

CYBHI

Children and Youth
Behavioral Health Initiative



CYBHI Equity Working Group (EWG)

March 29, 2023



Agenda

A. Welcome, Gather, Meeting Objectives	5 minutes
B. Presentation and Discussion: Youth at the Center Report	30 minutes
C. CYBHI Progress Update and Q&A	20 minutes
D. Break	10 minutes
E. CYBHI Equity Framework <ul style="list-style-type: none">• Review of Final Full Framework Document• Discussion and Action on Toolkit	45 minutes
F. CYBHI Evaluation <ul style="list-style-type: none">• Overview of CYBHI Evaluation• Charter and Activities of Data Committee	30 minutes
G. Next Steps & Close	5 minutes

EWG Members (1/4)

- **Ahmadreza Bahrami**, Public Behavioral Health Division Manager/Equity Services Manager, Fresno County Department of Behavioral Health
- **Artenesha Jackson**, Program Manager, UCSF Benioff Children's Hospital Oakland
- **Christian Jacobs**, Project Policy Analyst, University of California, Office of the President Graduate and Undergraduate Equity Affairs
- **Christine Blake**, Product Owner, Center of Data Insights and Innovation (CDII), California Health and Human Services Agency
- **Constance Mitchell**, DNP, CPNP-PC, Open Door Community Health Center, Sorrel Leaf Healing Center
- **Donielle Prince**, Director of State Initiatives, PACEs Connection
- **Ebony Chambers**, Chief Equity and Partnership Officer, Stanford Sierra Youth and Families
- **Dr. Erik James Escareño**, CEO, Wombat Innovations, LLC
- **Erin Cabezas**, Licensed Clinical Social Worker, Behavior Specialist, Pittsburg Unified School District

EWG Members (2/4)

- **Ellie Lian**, State President, California Association of Student Councils
- **Greg Wohlman**, Principal, Tahoe Truckee Unified School District
- **Dr. Ivan DeJesus Alvarez**, Bilingual School Psychologist, Santa Barbara County Education Office
- **Imelda Padilla-Frausto**, Research Scientist/Commissioner, UCLA Center for Health Policy Research/LA County Mental Health Department
- **Janice Rooths**, Vice President, Parents Anonymous® Inc.
- **Juan Acosta**, Mental Health Advocate
- **Judith L. Perrigo**, Assistant Professor, UCLA Luskin School of Public Affairs, Department of Social Welfare
- **Kanwarpal Dhaliwal**, Associate Director and Co-Founder, RYSE
- **Kimberly Wayne**, Chief Equity and Inclusion Officer, Seneca Family of Agencies
- **Lishaun Francis**, Director, Behavioral Health, Children Now
- **Liz Harvey**, Founder and CEO, Behavioral Health Outcomes Data Services (BHODS)
- **Marielle A. Reataza**, Executive Director, National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

EWG Members (3/4)

- **Dr. Martha Dominguez-Brinkley**, Senior Health & Equity Communications Strategist for the Office of Health Equity, California Department of Public Health (CDPH)
- **Mikah Owen**, Senior Director, Clinical and Academic Programs – Health Equity, UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)
- **Nancy Lam**, Equal Justice Works Fellow, National Health Law Program
- **Dr. Nina Moreno**, Senior Consultant, Seed Collaborative
- **Pamela Riley**, Chief Health Equity Officer, Assistant Deputy Director, Quality & Population Health Management, Department of Health Care Services – California
- **Dr. Robert Byrd**, Acting Deputy Director, LA County Department of Mental Health
- **Sandra Gallardo**, Executive Director, Associated Students, Inc.
- **Sara Bachez**, Deputy Director of External and Governmental Affairs, First 5 California
- **Shirley Yee**, Senior Director of Programs, YR Media
- **Stephanie Houston**, Assistant Superintendent, Innovation & Engagement, San Bernardino County Superintendent of Schools (SBCSS)
- **Vincent Pompei**, Education Consultant
- **Venus Esparza-Whitted**, Associate Governmental Program Analyst (AGPA, California Department of Social Services (CDSS)
- **Zofia Trexler**, California Youth Empowerment Network (CAYEN) Board Member/Peer Self Advocacy Trainer CAYEN/Disability Rights California

EWG Members (4/4)

