

Barriers and Innovations Before and During COVID-19: Findings From School/County Collaborative Programs Throughout California

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Introduction

- The SB-82/833 triage grants under the California Mental Health Services Act (MHSA) fund six school-based triage programs in California
- Programs concentrate on prevention, early intervention, crisis stabilization, parent and caregiver engagement, and referrals and case management to increase access to service and enhance care coordination
- Given the impact of the COVID-19 pandemic on school closures, youth mental health, access to services, and the economic status of families, it is critical to understand how unique school/county programs addressed youth and family need to inform other localities and programs

Objective

To understand the collaborative efforts between county/local mental health service agencies and schools to deliver mental health services to students, including unique challenges they faced during the COVID-19 pandemic

Methods

- Evaluation was conducted using a mixed-methods and community-partnered approach
- 24 semi-structured interviews were conducted with program leads and staff at 6 school/county collaborative programs
- 4 rounds of interviews were conducted in 6 month intervals, beginning 9 months prior to the COVID-19 pandemic
- The interview guide and analysis were informed by the Consolidated Framework for Implementation Research (CFIR)¹
- Interviews were audio-recorded, transcribed, and analyzed thematically with Dedoose

Table 1. Interview Schedules

	Pre-COVID Closures		Post-COVID Closures	
	Baseline	6-month	12-month	18-month
Dates	June–Sept 2019	Jan–Feb 2020	June–Oct 2020	Feb–Apr 2021
Participants	Leads	Leads	Staff	Leads
# of Interviews	6	6	6	6

During COVID-19, California school/county collaborative programs pivoted to meet increased youth and family social determinant and mental health needs through virtual innovations, community linkages, creative outreach to families, and amplifying mental health supports to students and teachers.

Table 2. Key Barriers and Innovations Themes and Representative Quotes

Theme	Representative Quotes
Barriers	
Loss of Drop-In's as a Referral Source	"...pre-COVID, we're seeing really large numbers of students coming through drop-in and through the Health Center...since COVID, I think in the periods between like March, when school ended, almost none for any of us...that was really really challenging...psychologically in terms of our hearts and...just really hard to logistically figure out how to overcome this tremendous barrier of just not being physically present in the same place with the young people anymore." –School/County Lead
Diminished Ability to Detect Youth and Family Needs	"And what we've heard from the beginning is that the lack of really being able... to see what's going on, read a student's body language, and those kinds of things that you get in person, it's really tough to do on a Zoom meeting...I think our schools feel like they don't have as good of a sense of how a student is doing and so, they don't know if someone is struggling, if someone is hanging in there okay...they don't have as quite a good of a handle on how students and families are doing to know when they need support or when they might need a referral." –School/County Lead
Student Zoom Fatigue	"I just had supervision this morning with one of them [school clinician] and she said yesterday she had 8 kids scheduled and only 2 logged in for their session. So, that really brings them down because they know they've built relationships with these kids and they really know how much the kids need the help and when kids don't show, it really like hits them and they are spinning trying to get a hold of them." –School/County Lead
Loss of Parental Engagement	"We have to go through the parents and the parents are like, "can you stop calling me, why do you keep calling me, what do you want?" ...parents are not quite as used to talking to us regularly and probably feel like we are harassing them a little bit...And we're like well, your kid loves talking to me every week, maybe you don't, but your child does." –School/County Lead
Intensified Need for Services	"I think there's just not enough. There's not enough of us, there's not enough resources for all the children who need [it]." –School/County Lead
Innovations	
Pivoting to Meet Community Social Determinants of Health Need	"...when it comes to parents, we also do linkages to outside community resources...especially now during COVID, any linkages to local resources that may help with basic needs or any type of emergency assistance whether it be housing or rental or even just having access to food...We work closely with the local community partnerships to create those partnerships and...we also collaborate with the family resource centers that are locally in each area or even some of them are embedded in the school districts..." –School/County Lead
Developing Innovative School Supports: Virtual Wellness Centers, Expanding Wellness into Classrooms	"...They maintained their own Google Classroom, so they had a virtual Wellness Center. ...They did all sorts of different things and wellness tips and so, they were still providing curriculum and education to kids in the virtual format. Kids had to be, a little bit more initiative sometimes to access it, because you know, you're not in front of them in a classroom, but all students were invited to it...there was a lot of kids in that Google Classroom who were at least receiving notifications and receiving those topics and those sorts of things." –School/County Lead
Expanding Reach: Remote Classroom Observations	"...I got teachers google links, their class times...So, I've been able to jump in, learn some Math, History, or whatever they're learning and just observe. And then, the teachers will pull out breakout rooms or they'll give me co-host so I can pull those students out." –School/County Lead
Creative Outreach and Referral Platforms	"...The triage staff would also do a lot of outreach to the school staff either via email or they would jump into classrooms, or staff meetings virtually, to remind them that we're really concerned about student's social-emotional and their safety and to refer them." –School/County Lead
Leveraging Increased Prioritization of Mental Health/Wellbeing	"I mean we had a social worker following the school bus that was delivering lunches. So, follow behind and then able to greet families as a way of getting their faces out there with distance learning." –School/County Lead "...doing kind of universal interventions for the school site surrounding like classroom lessons on mental health, doing mental health awareness activities, working with our school counselor to help do staff training around trauma and things like that, so really also just kind of turning to alter the school environment to have an increased focus on mental health." –School/County Lead

