

SB-82/833 School-Based Triage Programs: Sustainability in the Wake of COVID-19



Dominique Taylor, BS¹, Bonnie Zima, MD, MPH¹, Corey O'Malley, PhD¹, Elise Tascione, MA¹, Alanna Montero, BS¹, Kenneth Wells, MD, MPH¹², Elisabeth Bromley, MD, PhD¹,
Roya Ijadi-Maghsoodi, MD, MSHPM¹²

¹UCLA—Semel Institute for Neuroscience and Human Behavior, ²VA Greater Los Angeles

UCLA David Geffen School of Medicine

Background

- The SB-82/833 triage grants provide funding for six school-based triage programs under the Mental Health Services Act (MHSA)
- Aims of the programs include:
 - Expanding crisis prevention and wellness services
 - Increasing continuity in mental health services
 - Engaging parents and caregivers
 - Reducing the students placed in special education or removed from school due to their mental health needs
 - Developing coordinated crisis response teams

Objective

To evaluate the perspectives of school-based triage program stakeholders on the impacts of COVID-19 on service provision, on funding barriers, and on the sustainability of these programs.

Methods

Procedures:

- Conducted using a mixed method, community partnered approach.
- 18 semi-structured interviews were conducted with program stakeholders (program leads and staff) at 6 school-based programs over 6 month intervals.
- Medi-Cal 2020 county data was extracted from CHHS and percentages were calculated from census county data for 2020.

Data Analysis

- Interviews were recorded, transcribed, and analyzed for specific themes.
- Domains and constructs from the Consolidated Framework for Implementation Research informed the interview guide and qualitative analysis.
- Codes were managed with Dedoose

Results

Themes and Representative Quotes

Effects of COVID 19 on Programs

Unpredictability of needs and funding

- “And so, COVID has had an effect; first it was negative, then it was positive...And so, that's where COVID has kind of wreaked a bit of havoc is this idea of the unpredictability of the landscape.”-Stakeholder
- “...COVID has set us back with that progress....if we could have another 18 months extension on this project, funded extension, we could probably nail down the sustainability. But we haven't been able to do much of anything towards sustainability because we've been in survivability.”-Stakeholder

Adaptation of Services

- “I think in addition to the switch from in person to virtual types of training and coaching, just being more understanding to the shift in need and I think the things that were needed before are not necessarily a priority now. And even as we think about going back...that there's going to be a greater need for social-emotional learning and mental health resources.”-Stakeholder

Sustainability of Programs

Creative Funding Sources

- “...There is a lot of conversation happening across the state....that speak to okay we have this local controlled funding, the LCAP [Local Control and Accountability Plan] fund, and here are some creative ways.” -Stakeholder
- “We've also been working on finding other ways to sustain the grant afterwards including looking into different types of medi-cal billing and continuing to leverage our relationships with community partners to see about you know keeping, getting people to provide services in the school, so that so, services aren't lost but there's no formal plan yet for what that would look like.” -Stakeholder

Barriers to Funding

Funding Uncertainty

- “...I think that's where the need is because I think what's difficult any grant, any grants whether its MHSOAC, whether its CHFFA, or SAMHSA, or whatever it is, is that your, your time limited, and not all the time do these grants get to roll over into the next year.” -Stakeholder
- “And then with grant funding...it doesn't always roll over, and even if it doesn't become available and something similar becomes available, it's not a guarantee that you'll be an awardee to that grant either.”-Stakeholder

Limits of Medi-Cal

- “When you think about these types of services, particularly Tier 1 services, outreach, engagement...how would you bill for that with Medi-Cal; you wouldn't be Medi-Cal reimbursed” -Stakeholder

- “With respect to drawing Medi-Cal funds: it's going to be very interesting to see how that plays out...it has been really nice and effective to be able to work with kids regardless of whether or not they are covered and there is a lack of providers right now so it's been really tough.” -Stakeholder (paraphrased)

Results

Medi-Cal Eligibility Ceiling for Youth Under 17

County	Child/Eligible	Count/County	Percentage Eligible
Humboldt	17,303	27,664	63%
Sacramento	195,311	368,364	53%
Placer	21,943	81,172	27%
Tulare	104,847	140,954	74%
Alameda	122,256	354,212	35%
San Bernardino	337,802	556,799	61%

Discussion / Conclusions

- COVID has affected both the internal and external landscapes under which these programs operate.
- Programs receiving SB 82/833 triage grants have shown great resilience and have adapted to community needs during COVID-19.
- Sustainability is essential for these programs to continue the work they do in their communities.
- Interview findings can inform policies and recommendations for improving sustainability and reach of programs moving forward.
 - Propose Medi-Cal billing codes to incorporate some tier 1 preventative services to reduce acute and emergent mental health care service needs.
 - Potential for state sanctioned support through training, consultation, and learning collaboratives to assist in the development of sustainability plans.
 - Additional grants or refunding of grants from MHSOAC could alleviate some of the uncertainty surrounding sustainability and allow programs to evaluate current positioning.

References

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California Health and Human Services Open Data Portal. Eligible Individuals Under Age 21 Enrolled in Medi-Cal. <https://data.chhs.ca.gov/> 2021, June 22.

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Contact: DominiqueTaylor@mednet.ucla.edu