- **Amanda Chavez**, Interim Behavioral Health Director – Indian Health Council Inc, Valley Center
- **Amanda Lawrence**, Research Scientist, Program Innovation and Evaluation Division – First 5 California
- **Artanesha Jackson**, Program Manager – UCSF Benioff Children's Hospital Oakland
- **Robert Harris**, Service Employees International Union (SEIU) California
- **Dr. Seciah Aquino**, Deputy Director – Latino Coalition for a Healthy California
- **Steve Zimmer**, Deputy Superintendent – California Department of Education
- **Jessica Holmes**, Chief Deputy Executive Director of the State Board of Education

Working Agreements

BE HERE NOW

- Start on time = End on time
- Show engaged behavior on camera (e.g., nodding head)
- Turn your camera on, if possible
- Try to limit multitasking when others are speaking

GET CLEAR – BE CLEAR

- Establish understanding use layman's terms, not clinical or jargon
- Avoid acronyms, use the full name of departments, research, and other shorthand
- Name the elephant in the room and explain your take on it
- Ask for clarification when concerns, disagreements, and tensions arise
- Connect ideas by restating or paraphrasing previous statement when adding comment
- Submit one comment or question at a time

MAKE SPACE – HOLD SPACE

- If you are someone who takes up a lot of space, allow or encourage others to take space
- Allow others to finish speaking before speaking/Don't interrupt someone who is speaking
- Use 'hand raise' feature whenever possible

GIVE GRACE

- Approach each interaction with the spirit of understanding and flexibility
- Give what you can while you're in the room
- Offer reminders and refreshers
- Everyone in the room is choosing to be a part of this body
- Everyone here is committed to this work and will demonstrate their commitment in a variety of ways

Purpose of EWG

- CYBHI Equity Working Group will advise CalHHS and its Departments on an equity framework for the initiative and make recommendations for applying the framework to embed equity into the processes, design, planning and implementation of the overall approach to the Initiative and the individual workstreams
- The equity framework will provide strategic direction to build a behavioral health system for children and youth that addresses current inequities
- CYBHI Equity Working Group will advise, guide, develop practical applications and recommendations, and help hold accountable and build capacity of the CYBHI in its effort to center and advance equity in the development and implementation of a reimagined behavioral health ecosystem for children and youth ages 0-25
- The Equity Working Group will particularly focus on children, youth and families that face the greatest systemic barriers to wellness and are disproportionately impacted by behavioral health issues, including children and youth of color, LGBTQ+ youth, low-income families, and children and youth from underserved communities
- [Purpose and Description CYBHI Equity Working Group June 2022 \(ca.gov\)](#)

2022 Key Markers

Jun 2022	Jul 2022	Aug 2022	Sep 2022	Oct 2022	Nov/Dec 2022
- EWG Announcement and Application process	- Selection of EWG Members - Pre-Meeting Survey on key elements of equity	- EWG #1	- Formation of Working Committees	- <i>Definition Committee</i> begins developing draft Equity Definition - <i>Framework Committee</i> begins developing key Framework Pillars - EWG #2	- <i>Definition Committee</i> develops final draft of Equity Definition - <i>Framework Committee</i> develops final draft of proposed Framework Pillars - <i>Synthesis Council</i> meets to develop agenda for EWG #3 ; generate ideas for <i>Data Committee</i> key objectives - Potential <i>Thought Partnership Committee</i> first meeting

2023 Key Markers

Jan 2023	Feb 2023	Mar 2023	Apr 2023	May/Jun 2023	Jul/Aug 2023
- <i>Framework Committee</i> begins work on developing ideas/elements for Toolkit - EWG #3 - <i>Data Committee</i> Meeting #1 - <i>Definition Committee</i> work completes; sunset work once EWG adopts Equity Definition	- <i>Framework Committee</i> develops proposed Toolkit for discussion/adoption at EWG #4 - <i>Data Committee</i> Meeting - <i>Synthesis Council Meeting</i> to connect dots, help plan agenda for EWG #4 , provide guidance/support to chairs and committees as useful	- EWG #4 - <i>Framework Committee</i> Meeting to finalize Framework and Toolkit ; sunset work once EWG adopts Framework and Toolkit - <i>Data Committee</i> Meeting - <i>Thought Partnership Committee</i> Meeting	- <i>Thought Partnership Committee</i> meeting with departments, application of Framework and Toolkit - <i>Data Committee</i> meeting - <i>Synthesis Council</i> meeting(s) to debrief on EWG #4 , connect dots across committee work; reflect on progress, accomplishments, process of EWG; ideas for next phase of engagement in equity work; development of agenda for EWG #5	- <i>Thought Partnership Committee</i> meeting – issues from Departments part of CYBHI, application of Framework and Toolkit - <i>Data Committee</i> meeting - EWG #5	- CalHHS/CYBHI reflection, assessment, planning time for next phase of work with partners to embed and advance equity in CYBHI

