



**Mental Health Services
Oversight & Accountability Commission**

Research and Evaluation Committee
Mental Health Student Services Act (MHSSA) Workgroup
Teleconference Meeting Summary
Date: February 15, 2024 | Time: 2:00 p.m. – 3:30 p.m.

MHSOAC
1812 9th Street
Sacramento, CA 95811

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Committee Members:	Staff:	Other Attendees:
Sharon Ishikawa* Gustavo Loera* Eleanor Castillo Sumi*	Melissa Martin-Mollard Kai LeMasson Kali Patterson Lester Robancho	Laurel Benhamida Emily Casey Stacie Hiramoto Alisa Yanez

*Participated remotely.

Committee members absent: Mari Radzik

Agenda Item 1: Call to Order and Roll Call

Melissa Martin-Mollard, Director of the Research and Evaluation Division, welcomed everyone to the fifth meeting of the Research and Evaluation Committee MHSSA Workgroup. She called the meeting to order at approximately 2:00 p.m., and reviewed the meeting agenda. Today’s meeting objective was to provide expert guidance to the Commission regarding MHSSA evaluation planning and implementation.

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

Agenda Item 2: Action – September 22, 2023, and October 12, 2023, Meeting Minutes

Dr. Martin-Mollard tabled this agenda item to the next meeting.

Agenda Item 3: Information – Universal Screening Policy Project

Dr. Martin-Mollard asked Commission staff to summarize feedback received at the September 22, 2023, and October 12, 2023, MHSSA Workgroup meetings and provide an update on the Universal Mental Health Screening of Children and Youth Project.

Kali Patterson, Research Scientist Supervisor, Policy Research Lead, provided an overview, with a slide presentation, of the progress to date, learnings, and next steps of the Universal Mental Health Screening of Children and Youth Project. She stated the literature review report to the Legislature will be submitted in March and the statewide school survey will be launched soon.

There were no questions from Committee Members.

Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), spoke in support of the project. She shared that her child was screened in the fourth grade. Because of the results of that screening, she found her child a culturally competent therapist. She stated she was grateful for the fourth-grade screening that helped detect a possible issue that, without early intervention resources, could have become a problem later in life.

Stacie Hiramoto stated she was glad that staff is considering different populations. The school-to-prison pipeline is very real in communities. She thanked the Commission for proceeding with caution.

Stacie Hiramoto stated concern about the Commission's seeking the Population Prevention Funds of Proposition 1. Communities of color and the LGBTQ community look to that source of funding to fund Community-Defined Evidence Practices (CDEPs).

Laurel Benhamida, Ph.D., Muslim American Society – Social Services Foundation (MAS-SSF) and REMHDCO Steering Committee, echoed Stacie Hiramoto's comments about the funding for this effort. She stated concern about how the universal screening that uses instruments in the language of the child's home language will be approached. There are good ways where instruments are normed on a particular population, and translations or creations of instruments are done in a way that benefits the child and does not come straight from English in a way that does not work well for the child or the family.

Emily Casey, Campus Clinic, asked about the relationship of screenings and the schedule. There seems to be two depression screenings but not anxiety screenings. The speaker stated anxiety is often one of the top reasons students are referred for mental health. The speaker asked if there is a plan to include an anxiety screening in the future.

Ms. Patterson thanked Emily Casey for bringing this issue to staff's attention. She stated the Department of Health Care Services (DHCS) and the Children and Youth Behavioral Health Initiative (CYBHI) are responsible for future screenings.

Agenda Item 4: Information – MHSSA Evaluation Planning

Dr. Martin-Mollard stated the Commission’s evaluation consultant, WestEd, will present a draft framework and associated metrics for evaluating the MHSSA. She asked the representatives from WestEd to present this agenda item.

Nicole Tirado-Strayer, Ph.D., Senior Research Associate, WestEd, introduced the members of her team in attendance and provided an overview, with a slide presentation, of the background, meeting and evaluation goals, and phases of the evaluation. She stated WestEd is currently in Phase 1: planning, which will end in December of 2024. Phase 2: implementation will end in 2026, and Phase 3: findings and dissemination will end in 2027. She noted that the evaluation phases do not align with the funding phases. One of the challenges of the design of the evaluation is that the evaluation is occurring mid-stream.

Dr. Tirado-Strayer stated the evaluation plan includes an evaluation framework, which will be presented today. The framework includes the theory of change, which is the focus of today’s discussion, a logic model, and research questions.

Nick Gage, Ph.D., Senior Researcher for Special Education, WestEd, provided an overview of the Emerging MHSSA Evaluation Framework. He continued the slide presentation and discussed the theory of change and conceptual models and definitions of the MHSSA, grantee partnerships, education and behavioral health systems conditions, MHSSA-funded activities and services, and short-, medium-, and long-term meaningful and equitable outcomes. He noted that WestEd is not only interested in looking at what is in the legislation and thinking about positive outcomes, but is also interested in learning what youth think is important, what matters to community, if needed data is being collected and measured, and if impacts are being seen that are related to the outcomes.

