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From Resistance to Relationship: Balancing Accountability and Voice in Statewide Behavioral Health Evaluation

November 12th, 2025, 4:20 PM – 5:20 PM CST

EVALUATION25

Engaging Community, Sharing Leadership

Kansas City, MO **November 10-14, 2025**

Welcome!

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Who we are:

Rikke Addis | Principal of Behavioral Health Evaluation Strategies (BHES) | Lead Evaluator for the CYBHI Scaling EBPs/CDEPs Workstream

Liz Harvey | Senior Evaluation Associate with BHES

Rebecca Heilman | Senior Evaluation Associate with BHES

Lauren Dods | Senior Evaluation Associate with BHES

Natalie Nax | Project Manager with BHES

Partners & Expert Consultants

- eCenter Research, Inc. & Dr. Steve Weatherbee, developer and host of the eInsight Data Platform
- Tristan Burgess & Cristin Young, expert consultants for advanced data analysis support

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Our Session Objectives:

- Introduce context and challenges of the evaluation
- Demonstrate pivot to shared leadership
- Share tools and methods used
- Engage audience in lessons learned

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Project Background

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- What is the CYBHI Scaling EBPs/CDEPs Workstream?
  - CYBHI = Children and Youth Behavioral Health Initiative
  - This workstream focuses on scaling EBPs and CDEPs
  - Over 450 grantees funded through 2026
- The grant program's goals are to:
  - Expand access
  - Prioritize equity
  - Support children/youth from BIPOC and LGBTQIA+ communities

But first, a little about California

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- The largest state in the U.S. by population, approx. **40 million people**
- **40% of the State's population identifies as Latino**
- **58 Counties**
  - ✓The Largest County (Los Angeles) has over 9.7 million residents
  - ✓The smallest County (Alpine) has 1,230 residents

Project Context

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- Overseen by the California Department of Health Care Services (DHCS)
- BHES is the external evaluator for the workstream
- $381M investment to support 5 funding rounds

Round 1	Round 2	Round 3	Round 4	Round 5
Parent and Caregiver Support Programs and Practices	Trauma-Informed Programs and Practices	Early Childhood Wraparound Services	Youth-Driven Programs	Early Intervention Programs and Practices

- Grantees include counties, school districts, community-based organizations, tribal entities, grassroots organizations, hospitals, etc.

Original Evaluation Design

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- Sequential mixed-methods design with data sources from:
  - Program Reports
  - Participant-Level Data
  - Qualitative interviews and focus groups
- Evaluation plan created post-award notification, but before grantee details were known

Guiding Principles of the Data Collection Plan

Telling the story of impact for the CYBHI EBPs/CDEPs Workstream

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What?	Why?
• Selecting **multiple functional and clinical outcomes measures.**	. . . so grantees have **flexibility** in selecting tools that best align with the EBP or CDEP (while still meeting the goal of **standardized data collection**).
• Promoting data collection **best practices** by collecting the minimum amount of data to tell the story.	. . . So that only metrics designed to answer specific **study questions** are required.
• Selecting clinical measures with **strong psychometric properties**.	. . . so that grantees can determine progress in treatment with tools that are **reliable**, **valid** and **sensitive to change** (All necessary **licenses secured** for the grant period).
• Providing a centralized, user-friendly **data platform solution.**	• Minimize the burden of data reporting. • Upload/download feature. • Survey/assessment links. • Saves grantees from the **costs of configuring** exiting data systems.

“Menu” of outcome tools

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- Each of the 5 funding rounds offered a “menu” of approved outcomes tools aligned with program goals
- Grantees selected at least one standardized pre-post measure from their round’s menu
- This approach balanced consistency with flexibility, allowing tools to fit diverse service models
- Helped standardize data across grantees for statewide reporting and learning
- Empowered grantees to choose tools that were relevant, feasible, and culturally appropriate for their populations

“Menu of Tools” - Standardizing data collection while honoring existing practices

