

Evaluating California's Children and Youth Behavioral Health Initiative (CYBHI)

The <u>Children and Youth Behavioral Health Initiative</u> (CYBHI) is a \$4.6 billion, five-year initiative to reimagine and transform the way California supports children, youth, and families. Built on a foundation of equity and accessibility, the CYBHI works to reimagine a more integrated, youth-centered system. The initiative's goal is to enable California youth to find support for their mental health and substance use needs where, when and in the way they need it most. The evaluation of this initiative will assess CYBHI's progress to their goals of advancing equity and accessibility and use a data-driven approach to support the continuous improvement of CYBHI implementation. In late 2022, California Health and Human Services (CalHHS) partnered with Mathematica to conduct an independent, third-party evaluation of the CYBHI.

What are the key evaluation components?

Our evaluation of CYBHI includes three components:

- Equity: All components of the evaluation center principles of culturally responsive and equitable evaluation. For example, an advisory board that includes youth, families, and partners across sectors and systems that provide services, are providing direct input to the evaluation approach.
- evaluation (program, policy, and systems): The evaluation includes three key elements: program, policy, and systems. The program evaluation assesses the progress of CYBHI in enhancing health outcomes for children and youth. The policy evaluation examines the alignment and relevance of the CYBHI within California's broader behavioral health landscape. Finally, the systems-change evaluation investigates the CYBHI's role in transforming California's behavioral health system.
- Continuous learning and Results-Based Accountability (RBA)™: Sharing data openly and frequently will help us identify opportunities to improve CYBHI. We will use Results Based Accountability, a data-driven approach that helps initiatives like CYBHI align their priorities and then identify data they can use to measure their progress. We will use RBA to create a dashboard to keep the public up to date on CYBHI's progress, as well as to inform training and technical assistance efforts for CalHHS.

What outcomes will the CYBHI evaluation assess?

The CYBHI outcomes cover the following three areas: (I) behavioral health and well-being, (II) access to and experience with services, and (III) system-level support and collaboration. CalHHS developed these outcomes in collaboration with children, youth, families, subject matter experts, and other partners. The outcomes measure progress toward meeting the

ultimate goals to create a more integrated, youth-centered system for delivering behavioral health supports.

How will we understand and advance the impact of the CYBHI?

The RBA dashboard will offer an up-to-date summary using specific metrics that track community well-being and system effectiveness. This dashboard is publicly accessible, keeping the initiative accountable for improving outcomes.

We will also release periodic evaluation reports and case studies that will explore the broader activities of the initiative. These reports will use a combination of qualitative and quantitative data, sourced from surveys, interviews, listening sessions, and secondary analyses.

CYBHI outcome objectives

I. Behavioral Health and Well-being

- 1. Increase in (a) overall social, emotional, and mental well-being and (b) improvement in children and youth's strengths and skills to address behavioral health challenges.
- 2. Decrease in behavioral health challenges.
- 3. Decrease in rates of suicidal ideation among children and youth.
- 4. Decrease in emergency department visits and hospitalizations for behavioral health-related conditions.
- 5. Increase in school engagement, as measured through reducing absenteeism and suspension.
- 6. Decrease in stigmatizing attitudes toward behavioral health.

II. Access to and Experience with Services

- 7. Improvement in the experience of (a) accessing and (b) receiving behavioral health services and supports.
- 8. Increase in (a) knowledge of available behavioral health supports and services and (b) increase in confidence that children, youth, and families can get supports and services when they self-identify need.
- 9. Increase in children and youth who receive behavioral health services and supports.
- 10. Increase representativeness in demographic characteristics and diversity in type of behavioral health professionals, especially in underserved communities.
- 11. Increase in preventive services and family supports for children and youth of all ages.
- 12. Increase in substance use prevention strategies, specifically for younger children and adolescents

III. System-level Support and Collaboration

- 13. Decrease in system-level barriers to behavioral health care for children and youth, especially in underserved communities.
- 14. Increase in cross-sector collaboration within the behavioral health ecosystem.
- 15. Increase in utilization of the school-linked statewide fee schedule.















