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Evaluating the California Mental Health Services Authority's Student Mental Health Initiative

Year 1 Findings

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Introduction

When California voters passed Proposition 63—the Mental Health Services Act (MHSA)—in 2004, the state and counties were mandated to improve prevention and early intervention (PEI) services and education for Californians who experience mental illness. In turn, the California Mental Health Services Authority (CalMHSA)—a coalition of California counties designed to provide economic and administrative support to mental health service delivery—formed the PEI Implementation Program, based on extensive recommendations from a large number of stakeholders statewide. The program aims to reduce adverse outcomes for Californians who experience mental illness through three strategic initiatives by developing statewide capacities and interventions to (1) reduce stigma and discrimination toward those with mental illness, (2) prevent suicide, and (3) improve student mental health. Under each initiative, community agencies serve as PEI program partners, performing activities to meet the initiative's goals.

In 2011, the RAND Corporation was asked to design and implement a three-year statewide evaluation of the three major initiatives—stigma and discrimination reduction (SDR), suicide prevention (SP), and student mental health (SMH). At the program and initiative levels, our evaluation takes a unified approach to very diverse programs by focusing on six core program activities:

1. the development of policies, protocols, and procedures
2. networking and collaboration
3. informational/online resources
4. training and education programs
5. social marketing/media campaigns and interventions to influence media production
6. hotline and "warmline" operations providing crisis support and basic social support, respectively.

The evaluation aims to

- assess the activities implemented and the resources created by PEI program partners
- evaluate PEI program partners' progress toward meeting statewide goals and objectivesevaluate program outcomes, including
  – reach (e.g., provision of services)
  – short-term outcomes (e.g., attitudes and knowledge about mental illness)
  – long-term outcomes (e.g., reduced suicide, reduced discrimination, and improved student performance).

Key objectives are to establish baselines and community indicators, conduct thorough program evaluations, identify innovative programs for replication, and promote continuous quality improvement efforts. The evaluation team has been providing technical assistance to program partners to help them develop their capability to help evaluate the initiatives.

This report summarizes Year 1 findings from the ongoing evaluation of many newly developed programmatic activities focused on the SMH initiative. While many activities have

been implemented in the past year, others are still in development with implementation planned for the coming year. Thus, results here are necessarily preliminary.

What Is the SMH Initiative Doing?

The program partners involved in the SMH Initiative include the following groups:

- California County Superintendents Educational Services Association (CCSESA)
- California Department of Education (CDE)
- University of California (UC)
- California State University (CSU)
- California Community Colleges (CCC).

These program partners have been in the process of developing and implementing a range of prevention and early intervention activities focused on student mental health issues, focused primarily on K–12 schools and higher education campuses across California. These activities fall under three of the six core program activities mentioned above: (1) networking and collaboration within and across educational institutions and/or other institutions in a community addressing student mental health issues; (2) informational/online resources; and (3) training and educational programs. In addition to evaluating these program partner activities, we have also begun conducting surveys on higher education campuses and K–12 schools to obtain a better understanding of the campus environment with respect to supporting students with mental health issues: (1) a student higher education survey, (2) a faculty/staff higher education survey; (3) a student K–12 education survey; and (4) a staff K–12 education survey.

Here we provide preliminary results on the three core activities. We also provide information from students, staff, and faculty on a select number of higher education campuses that completed the campus-wide survey during spring 2013. Later phases of the evaluation will assess the effectiveness of program partner training activities in shifting trainee knowledge and attitudes, as well as additional information regarding website utilization and collaborative activities.

What is the Status of the Evaluation of Student Mental Health Program Partner Activities?

Table 1 provides an overview of the status of SMH program partner activities in a variety of different categories, summarizing information contained in this report, and information that will be forthcoming in the future.