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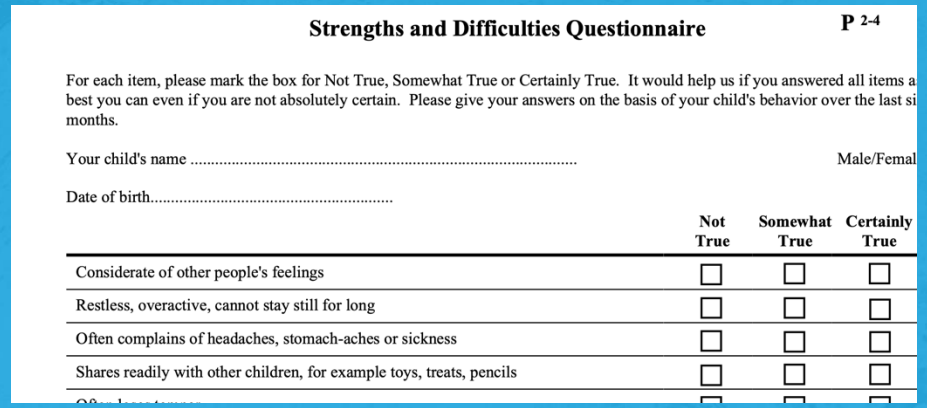
Selected tools commonly used in California

Selected tools that have no license fee for sustainability

Negotiated license agreements with developers.

Subscale 1: MENTAL HEALTH:							
	RESPONSE OPTIONS						
Q1: How would you rate your child’s overall mental health right now?	EXCELLENT	VERY GOOD	GOOD	FAIR	POOR	DON’T KNOW	REFUSED



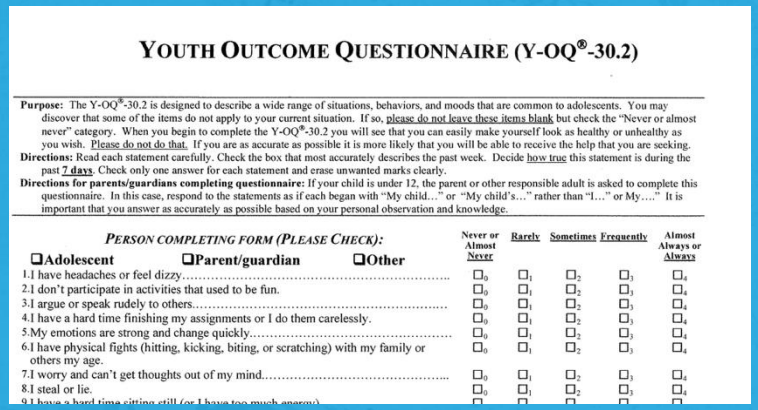
Strengths and Difficulties Questionnaire P 2-4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items a best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behavior over the last si months.

Your child's name ..... Male/Femal

Date of birth.....

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	☐	☐	☐
Restless, overactive, cannot stay still for long	☐	☐	☐
Often complains of headaches, stomach-aches or sickness	☐	☐	☐
Shares readily with other children, for example toys, treats, pencils	☐	☐	☐



YOUTH OUTCOME QUESTIONNAIRE (Y-OQ®-30.2)

Purpose: The Y-OQ®-30.2 is designed to describe a wide range of situations, behaviors, and moods that are common to adolescents. You may discover that some of the items do not apply to your current situation. If so, please do not leave these items blank but check the “Never or almost never” category. When you begin to complete the Y-OQ®-30.2 you will see that you can easily make yourself look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking.

Directions: Read each statement carefully. Check the box that most accurately describes the past week. Decide how true this statement is during the past 7 days. Check only one answer for each statement and erase unwanted marks clearly.

Directions for parents/guardians completing questionnaire: If your child is under 12, the parent or other responsible adult is asked to complete this questionnaire. In this case, respond to the statements as if each began with “My child…” or “My child’s…” rather than “I…” or My….” It is important that you answer as accurately as possible based on your personal observation and knowledge.

