that the CYBHI measures should focus on *“skill-building and family outcomes rather than industry outcomes.”* Another suggested taking the CYBHI population outcomes and system-level performance measures and *“operationalizing them for schools and providers to collect data...drilling down into what is feasible and how outcomes are defined so everyone is collecting the same outcomes.”*

Next Steps

As stated, the purpose of this document is to summarize feedback Commission staff received from members and public partners during the December 16, 2022 MHSSA Workgroup meeting. Commission 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.

Appendix A. 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*

MHSSA EVALUATION OVERVIEW & TIMELINE

Phase 1: Evaluation Planning 2023-24

Community Engagement	Develop a plan and seek input from community partners on the MHSSA evaluation framework, research questions, school mental health metrics, and evaluation plan.
Evaluation Framework and Key Questions	Develop a theory of change and logic model to guide development of evaluation plan including research questions and methodology.
School Mental Health Metrics	Design school mental health metrics for MHSSA evaluation to meet legislative reporting requirements and to potentially align across state and policy entities.
Evaluation Plan	Develop a plan for implementing the MHSSA evaluation that is informed by community engagement (Phase 2).
Legislative Report	Develop a report to the California Legislature on the Mental Health Student Services Act (MHSSA) due March 1, 2024.

Phase 2: Evaluation Implementation 2024-25

Community Engagement	On-going community engagement with interested parties that inform implementation of the MHSSA evaluation.
Data Collection and Analysis	Collect data via surveys, focus groups, forums, and grantee data submissions; use publicly available data; and conduct data analysis.

Phase 3: Evaluation Findings and Dissemination 2026-27

Community Engagement	On-going community engagement with interested parties that informs dissemination of the MHSSA evaluation findings.
Dissemination	Disseminating of findings regarding how students benefit from the evaluation, as well as findings from the implementation of the MHSSA, and more.
Next Steps	TBD