Youth at the Center

**12 Calls-to-action for a reimagined behavioral health ecosystem
from children, youth, and families across California**



Overview

- **3 Areas of Work**
 - Shift Thinking
 - Reimagine Services
 - Transform Systems
- **12 Calls-to-Action**

12 CALLS TO ACTION

FOR A REIMAGINED BEHAVIORAL HEALTH ECOSYSTEM FROM CHILDREN, YOUTH, AND FAMILIES ACROSS CALIFORNIA

SHIFT THINKING



- Addressing stigma is a foundational first step.
- Culture is healing.
- Youth and communities want self-determination – not “empowerment.”
- Rethink treatment: what it looks like and who provides it.

REIMAGINE SERVICES



- Help must be available before it's a crisis.
- Make places for youth to belong, create, and connect to the outdoors.
- Take care of adults so they can take care of young people.
- Create a mental health system everyone can navigate, even when struggling.

TRANSFORM SYSTEMS



- Build a representative workforce.
- Decriminalize mental health – including substance use.
- Unacknowledged harm gets in the way of hope and trust.
- Take action to address systemic inequalities and oppression.

Addressing stigma is a foundational first step.

- While there has been a reduction in stigma surrounding some mental health conditions, such as depression and anxiety among youth, many youth identified that stigma was a concern in intergenerational settings.
- Supporting parents and other caregivers could reduce stigma.
- Youth suggested a variety of opportunities to shift culture, including:
 - Social media outreach campaigns
 - Working with schools to educate parents, school staff, & community members
 - Centering the diverse experiences of young people

"No, I don't talk to my family about my feelings because they only judge me instead of actually helping me with my problems."

"... [There should be a] ton more exposure – normalizing mental health practices as part of educational curricula, resources available everywhere. Regular mental health practices and tools available routinely."

"... Mom, dad, uncle, everybody has to play your role. Because through our behaviors or the stigmas, we make it more difficult on them. ... If all of the adults have [access to information], then we can give them a healthy and livable life."

Culture is healing.

- Culture was identified as the pathway to preventing and healing from traumatic experiences and behavioral health problems.
- Cultural gatherings were said to provide young people with the opportunity to build safe and meaningful connections with both peers and elders.

"Personally, I would say one-on-one talk with someone you can relate to. Something where people understand your experience as an Asian American. And we do have different experiences, someone who can hear your story, relate and have a genuine connection and conversation. It's important that we know that they care."

"If you're not 'mainstream' like the people around you ... it's hard to find community. LGBTQ people have a hard time finding safe spaces and friends. There's just generally less opportunities to meet and be connected with people like you."

"... [I]f the government wants to heal the harm that has been done, we need our land back. We are the stewards of this land, our relationship with the land is how we heal. It's how we maintain our sanity, our mental health, our wellness. Our freedom... to serve our purpose as first Nation people."

Youth and communities want self-determination – not “empowerment.”

- The importance of self-determination on both an individual and community level was stressed.
- An ideal future system allows youth to make their own decisions and freely choose the path to healing, right for them.
- There was a call for collaborative decision-making at the community level.

“A better way to foster ‘community engagement’ is to ask our communities what we need and support us in attaining the resources, while removing administrative barriers, to attain the outcomes and vision that we all seek.”

“Youth do not want more campaigns that ‘empower’ them. They want self-determination to make their own decisions and believe they should be the drivers of what they need from a behavioral health standpoint.”

“We are tired of hearing about community engagement. We need true partnerships. We need to move to collaborative decision making. We need to understand that the community has the information that will solve the problems. Government needs to have the courage to truly go in and partner with the community on decision making.”

Rethink treatment: What it looks like, and who provides it.

- A new behavioral health system with the community at the forefront.
- The physical structure and place where services are offered was envisioned as safe and welcoming.
- There was also a strong desire for the expansion of non-clinical services.
- Youth favored a peer-to-peer model or a mentoring model.

"Like, you are only supposed to talk to someone with a degree; but aren't your friends or family the ones who should be able to support you? [Especially] if you don't have access to therapy, or you don't want to talk to someone you don't know ... what if we all were better prepared to support each other?"