PERSON COMPLETING FORM (PLEASE CHECK): ❑Adolescent ❑Parent/guardian ❑Other

	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
1.I have headaches or feel dizzy	☐0	☐1	☐2	☐3	☐4
2.I don’t participate in activities that used to be fun.	☐0	☐1	☐2	☐3	☐4
3.I argue or speak rudely to others	☐0	☐1	☐2	☐3	☐4
4.I have a hard time finishing my assignments or I do them carelessly.	☐0	☐1	☐2	☐3	☐4
5.My emotions are strong and change quickly	☐0	☐1	☐2	☐3	☐4
6.I have physical fights (hitting, kicking, biting, or scratching) with my family or others my age.	☐0	☐1	☐2	☐3	☐4
7.I worry and can’t get thoughts out of my mind	☐0	☐1	☐2	☐3	☐4
8.I steal or lie.	☐0	☐1	☐2	☐3	☐4
9.I have a hard time sitting still (or I have too much energy)	☐	☐	☐	☐	☐

The Challenge

- Tools misaligned with a small number of grantee activities (15% of grantees)
- Evaluation felt top-down and irrelevant to other grantees
- Delayed awards + evolving requirements created frustration
- Tension emerged: grantees felt unheard

Our Pivot Toward Shared Leadership

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- Identified grantees most misaligned with our plan
- Built a secondary strategy for those with unique models
- Conducted interviews to understand grantee needs
- Co-created new tools and adapted systems

Shared Leadership in Action

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Evaluator-led elements

- Provided frequent opportunities for grantee feedback from those who did fit into the original evaluation design
- Created qualitative data collection process to hear from grantees most misaligned with original evaluation design
- Coordinated adaption efforts with the TPA entity and the data collection platform developers
- Set standards and managed tool development and tool selection

Grantee-led elements

- Requested measures to add to the data collection platform
- Advised evaluation team to adapt data collection platform to allow imports of data files
- Reviewed additional data collection tools and secondary evaluation strategy developed by evaluation team, co-designing survey tools

Data Collection/Reporting Learning Collaborative Overview

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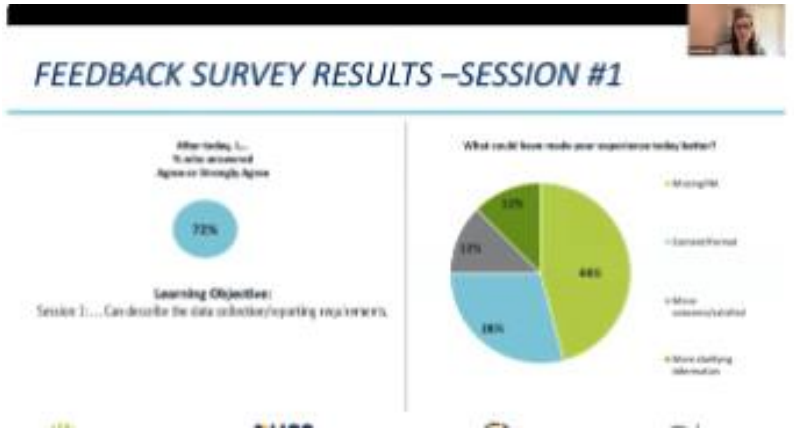
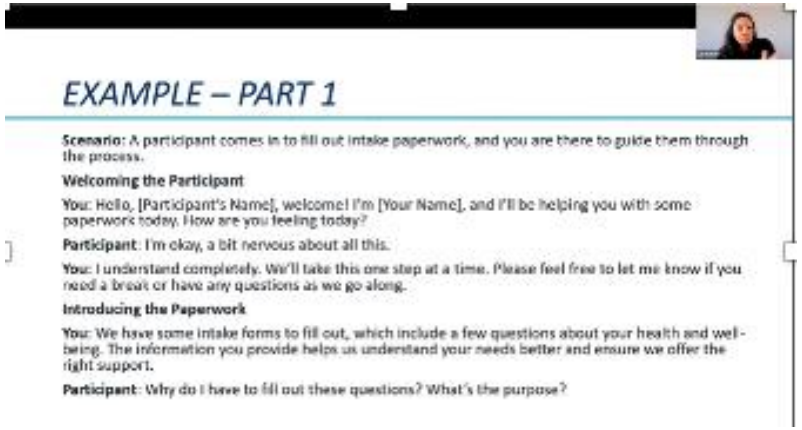
- Series of monthly sessions designed to:
  - Help grantees understand and meet data collection and reporting requirements
  - Build confidence and skills to collect and use data in day-to-day practice
  - Promote trauma-informed and culturally responsive data collection approaches
  - Create space for peer learning and shared problem-solving
  - Use data to support program improvement and advance equity
- Grantees were required to attend monthly
- Each session was 1-1.5 hours in duration