Table 1. Status of Student Mental Health Evaluation Activities

Program Partners	Describe Capacities	Monitor Reach to Target Audiences	Evaluate Short-term Outcomes
Networks and Collaborations			
California County Superintendents Educational Services Association; California Department of Education; University of California; California State University; California Community Colleges	**This Report:** Summary of the strategically planned networks and collaborations that have been identified for all five SMH program partners. **Future:** Summary of the number and nature of collaboratively developed materials, resources, and practices.	**Future:** Data on the level of collaboration and, where applicable, the degree to which the materials, resources, and policies generated by the collaborative partnerships standardized practices across campuses or districts.	**Future:** Analysis of the level of availability/ accessibility, use, and quality of collaboratively developed materials, resources, and practices.
Informational/Online Resources			
California County Superintendents Educational Services Association; California Department of Education; University of California; California State University; California Community Colleges	**This Report:** Summary of content and target audience of websites developed by SMH program partners, including the number and nature of materials made available. **Future:** Summary of content of websites that are not yet launched.	**This Report:** Web analytic data and website feedback survey data provided for California County Superintendents Educational Services Association only. **Future:** Additional web analytic data will be provided for all program partner websites.	**Future:** Website feedback survey data on the helpfulness of the informational/online resources, from a survey assessing user perceptions of utility, quality, and impact of online materials.
Training and Educational Programs			
California County Superintendents Educational Services Association; California Department of Education; University of California; California State University; California Community Colleges	**This Report:** Summary of topics covered by training programs. **Future**: Detailed content analysis of select trainings.	**This Report:** Data from a sample of trainings conducted by all SMH program partners. **Future:** Data on the audiences who were exposed to a sample of trainings.	**This Report:** Data from the training evaluation surveys were analyzed to assess immediate post-training changes in knowledge, attitudes, and behavior among training participants. **Future:** Additional data on post-training changes in knowledge, attitudes, and behavior.

What Have the Student Mental Health Initiative Program Partners Accomplished So Far?

Networks and Collaborations

Five strategically planned networks and collaborations have been identified within the SMH Initiative (Table 2); we are compiling and reviewing documents and materials for them.

Table 2. Identified Student Mental Health Networks and Collaborations

The California County Superintendents Educational Services Association (CCSESA) county consortia	• Representatives from organizations including county mental health, probation, school districts, foster care, and youth agencies • Work together locally and regionally to build cross-system collaboration, education and training, technical assistance to schools, and school-based demonstration projects
The State SMH Policy Workgroup convened by the California Department of Education (CDE)	• Members representing multiple sectors and consumers of the mental health community (such as Department of Mental Health, CDE, Mental Health Directors Association, Special Education Local Plan Areas [SELPAs], community based organizations, consumer and advocacy groups, and researchers) • Work together to develop a framework for student mental health, identify best practices, and recommend policies at the state, regional, and district levels
University of California (UC) and California State University (CSU) SMH Initiative advisory workgroups	• Directors of counseling services from selected campus, CalMHSA campus coordinators, campus administrators, and other stakeholders • Work together to provide oversight and guidance on management of system wide activities
California Community College (CCC) Regional Strategizing Forums	• Events hosted by CCC Campus-Based Grantees • Foster dialogue with local collaborators (e.g., county mental health, community agencies, advocacy organizations, other higher education campuses) about best practices related to SMH resources and services
Various CCC, CSU, and UC SMH inter- and intra-campus collaboration activities	• Collaborative conferences, education and training events, and online resource clearinghouses

Information/Online Resources

The SMH program partner websites that have already launched contain a substantial amount of information and resources for individuals seeking information about student mental health (as shown in Table 3, which includes the resources provided and the status of each online site). Our evaluation activities consist of evaluating website content and assessing the reach of those websites by measuring site traffic.

Evaluating Website Content. To evaluate website content, we are (or will be in the case of websites that have yet to launch) reviewing the number and nature of the materials made available. Specifically, we are examining materials to assess the general content of the information provided, the breadth of student mental health issues addressed (e.g., whether materials address the needs of the general student population and those of specific populations), and to describe whether the available materials address universal prevention and/or targeted PEI issues.

Table 3. Online Informational Resources Developed by SMH Initiative Funded Programs

SMH Program Partner	Online Resource Description	Status
CCSESA	Online clearinghouse of best, promising, and community-defined practices (with a focus on grades K–8)	Website live; tracking traffic metrics since September, 2012
CDE/PCOE	(1) Web-based clearinghouse of information for educators (with a focus on grades 9–12) (2) Web-based repository for trainer materials, resources, videos, and links.	(1) Clearinghouse under development (2) Web-based repository live; tracking traffic metrics began April, 2013
CCC	Online dissemination of resources, materials, and policies relevant for the CCC system and community and other institutions of higher education (i.e., CSU, UC)	Website live; tracking traffic metrics began April, 2013
CSU	Web-based repository of information for faculty, staff, and students across institutions of higher education (i.e., CCC, CSU, UC)	Under development
UC	Online clearinghouse with information for mental health stakeholders consisting of resources, and best and promising practices	Under development

As an example of our content review, we use the CCSESA site, the details of which we summarize in Table 4.