"[I'd like] a place where they walk in and it's friendly, welcoming, and warm. Food, care. Someone they already know. Safety. Not 'show me your insurance.' It's a shift – a state of mind shift. Layers of services. Not just a youth walking into a clinical setting and going straight to a therapist. Creating safe spaces for youth to open up."

"I'd like to have a place where there were peers having lunch, not expressly for the purpose of mental health but having someone to talk to. Not having another human being who cares is part of mental health problems. [Going to talk to a] mental health professional feels like 'something is wrong' or like it's a duty, not a human connection."

Help must be available before it's a crisis.

- Youth and families said they had nowhere to go for mental health support unless it was an emergency.
- Families called for support that would maintain or build their child's mental health before a crisis.
- Different types of care were desired, with some people preferring phone support, apps, online help, or in-person care.

"If the youth had more help with their wellbeing, emotional, physical, et cetera, then they would also do better in school and life in general."

"During the pandemic, it was too much. Really hard for me. I couldn't go anywhere, do anything in person. My parents are the type of people who can't really talk about this type of thing. I looked to some of the resources that were posted by my counseling department – I called the hotline. The reflective listening didn't help me – I needed actual resources, feedback, [and] help, not just 'are you saying you feel X, that must be hard.' All of the responses are trained responses. I know they care, but they can't help."

"If we can embed more preventative interventions or even just really looking at our environment as a whole, then we would have better mental health. And yes, resources are cool, but also it's kind of like solving problems at the end of the stream, right? Like it's already too late."

Make places for youth to belong, create, and connect to the outdoors.

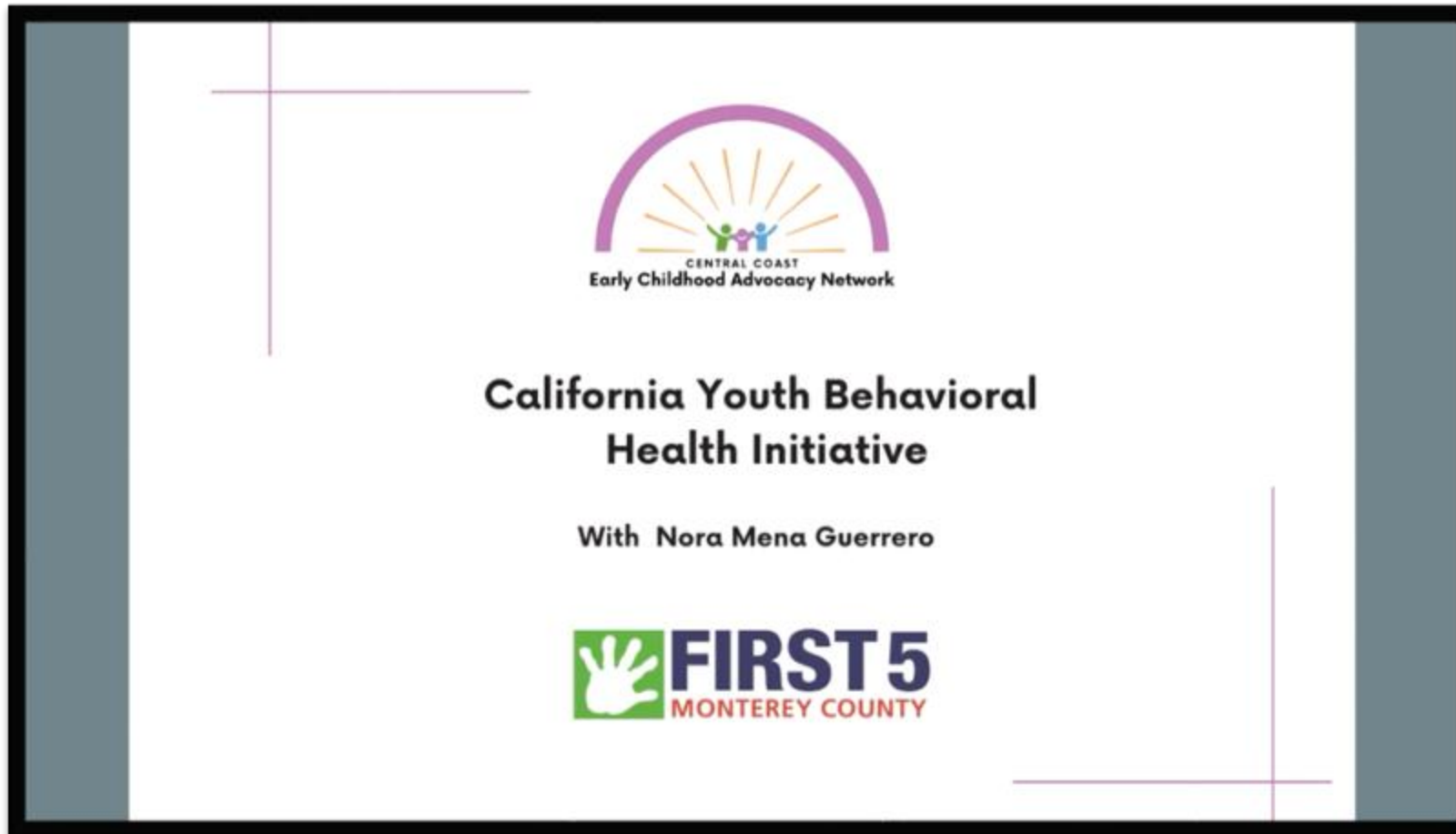
- Young people and their families called for physical spaces that are safe and beautiful.
- They must be accessible – in community centers, schools, parks – and open late, on weekends, and on school holidays.
- They would be filled with mentors, peer-to-peer relationships, and opportunities for youth to express themselves
- Connection to safe and accessible outdoor spaces – both undeveloped nature and green urban spaces – was raised repeatedly.