Data Collection/Reporting Learning Collaborative Planning

- Originally designed 8 sessions total, later reduced to 5 sessions based on grantee feedback
- How do we want attendees to feel?
- Learner-centered (4As), Inclusive, Feedback/data driven, Solution-focused
- Topic series example:
  - Introduction to Data Collection/Reporting Requirements
  - Outcome Tool Selection Process from menu of options
  - Onboarding to Data Collection Platform
  - Trauma Informed Approaches to Data Collection
  - Data Interpretation and Reporting
  - Recap of Data Collection/Reporting Requirements





Data Collection/Reporting Learning Collaborative Results/Findings

- Provided a total of 85 sessions across 5 funding rounds and 15 cohorts
- Polls among attendees consistently showed that asynchronous, self guided materials (one pagers, videos) were also needed to supplement learning collaboratives
- Most grantees appreciated open format office hours to answer questions specific to their situation
- Timing and content relevance is important, some grantees already began implementing programs, others have not

Grantee Feedback: What worked best for you in today's session?

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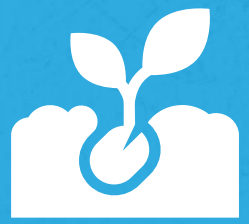
"This is awesome, this is the first time I ever thought about data in this way" *attendee of Trauma-informed Approaches to Data Collection session*

"The overview was helpful, and the facilitators are wonderful. I feel hopeful for learning how to collect this data and getting results"



"Enjoyed the exercise to look at data together and think of how to read it and address disparities"

"I appreciate how they review our feedback and clearly adapt the next session, makes us feel listened to"

Our team actually really liked the NOMS measure-- the only pre/post measure we did prior to this year was the PSC-35 and we have had a lot of people ask if we can replace the PSC-35 with the NOMS because it is so much more client-friendly.

I was also really excited to find that the data we collected from the NOMS aligned really well with our PCOMS ORS data. I was very excited to see the validity across different measures and it made me even more confident in PCOMS so I am excited to keep using it and training on it.

Grantee Feedback: What could have made your experience today better?

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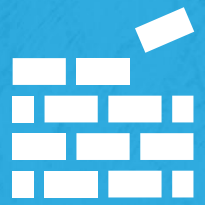

"If the presenters provided more concrete information the exact metrics to be collected- for example a draft of the NOMS questions that are required".

"I would have preferred a video that I could watch at my convenience, not at a set time. The end of the school year is a very busy time of year and this is hard to get into our schedule."

"[I wish I could know] more about the data collection itself and the platform that will be used"

Outcomes of the Shift

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- Over 84% compliance in data entry
- Greater trust and reduced resistance
- Increased relevance of evaluation tools
- Tailored evaluation approach for 2 strategy types
  - Primary evaluation strategy: For Direct Service Providers, this focuses on grantees delivering behavioral health services using EBPs/CDEPs
  - Secondary evaluation strategy: For other entities delivering training, technical assistance, or short-duration activities, this focuses on capturing the impact of grantees who are providing workforce training and short-duration interventions

This Work is Ongoing

- This work isn't done. We continue to...
  - Refine tools based on feedback
  - Support equity in data capacity
  - Sustain partner engagement
  - Offer continual office hours, TA sessions

Key Takeaways from Our Shift

- We've taken these lessons learned and developed a promising framework for future evaluations and will work to continue to test and refine it…
  - ***The SCALE Framework*** – if components of the framework are followed, we believe much of our challenges and hurdles encountered could be reduced/eliminated

Promising Transferable Strategies: The SCALE Framework

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- **Standardization:** Consistent tools for comparability
- **Collaborative infrastructure:** Shared learning across roles
- **Agile technology:** Tech evolves with grantee needs
- **Learner-Centered implementation:** TA meets orgs where they are
- **Equity:** Centering marginalized communities

The SCALE Framework

Your Feedback Matters!

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- Your feedback is used to improve our Sessions!

Our Session Objectives:

- Introduce context and challenges of the evaluation
- Demonstrate pivot to shared leadership
- Share tools and methods use

Your Turn: Reflection & Discussion

- When have you faced resistance in evaluation work?
- What helped rebuild trust with partners?
- What does shared leadership mean in your context?
- How do you center community voice while meeting funder requirements?

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Scan the QR Code to access our handout!

Thank you!
Any Questions?

Send us an email! Let's connect!

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