Table 4. Review of CCSESA Website

Website URL	• http://www.regionalk12smhi.org/
General description of site	• Interactive website, collaboratively developed by partners that include CCSESA, Sacramento County Office of Education (SCOE), and Regional Lead County Offices of Education • Serves as clearinghouse of resources and information • Rates resources using clearly defined criteria (e.g., evidence-based practice, promising practice, emerging practice), which are articulated to users (see http://www.regionalk12smhi.org/ratingLevels.cfm) • Dense website packed with links, downloadable files, and descriptions of regional activities
Target activities	• Primary target of PreK–12th grade teachers, school staff, or administrators • Secondary target of mental health providers, parents, caregivers, and community members who work with schools
Resource topic areas	• Anger management • Pregnancy • Behavior management • Professional development • Bullying • School climate and culture • Drugs/alcohol/tobacco • Stigma and discrimination reduction • Gangs • Suicide • Mental health/wellness • Violence • Parent/family/community collaboration • Youth development

Depth of website	• Each mental health topic area's access page offers links to Publications and Tools, Programs and Practices, and Implementation sections, where users can find materials to access • The Publication and Tools link under "Anger Management," for example, offers 13 external links and downloadable documents • Programs & Practices section offers more than 30 links to available programs, and the Implementation area offers 4 links to external programs • Considering the 14 targeted resource topic areas with which the site concerns itself, the available resources easily number in the hundreds • Site provides a Search function that lets users search by key word, resource type, topic, target audience, program rating level, grade level, format and Response to Intervention level
General level of interaction	• Materials on site are accessible without registration, but a registration/log in option exists • Registration requires listing areas of interest and grade levels, along with first and last name, email address, zip code, primary role, and a password • Registered users receive email updates according to their areas of interest once per month
Overview of evaluation activities	• Development of website began in the spring of 2012 • CCSESA's Regional K–12 Student Mental Health Initiative Clearinghouse was the first SMHI site to launch • The RAND/SRI evaluation team worked closely with CCSESA with respect to using Google Analytics to evaluate website activity since its launch in the fall of 2012 • Evaluation team worked closely with CCSESA to develop a brief voluntary registration form to obtain additional data from website users • Emails provided by consenting registrants will be used in future evaluation activities to obtain additional information about website usage and satisfaction

Assessing Users of Website. In terms of analyzing who is using the website, there is a feedback form on CCSESA's website (the only website for which such reach information was available at the time of writing). The available website registrant data suggest that initial interest in the website has come primarily from school administrators and mental health professionals, with fewer teachers completing the voluntary demographic questions on the registration form. It is unclear, however, whether this initial trend will continue. Site visitors completing the demographic questions on the registration form are expressing interest in students from pre-school through high school, potentially reflecting the broad range of information available on the website. Table 5 shows that the sections of the CCSESA website that have received the most traffic include mental health/wellness, bullying, behavior management, anger management, and school climate and culture. Three of these top five issues address student externalizing and/or behavior problems; this supports the importance of continued efforts to support educators in PEI efforts addressing such challenges in their classrooms.

Table 5. Rank Order of SMH Topic Areas of Interest on CCSESA Website

Topic	Counts	% Users
Mental Health/Wellness	161	92%
Bullying	143	82%
Behavior Management	140	80%
Anger Management	135	77%
School Climate and Culture	135	77%
Suicide	132	75%
Parent/Family/Community Collaboration	125	71%
Violence	120	69%
Professional Development	117	67%
Youth Development	117	67%
Stigma and Discrimination Reduction	111	63%
Drugs/Alcohol/Tobacco	110	63%
Gangs	93	53%
Pregnancy	69	39%

Note. Percent calculated based on N = 207 respondents. Respondents could select multiple topics.

Google Analytics—the industry standard application for web analytics—was used to capture a wide range of metrics on the use of, and the interaction with, web properties, as well as traffic sources and additional information. Some of these metrics are summarized in Table 6 for the CCSESA site. In total, the site received 2,667 unique visits to its website clearinghouse, with traffic increasing from September 2012 to March 2013. There were 11,479 page views, with the top five topic areas (which mirror the results in Table 5, except that suicide replaces school climate and culture) accounting for 71 percent of the total page views and Anger Management accounting for more than a quarter. The high number of page views for Anger Management could be driven by the fact that it is the first topic listed.