“We need an integrated continuum of well-being tools and strategies - art, nature, journaling, music, physical activity. These things are seen as ‘nice to have’ but youth have shared they are an integral part of their health and wellness.”

“White people with money always have access to go to Malibu for rehab. What if we could have access to a nice hotel for youth of color, to take care of them. To be loved. A sanctuary. To do inner healing work.”

“[I’d have access to] nature on a dock, by myself, swinging my feet. Us inner-city kids don’t have access to nature. To be grounded walking around on our ancestral lands.”

Take care of adults so they can take care of young people.



Take care of adults so they can take care of young people.

- Children and youth know when their parents and other trusted adults are not “ok.”
- Young people expressed concern about how sharing their own struggles would negatively impact and add stress for their parents and/or caregivers.
- Youth expressed unwillingness to access professional services because the counselors themselves were obviously struggling and they did not want to burden them.
- We can support young people by making sure the adults in their lives get the support and resources they need.

“Support all, not just the child, but also the parents because what good is it to just take the child to therapy, if the parents aren’t going to therapy, I think that we all need to heal because it is a triangle.”

“It’s hard to talk to your parents when they have so much stress in their own lives.”

“School counselors – you would think they would be the first person students would go to, but at least with my school... it’s so obvious she is so overworked. We need more counselors with the right training so that youth can ask for help and not feel like a burden. One of my friends scheduled an emergency mental health appointment, and they were told it would take a month and half for him to see someone. I agree about more and better trained school counselors – feeling like they are too overwhelmed to be a resource. Like you are another name on a laundry list.”

Create a mental health system everyone can navigate, even when struggling.

- Young people and their families are tired of trying to find what's available to them and navigating complicated systems of care.
- Young people and their families experienced a referral loop.
- Communities across all sessions echoed frustration with siloed systems.
- Youth and families not only want more culturally-based treatment but delivered where they are already at.

"When you like ask for a referral, they're just sending you to somebody else... In the meantime, you have a child that is in pain that you're trying to help, but there's no resources to help this child."

"So, when I went to go get help for her, I called her phone number who gave me four more phone numbers. I call the first phone number. They gave me two more phone numbers. It's absolute cat and mouse. And then when you do get through, you get through to someone's voicemail."

"It was unbearable. I am a truck driver, and I would be rolling down the highway trying to jot all these web addresses down and then getting phone numbers to call them. And then all you [get] is [an] answering machine and then someone calls you back, but you just called 12 people, so you have no idea who called you back."

Build a representative workforce.

- Youth were clear: *Give me mental health support from someone who looks like and talks like me.*
- *“Don’t ask me to do the emotional labor to constantly explain myself or my experiences.”*
- Communities described not just diverse providers but a representative mental healthcare workforce

“... One change we need is that the high schools in my neighborhood have to have a counselor who is Black. It should be mandatory. Why? Because the youth [I work with] come up to me and say ‘I can’t trust this person, they don’t look like me’.”