Discussion

Dr. Tirado-Strayer led the Committee in a meaningful and equitable outcomes reflection activity. She asked a series of questions to facilitate the discussion and Committee Members provided feedback as follows:

1. What outcomes matter most to you and the communities you serve that are not represented here?

It is important that any research recommendation that ultimately becomes a practice is utilized in a way that supports schools and helps youth wellbeing.

Capture data that is useful at different levels (youth, school, etc.).

It is important that the voices of youth are involved – not just as part of collecting data and being a part of focus groups, but that they are involved in every facet from research to recommendations to implementation. Youth input is important throughout the entire process.

Consider what youth engagement and partnership will look like throughout the process.

Consider how to include youth who are not part of the youth advisory group.

It is not so much the data and the results being shared with the schools; it is the best practices that schools can use that emerge from the data.

More needs to be done to be inclusive of the LGBTQ community.

Evaluate the competency, leadership, and organization drivers in the implementation science framework. It is important that these drivers be part of the evaluation.

Frame and describe outcomes in such a way that they are actionable, less so in global statements because the context matters.

One size does not fit all. Understanding for whom the best outcomes, prevention, approach, or strategy did not work is just as important to help people, communities, and schools identify where to invest time and resources to provide resources and supports to students and families who are most in need.

Framing is also important for the intersections between county behavioral health, managed care plans, and legislators. Many changes are affecting the landscape. Activities will be implemented in a world where funding streams were not even discussed at the time the MHSSA grant funding rolled out. Consider how the outcomes and findings will fit into this new landscape.

Managed care plans will be a key piece. Learn from this process for future legislation for how to set up funding and grant opportunities to get to meaningful outcomes for different communities sooner.

Are there also process outcomes we can propose that will help the next stage of funding/legislative outcomes?

What is the accessible data source?

2. Are the outcomes sorted in the appropriate columns (short-/intermediate-/long-term)?

This question was not addressed.

3. Which outcomes do you think are the most important measures of success for MHSSA?

This question was not addressed.

4. Would we expect for these outcomes to improve based on grantees' use of funds?

In looking at prevention and early intervention, it is the early recognition or the early detection.

What are we doing to help students recognize that they have wonderful, positive, protective factors that come from lived experiences – their culture, language, and background? It is important to promote resilience over disparities. This is critical to the work being done in the prevention and early intervention space.

It depends – these dependencies are important to lay out for individuals to reflect upon while considering outcomes. Regarding the availability of MHSSA funds, the short-term outcomes

and maybe some of the intermediate outcomes will be easiest to tie into. The distal outcomes will be more difficult to directly tie into. Understanding that and being able to frame up the evaluation will be important in that regard.

Also regarding the “it depends” statement, we tend to look at these factors or potential outcome areas as univariate – considering if there was an increase in the early recognition of mental health challenges or if a school improved timely access to services for underserved populations. These outcomes are important to measure but they are not happening in a vacuum and there will be interactions going on with some of these other factors. Being able to articulate that as well will be important in terms of demonstrating the extent that these funds and interventions were effective in moving the needle in outcome areas.

5. What proxy indicators/metrics might be gathered to measure intermediate and long-term outcomes of the MHSSA? In other words, if we are not able to measure a long-term outcome, such as “reducing involuntary health detention,” is there an indirect measure of the desired outcome which is itself strongly correlated to that outcome?

This question was not addressed.

Public Comment

Laurel Benhamida stated most immigrant and refugee families want their children to be supported by the schools to become fluent in English and successful in realizing their unique potential. Although there is stigma against the idea of mental illness and acknowledging mental illness in many immigrant and refugee communities, there is an increasing awareness when much of a population are traumatized. Certain things become okay to talk about, such as that they cannot sleep.

Laurel Benhamida stated communities are increasingly willing to get help in healing from trauma, if it is done the right way. This includes preventing bullying by other students, staff, and teachers. She noted that this does not mean that parents are perfect in their attitudes toward people of other groups.

Laurel Benhamida stated some immigrant and refugee families are interested in schools maintaining the home language and becoming literate in reading and writing in their home language.

Laurel Benhamida suggested contacting the MAS-SSF about its work in collaboration with the California Youth Empowerment Network (CAYEN) on a transition age youth (TAY) youth advocacy group made up of youth from different backgrounds.

Alisa Yanez, Stanislaus County, stated the answer to Question 2 is yes but the speaker also agreed with Committee Member Ishikawa’s comments – it depends on what each county is doing. The speaker stated Stanislaus County has been working well with the Stanislaus County Office of Education to strengthen its partnerships and going into the schools to provide services. The speaker stated what they liked about the different levels of outcomes is

that they can pick and choose measures to include. Long-term effects will be measurable based on the success of short-term efforts.

Agenda Item 5: Adjournment

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

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