Figure 1. School-Based Programs (n=6)

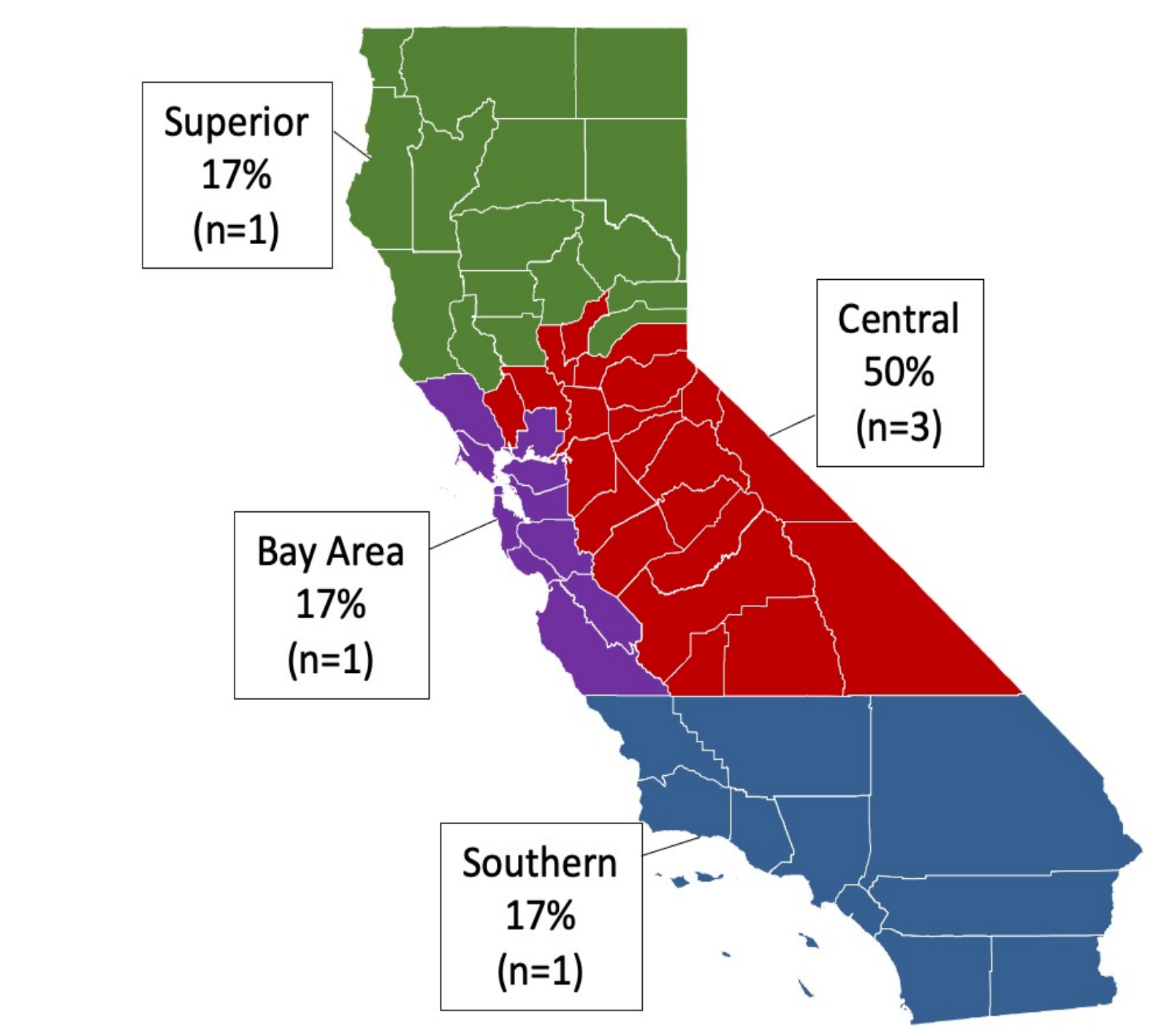
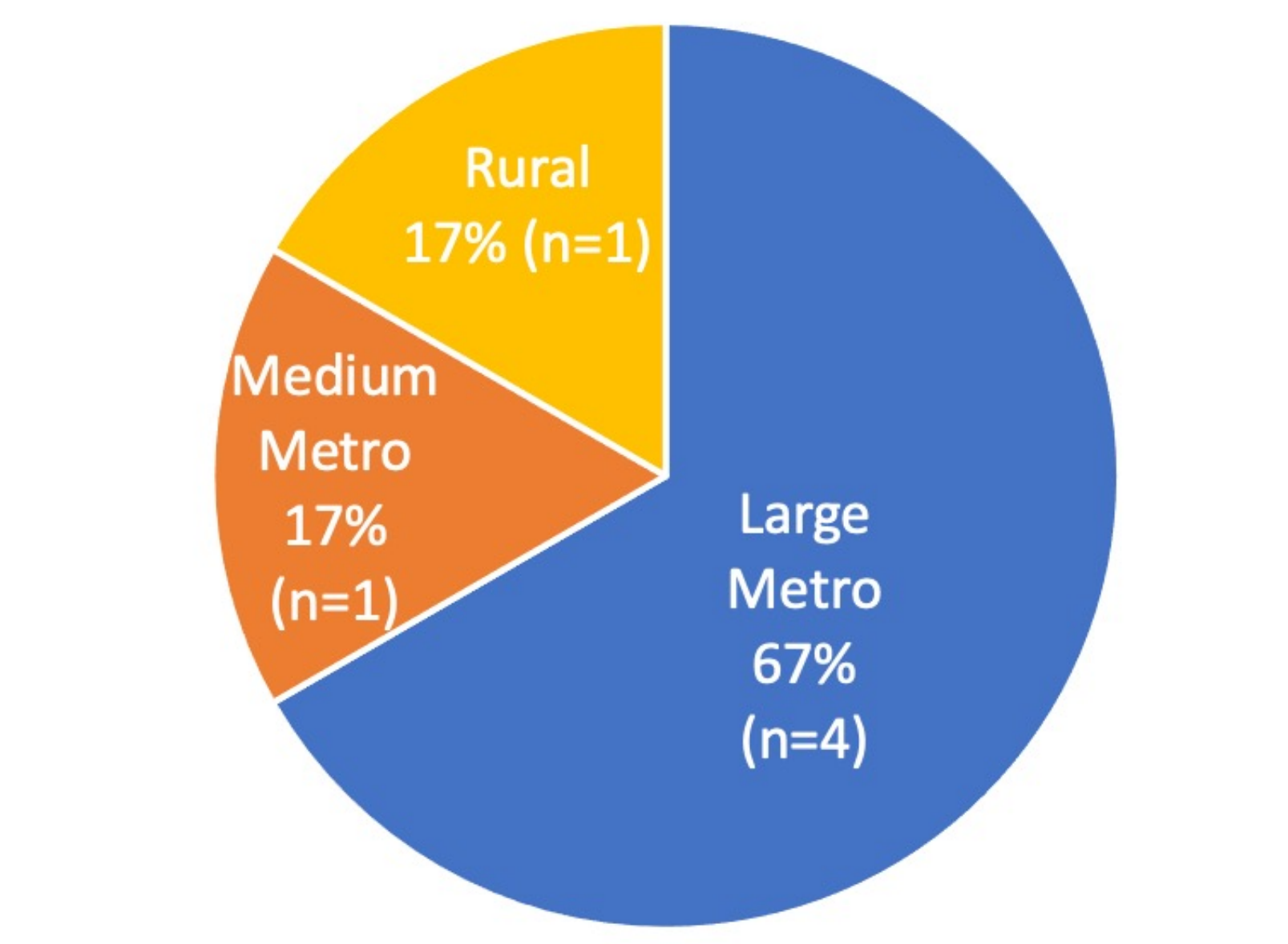


Figure 2. County Composition



Conclusions

- Findings demonstrate the challenges school/county programs experienced during the pandemic, particularly due to a disruption of normal referral systems and engaging with youth and families in schools
- Despite barriers, school/county collaborative programs demonstrated rapid innovations, including responding to meet the social determinant of health needs of families in the community, and finding creative ways to access students and provide supports to teachers and staff
- Innovations such as remote classroom observations and infusing Wellness activities into classrooms, among others, represent promising strategies to continue to increase prevention, detection, and treatment of mental health and social needs following the pandemic

References

- Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science*, 4(1), 1-15.

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