“When we’re seeking out mental health providers, sometimes you want someone who can validate us. It’s not necessarily validating when a therapist who is blonde haired [with] blue eyes, a white woman, a citizen – all of these identity markers that you don’t share – tells you that you’re okay and nothing is wrong, but they come from a place of privilege.”

“... with these counselors, they go to school, and they learned it through a textbook, compared to people that have actually experienced [the things that we have]... those people know the struggle, and they know how it was for them; they could really help the youth.”

Decriminalize mental health – including substance use.

- Communities strongly expressed a vision for a decriminalized behavioral health system.
- They called out for systems to stop locking up and punishing young people when they most need support.
- Communities envisioned investing in positive school climates, restorative and transformative justice.

“Sometimes I feel like [mental health] systems are intended to funnel society’s ‘undesirable’ into systems of confinement.”

“I don’t know how many parents want to go into a school and talk about mental health and substance abuse with their children when they know damn well, they [the school staff] are going to report them to Child Protective Services. So, parents will go in for the free snacks and the little gifts, but they’re not sharing what’s really going on.”

“The biggest building in town would no longer be the jail – what we saw in our space would not reflect a deficit, but instead it would be something that supported families and the community. It would be a multigenerational family center.”

Unacknowledged harm gets in the way of hope and trust.

- The mental health system has not just failed to meet the needs of some children and youth – too often, it has caused harm.
- Young people clearly expressed an inability to feel hope about the possibility of real change.
- A first step to rebuilding trust and rekindling hope is for leaders to listen, acknowledge impacts, and take responsibility.

"This process has to start with us telling the stories of what went on, what happened. In order for us to heal, we need to start with our ancestors that never had that opportunity."

"When asked what support looks like, a young person responded: 'Acknowledging harm. Interrupting it. Repairing harm.'"

"... nothing is going to happen until... those who experienced this hardship – have a chance to express what happened. The stories of what went on to us. Before we can get to equity. A lot of times when you talk to people, they don't want to hear that. But to get there, we need to move through those hard times, those troubled times. Until we can do that, we won't get to a place where there is equity. We won't heal."

Take action to address systemic inequalities and oppression.

- Mental health solutions won't work until they address underlying, long-standing systemic oppression and inequalities.
- Barriers to treatment & the cause of mental health and substance use challenges, include:
 - Racism
 - White supremacy
 - Settler colonialism
 - Poverty
 - Systemic oppression & violence

"Social workers need to stop asking what's wrong with our families and to see the systemic nature of my anxiety and depression growing up and living as a Black woman."

"[I wish someone would ask] are there troubles you face at school for being a Native student, or because of the color of your skin?"

"The system was designed through the lens of Western Individualism, not family or community centered... it's not the way of our people but it's how the system was built. That 'we' – European Americans – know better than you."

Questions?



CYBHI Progress Update Q&A



CYBHI Progress Update

- [CYBHI Progress Report 2023](#)
- CYBHI Quarterly Public Update: [Presentation](#) and [Recording](#)
- Monthly Updates: [February 2023](#)
- Additional Updates
- Q & A

CYBHI Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage Architecture	Public Awareness
Wellness Coach Workforce (HCAI)	Trauma-informed Training for Educators (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Early Talents (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					Parent Support Video Series (DHCS)
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

Break

5-Minute Stretch Break



CYBHI Equity Framework

Review of Final Full Framework Document
Discussion and Action on Toolkit



Development of Final Draft Framework Document

- Full EWG Approved a Working Definition of Equity and Six Framework Pillars at January 2023 Meeting
- Equity Framework Committee developed draft Toolkit component
- Held optional briefing for EWG members on draft Toolkit on March 16, 2023
- Framework Committee reviewed feedback from EWG members received during briefing to create the final draft Toolkit to share with EWG. Shared with EWG on March 24, 2023.
- Planned next steps for the document

Discussion and Action on Toolkit

- **Review final draft of toolkit for action today**
 - Find final document attached to the meeting invite, or use link in the chat
 - 10 minutes of silent reading time to review the document
- **Voting for Action/Adoption of Toolkit**
 - How to use the CYBHI Toolkit
 - Toolkit Reflection Questions – Voting on each individual pillar section
- **Voting Thumbs Up/Down – EWG Members only**
 - Thumbs Up: Indicates overall agreement with the proposed content (It may not be perfect, but I can accept and move forward)
 - Thumbs Down: Indicates disagreement with the proposed content (The content would do more harm than good)
 - Majority vote decides

