

October 5 Meeting

Attendees:

- **Advocates:** Ann Pruszynski from Advocates and Jacob Hanson from Framingham
- **Aspire:** Abby Foley from Aspire and Brynn Cooper from Weymouth and Danielle Galvin and Katy Sleczkowski from Randolph
- **BHN:** Sarah Manseau, Dawn King, Courtney Rotzler from BHN
- **BMC:** Jaime Shorten from BMC
- **CHA:** Ellie Richards from CHA and Traci Small
- **Eliot:** Ann Fitzgerald from Eliot and Tina Hoofagle from Everett Schools
- **Riverside:** Jillian Erlich from Riverside and Lisa Kingkade and Bill Chaplin from Milford Schools
- **MAMH:** Joan Mikula, Jenifer Urff, Lina Stolyar, Susan Foster

Discussion

- **Reflecting on goals:**
 - o The pilot goals were:
 - Improve and expediate timely access for students to high quality BH care
 - Improve outcomes for school-age children, adolescents, and their families
 - Provide an effective alternative to the use of school resource officers, police, 911, and ER
 - o *How have you found your niche and what are you doing differently?*
 - One grantee mentioned that the schools knew where to start and identified two populations (attendance and school refusal) so they knew where to start. The school mentioned that the value add has been having a clinician with a family navigator who can do home visits if needed.
 - One grantee talked about how communication has been key. They get attendance records and the PBHUC team is included in all emails. They will be starting social skill groups (like grief groups) and getting to know out of district kids (doing in the class support).
- **Crisis work versus getting upstream:**
 - o *What do the crisis evaluation look like? How do they get resolved? How many are referred to follow-up services at the CBHC?*
 - One grantee is doing standard YCMI eval to assess risk and level of care and make recommendations and make referral. And then provide follow-up services for MassHealth and not MassHealth students.
 - Another grantee is doing referring a small number (less than 25%) for services at CBHC. In many cases, referral would feel appropriate, but parent is not interested so need to work with parents on what they can do
 - o *Any issues for non-MassHealth youth?:*
 - One grantee mentioned that they have a lot of undocumented students who are able to access so much less (MassHealth Limited).
 - Another grantee mentioned that having additional therapeutic support regardless of insurance has been a relief for parents which is possible because of this grant.

- **Long-term versus short-term engagement:**
 - *How many kids are you seeing long-term versus how many kids are you seeing short-term and then referring them to other services?*
 - One grantee is leaning more towards shorter-term, if they need longer-term services, figuring out referrals. Trying to focus more upstream since right now working on Tier III kids who have crises. Have made in-scope and out-of-scope explanation for staff and provided resources for those out-of-scope items.
 - For example, they have a big newcomer population with no insurance and no PCP. Can provide information on how to apply for insurance but family navigator cannot be responsible for helping all apply.
 - Also there are a number of kids who drop off after 2 – 3 OP sessions, so try to work on how to make biggest splash for one session. Example, helping kids returning from out-of-school suspensions so are meeting with the PBHUC clinicians to set goals, etc.
- **Waitlists:**
 - *Have you started having them for your PBHUC clinicians or other CBHC services?*
 - One grantee mentioned that sometimes there is a wait for ICC or IHT at the CBHC so not waitlists there. Do stay involved until they get CBHI services.
 - One grantee mentioned that they briefly had a waitlist at the end of last year for their clinic team. Got resolved over the summer and no waitlists. They do however have a huge waitlist for CBHI services. For ICC, do sometimes stay involved until they can get it. For IHT no they don't stay involved, since it can take 6 – 12 months so hope they have enough stability to maintain without them.
 - One grantee has no waitlists for CBHC for any kids with MassHealth but do have issues for commercial insurance.
 - One grantee has massive waitlists for all services for OP. One giant waitlists for psych, therapy, group therapy, and neurodevelopment evals. Waitlists for school-based clinic as well – less movement on caseloads because they are fuller and sheen of back to school is wearing off.
- **Summer Program:**
 - *What did you learn from this summer?*
 - One grantee mentioned that summer gave time for clinician to get to know school without crises in place. In summer, she was imbedded in one school instead of all 9. Worked on developing trainings for district.
 - One grantee team worked more on social needs like food and clothing insecurity over the summer.

Logistics

In-Person Meeting

- Will be Thursday, November 16 from 10am – 3:30pm in the MetroWest area. Location and RSVP coming soon.