Table 6. Key Metrics for CCSESA Site, September 2012–March 2013

Category	Key Metrics
Traffic	• Number of visits: 2,667 • Number of page views: 11,479 • Top five visited topic areas: Anger Management: 820 (26%) page views; Mental Health/Wellness: 416 (13%) ; Bullying: 344 (11%); Behavior Management: 331 (11%); Suicide: 321 (10%)
User engagement and navigation	• 82% accessed site directly (through URL into browser, bookmarks • 10% accessed site through external link • 8% accessed site through a search (e.g., Google) • Top three referrals coming from external link: venturacountyselpa.com: 43 visits; sites.placercoe.k12.ca.us: 38; calmhsa.org: 36 • Average time on site: 2.44 minutes • Average number of pages visited: 4.3 pages • Percent leaving from the homepage: 48%
User characteristics	• Top sources of traffic to site by metro area in California: Sacramento-Stockton-Modesto: 922 visits; Los Angeles: 579; San Francisco-Oakland-San Jose: 389; San Diego: 107; Chico-Redding: 102
ISP referrals from state and county organizations	• Top Internet Service Provider referrals: Sacramento County Office of Education: 292 visits; California State University Network: 82; San Bernardino County Superintendent of Schools: 75; Los Angeles County Office of Education: 64; Ventura County Office of Education: 63

Most users accessed the site directly, spending an average of 2:44 minutes and visiting an average of 4.3 pages. Those leaving the site from the homepage—referred to as the "bounce rate"—amounted to 48 percent. There are a number of possible reasons for this, including an individual obtaining the information needed from the first page or realizing that the site is not the one he or she was searching for or that he or she did not need the information offered. Additionally, because the CCSESA home page houses the portal for its data collection system, these users may be simply linking to the portal to complete quarterly reports and enter program data. Unfortunately, we do not have the ability to obtain this type of information through Google Analytics.

Almost all users come from the United States (more than 99 percent), with the majority (77 percent) of visits in California originating from the state's three largest metro areas: Sacramento-Stockton-Modesto, Los Angeles, and San Francisco-Oakland-San Jose.

Education and Trainings

All program partners have begun training activities. The evaluation has focused on assessing reach and short-term outcomes from the trainings.

Assessing Training Reach. In terms of reach, CDE has sponsored three TETRIS (Training Educators Through Recognition and Identification Strategies) training-of-trainer (TOT) trainings, and each CDE participant is committed to conducting three local trainings in his or her school or district following participation in train-the-trainer events by April 30, 2014. CCSESA has sponsored 168 trainings across a range of topics and venues. CCC conducted approximately

425 presentations and trainings reaching approximately 16,000 faculty, staff, and student participants between September 2012 and April 2013. CSU conducted 200 trainings, presentations, and outreach events between September 2012 and March 2013. UC conducted approximately 1,100 trainings and informational events for faculty, staff, graduate teachers, research assistants, and students between October 2012 and March 2013.

Assessing Short-Term Training Outcomes. We analyzed data from post-training evaluation surveys administered to participants in CCSESA trainings (n=168) and CDE trainings (n=3) to provide a preliminary analysis of how training participants rated the value of their trainings. Data were analyzed to assess immediate post-training changes in knowledge and attitudes among training participants—satisfaction, self-efficacy, and behavioral intentions.

In terms of *satisfaction*, on average, participants who attended CCSESA's trainings rated the training between 4.2 and 4.4 (on a scale where 4 indicated "agreed" and 5 indicated "strongly agreed"), indicating that their training was helpful, met the needs of diverse students, and was important to attend; participants who attended the two CDE TETRIS TOT trainings for which data were available also felt the training was helpful, but disagreed or strongly disagreed that the training met the needs of diverse students.

Participant ratings of *self-efficacy* and how their skills changed before and immediately after the training show that participants attending CCSESA and two of the three CDE's TETRIS TOT trainings reported significant changes in overall self-efficacy from pre to post—significantly greater confidence to identify where to refer, greater comfort discussing mental health, greater confidence helping students, and increased awareness of warning signs. Participants who attended CCSESA trainings also reported greater self-efficacy in their ability to access education and resources to further learn about mental health distress.

As for *training behaviors*, participants attending CCSESA trainings and the two CDE TETRIS TOT trainings for which data were available reported significant changes in how their overall behavioral intentions changed from pre to post—significant increases in their likelihood to encourage students to seek help from professionals, parents, or friends; provide advice and guidance; give students a phone number to call; ask students questions to assess the problem; and call a security or administrator to support the student.

Surveys of Higher Education and K–12 Students on Mental Health Issues

In addition to the evaluation of the key program partner activities above, we have designed and are in the process of collecting data for baseline surveys of student, faculty, and staff perceptions of school climate and student attitudes and behavior related to mental health. The K–12 survey has not yet been fielded, but preliminary data based on higher education students and on faculty and staff are available.

Higher Education Survey: Preliminary Results. The higher education campus-wide student surveys involved 6,309 participating students on select campuses during spring 2013.