CYBHI Evaluation

Overview of CYBHI Evaluation
Charter and Activities of Data Committee



Objectives

- Provide an Overview of the CYBHI Evaluation (15 min)
- Describe charter and activities of Equity Working Group Data Committee (5 min)
- Discuss questions and recommendations from the EWG (10 min)

Mathematica Awarded Evaluation Contract

- Awarded November 2022
- Mathematica is a nationally-recognized policy research and consulting firm with 50+ years of evaluation experience
 - 1,700+ employees nationwide, including team members who work from home in California and in Oakland office
- Team brings a deep understanding of California's systems of care as well as behavioral health, early childhood, child welfare, education, and disability policy issues

Mathematica's Partners

UCLA PREVENTION CENTER OF EXCELLENCE

Alliance Logic



**Center for the
Study of Social Policy**
Ideas into Action

HMA



PONTIFEX
consulting

Guiding Principles for CYBHI Evaluation

Center on equity
and children, youth,
and families

Engage partners
and people needing
and providing
behavioral health
services

Tailor approach to
the needs of
CalHHS/CYBHI

Support
continuous quality
improvement through
feedback loops

- **Active engagement through...**
 - CYBHI Evaluation Advisory Group
 - Listening sessions
 - Data collection
 - Regular meetings with CYBHI and workstream leaders
 - Future webinars
 - Public reports & dashboard

Goals for CYBHI Evaluation

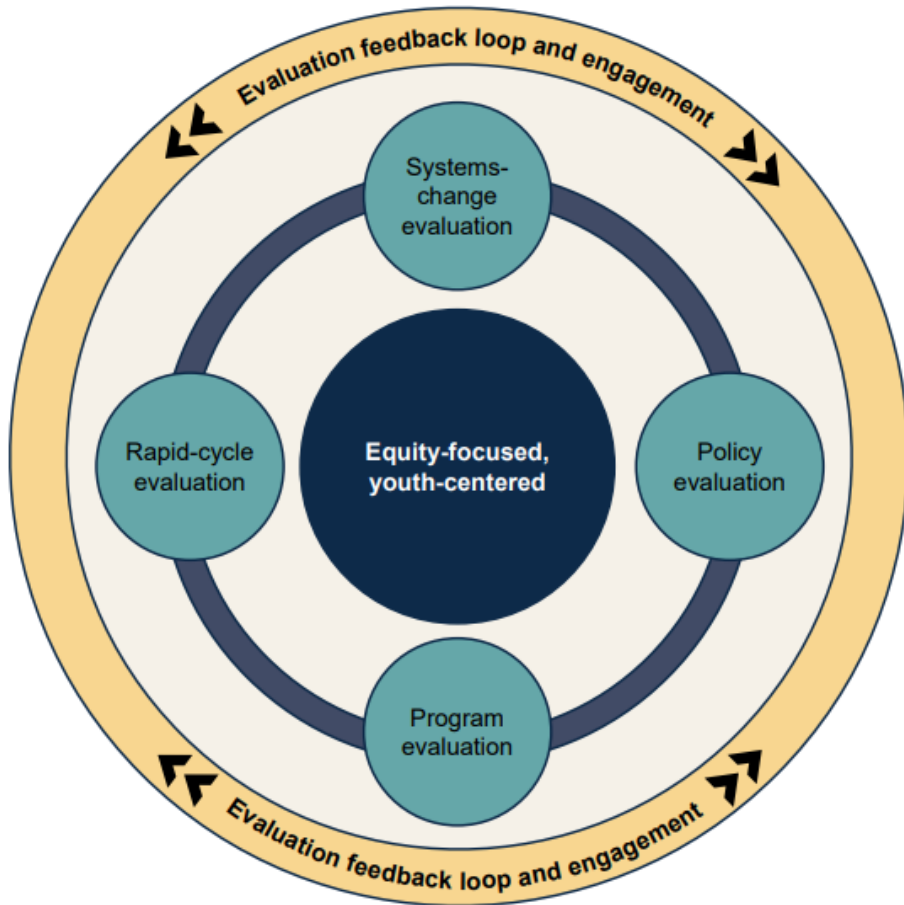
Initiative-wide evaluation goals from RFP

1. Provide an objective analysis of the **overall CYBHI progress toward reimagining the behavioral health systems** that support children and youth behavioral health in California
2. Help **identify the successes of the Initiative and inform efforts to further scale and sustain them** by providing an objective fact base to explain how the successes are achieved and what positive impact they create
3. **Inform how the CYBHI can be implemented more effectively**, including identifying opportunities to augment and accelerate positive impact driven by the Initiative
4. Support advancing equity by **centering equity principles** in evaluation approach and activities
5. **Identify current systems and policy gaps** that need to be addressed through the Initiative or subsequent efforts
6. Inform efforts to mitigate risks and address issues by **proactively identifying risks related to CYBHI efforts and understanding root causes**
7. Provide **ongoing, near-term feedback through a continuous quality improvement lens and share findings** that can be used toward operational decision-making and potential future policy making
8. Support and **advance a continuous learning approach** by evaluating whether the Initiative leads to BH supports and services with embedded mechanisms and processes to be continuously improved and adapted (e.g., based on changing needs, specific local context, etc.)
9. **Inform policy implications and future investment** needs for children, youth, and their families
10. **Provide an objective fact base** on Initiative oversight and governance

Guiding Questions for CYBHI Evaluation

- How can CYBHI be implemented more effectively?
- What are the potential areas for improvement across and within different child-serving systems and networks?
- How are the policy levers that are embedded in CYBHI being implemented, and are they achieving their intended goals?
- Is CYBHI making progress towards its ultimate goals of better behavioral health outcomes among children and youth?
- Is CYBHI making progress in advancing behavioral health equity?

CYBHI Evaluation Components



Systems change evaluation

- Understand multi-system infrastructure, practices, siloes, resources, and structural, relational, and mindset changes needed to transform child and youth behavioral health ecosystem

Policy evaluation

- Assess implementation, and impact of policy on outcomes, including policy role of CYBHI legislation

Program evaluation

- Assess population health and well-being outcomes, and near-term indicators of progress, including workstream progress

Rapid-cycle evaluation

- Employ strategies for rapid feedback and data for continuous quality improvement

Equity Working Group Data Committee Charter, Members, Activities



Charter for Data Committee

- **The CYBHI Equity Working Group Data Committee will advise, guide, and help hold accountable the CYBHI Evaluation team on the following issues:**
 - Applying the data driven accountability pillar in the CYBHI Equity Framework to the work of the CYBHI evaluation
 - Identifying data sources and approaches that support understanding and improving equity across the dimensions identified in the EWG definition of equity
 - Providing guidance and thought partnership on the range of approaches included in the CYBHI evaluation workplan to advance equity

Data Committee Members

- **Christine Blake**, Product Owner, Center of Data Insights and Innovation (CDII), California Health and Human Services Agency
- **Dr. Robert Byrd**, Acting Deputy Director, LA County Department of Mental Health
- **Laila Fahimuddin**, Policy Director, California State Board of Education
- **Lishaun Francis**, Director, Behavioral Health, Children Now
- **Liz Harvey**, Founder and CEO, Behavioral Health Outcomes Data Services (BHODS)
- **Stephanie Houston**, Assistant Superintendent, Innovation & Engagement, San Bernardino County Superintendent of Schools (SBCSS)
- **Nancy Lam**, Equal Justice Works Fellow, National Health Law Program
- **Imelda Padilla-Frausto**, Research Scientist/Commissioner, UCLA Center for Health Policy Research/LA County Mental Health Department
- **Judith L. Perrigo**, Assistant Professor, UCLA Luskin School of Public Affairs, Department of Social Welfare
- **Greg Wohlman**, Principal, Tahoe Truckee Unified School District

Data Committee Activities

Meeting 1 (January 23)

Establishing charter

Input on evaluation questions, including embedding equity

Preliminary outcome list and potential data sources for metrics

Meeting 2 (March 3)

Revisions to CYBHI outcomes list

Input detailed research questions to guide evaluation

Opportunities to identify data for wide range of groups with different characteristics & identities

Meeting 3 (March 22)

Qualitative data collection methods, with particular focus on youth engagement

Strategies for ensuring geographic representation

Strategies for ensuring group/identity representation

Conclusion

- Comments from Data Committee members
- Questions and comments from EWG members

Next Steps & Close

- Next Steps with Equity Framework and Toolkit
- Upcoming Committee Meetings
- Last EWG Meeting May 31, 3 pm – 5:30 pm