Participants were not randomly selected, so there may be bias in who chose to participate. Key findings from the preliminary data using validated screeners are as follows:

- 20 percent of students completing the survey met or exceeded the cut-off for probable mental health problems during the 30 days prior to completing the survey.
- 25–35 percent of students reported their academic performance was negatively affected by anxiety or depression.
- Most students indicated that they know where to go for help when they need it and have a variety of ways to work out the mental health problem.
- 25 percent of students completing the survey reported they had used mental health services or had been referred for or sought mental health services or counseling from their current college/university campus' counseling or Health Service Center.
- Of the 25 percent who reported receiving services:
  - 75 percent reported having received them on campus;
  - The student him/herself initiated the process of seeking service in the majority of cases (72 percent).
- The majority of students reported having received information from their campuses on mental health and substance use issues.
- Students generally agreed that there was a positive campus climate in terms of mental health issues.

Faculty and Staff Survey: Preliminary Results. In total, 3,025 faculty and staff on select campuses participated in the survey. Once again, participants were not randomly selected, so there may be bias in who chose to participate. Key findings from the preliminary data are as follows:

- On average, faculty and staff reported that their campuses provided adequate mental health counseling and support to students.
- On average, faculty and staff also felt their campus provided effective confidential support and referral services for students needing help because of depression, stress, substance use, violence, or other emotional issues and that their campus emphasizes helping students with the social, emotional and behavioral needs.
- 24 percent of faculty and staff reported having talked with a student about mental health once or twice, and 30 percent did so a few times or many times, but a large proportion (46 percent) had not discussed mental health with students in the past month.
- 20 percent of faculty/staff reported having attended some form of training on student mental health (online or in person) over the past six months.
- Over half of faculty/staff felt that they knew where to refer students who need mental health resources.
- When asked about activities in the past six months, 50 percent of faculty and staff reported being concerned about 1 or more students because of the student's psychological distress, and 34 percent of faculty and staff had referred at least 1 student for support services.

What Are the Plans for Future Evaluation of the Student Mental Health Initiative?

SMH program partners are engaging in a wide variety of activities, including collaborating with other organizations, providing informational resources, and offering training on student mental health issues. Many evaluation activities designed to assess reach of these expanded capacities and resources are in progress.

Networks and Collaborations

As noted above, the evaluation effort in this activity is in its early stages. We are compiling and reviewing documents and materials developed through SMH program partners' collaborative activities, including standard policy protocols, policy recommendations, and meeting rosters and agendas. We will also conduct semi-structured interviews with 5–10 key informants for each of the five networks and collaborations listed above and conduct a survey of participants in the networks and collaborations.

Informational/Online Resources

SMH program partners are making many informational resources available online. These include resources about mental health issues for students and information for faculty and staff about approaches to supporting students with mental health needs. Thus far, the websites hosting informational resources have been reviewed for content and target audience. With the exception of CCSESA, website analytic and feedback survey data are not yet available for SMH program partners, but we will analyze these data for the other program partners as they become available. A website feedback survey currently in development will be used to assess user perceptions of utility, quality, and impact of online materials.

Educations and Trainings

SMH program partners implemented a variety of training programs with audiences from the K–12 and postsecondary levels. Thus far, we have provided technical assistance to SMH program partners to implement training surveys, as well as tools for tracking the reach of trainings. In the future (toward the end of data collection period), we will select the 1–3 trainings that occurred with most frequency and request facilitator and participant training materials for content analyses. We have adapted a content analysis protocol from previous RAND research[1] and will descriptively summarize the following:

- training (e.g., structure/length, medium, content)

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[1] Acosta, Joie, Laurie T. Martin, Michael P. Fisher, Racine Harris, and Robin M. Weinick, *Assessment of the Content, Design, and Dissemination of the Real Warriors Campaign*, Santa Monica, Calif.: RAND, TR-1176-OSD, 2012. http://www.rand.org/pubs/technical_reports/TR1176

- target population (e.g., who the training is addressed to)
- training goals (e.g., what the training objectives are, what the learning outcomes of the training are (if relevant), and how trainings align with CalMHSA PEI goals)
- purpose of training materials (e.g., what the purpose of material distributed to participants at the training is)
- breadth of materials (e.g., whether the material included additional links to mental health resources (e.g., local vs. national), other services or care, or additional information or education).

Surveys of Higher Education and K–12 Students on Mental Health Issues

Higher education surveys of students and faculty and staff have been developed and fielded, yielding preliminary findings. In collaboration with the K–12 program partners (CDE and CCSESA) and WestED, the evaluation will include a K–12 mental health campus-wide survey distributed to both staff and students during the 2013–2014 academic year. RAND is working closely with CCSESA and CDE to develop a sampling plan for schools.