

February 15 Meeting – Sustainability Discussion

Attendees:

- **Advocates:** Colleen, Ann
- **Aspire:** Abby, Brynn
- **BHN:** Courtney, Dawn, Sarah
- **BMC:** Jaime
- **CHA:** Ellie
- **Eliot:** Elizabeth
- **Riverside:** Marcel, Brianna, Cheryl, Lisa

Welcome and Housekeeping

- Family Satisfaction Survey and Script Updates
 - o Survey already built into SurveyMonkey.
 - o Susan met with most of the grantees to discuss distributing this survey.
 - o Grantees said that they will be able to track how many people they gave the survey to.
 - o Grantees also said that they will be able to provide a personal touch by explaining the survey to families so that they know what the survey is about. The evaluation team will offer a gift card for participating in the survey.
 - o The evaluation team will work to translate the survey into Spanish and Portuguese. We will look into translating into Arabic and Haitian Creole as needed.
 - o The evaluation team will provide a paper copy option and an online survey option.
 - o The evaluation team will send out packets of paper copies, self-addressed envelopes, and stamps to grantees, so they can provide copies to families who may want to complete the paper version.
 - o The survey will be provided to families whose child received services and for those who refused services, and there is a version of the script for both.

Discussion of Sustainability of the Program and Grant

We are looking to discuss policy and program considerations to sustain services provided under the grant beyond the initial demonstration. There will need to be some standardization to be able to access public funds in the future.

- **When you think about sustainability, what comes to mind?**
 - o **One grantee mentioned that we need to consider volume when we think about sustainability.** The grantee mentioned that their school partner has other BH resources on-site, so it has been a challenge to fill volume and get referrals. School partner sees the grantee as 1) providing psychoeducation piece to their social work staff and education on resources for families (connect directly to give overview of services), 2) consulting on cases with an urgent concern and answering questions about calling YMCI or 911 that are directed to the PBHUC clinician and 3) providing or arranging for therapeutic services to students who can't get this resource because they are on long waitlists. The grantee can be used to bridge services until long-term supports are available.
 - o **One grantee talked about funding streams for sustainability.** For example, would it be insurance based or could they partner with schools who are billing for specific services? Have been thinking of services that fit the insurance model versus those that do not. Ex: Family partner who is internal to the grantee organization and knows the system (BH

and medical) is crucial in facilitating connections, but that piece is not billable. Family support isn't licensed so harder to bill in general.

- **One grantee talked about whether some piece could be covered by different entities.** For example, could the grantee organization train the school staff on what to do so that their assistance is less needed? They have also been looking to see if some of these services can be billed as outpatient urgent care? Coaching and helping to build capacity in the staff at the school (in managing acute situations and chronic situations) is a piece where the billing is harder, but it is crucial.
- **Of the services that you are providing, what services are billable? What services are not?**
 - **Multiple grantees mentioned that they bill for crisis assessment.** Some grantees have done third-party billing for school-based services in the past. This was a big administrative burden and having to follow different insurance needs and receive co-payments were also barriers to care.
 - **One grantee mentioned that they do not bill for intakes because that would take hours away from the clinician's time.** This grantee and others suggested that a key strength of the grant program is not having to meet billing requirements for intakes, EMRs, etc.
 - **One grantee said that the biggest barrier was access.** A lot students have private insurance so they wouldn't necessarily go to CBHC in general. The grantee clinic has a private insurance component but is not taking any more private clients because it is at capacity.
 - **One grantee mentioned that MassHealth is looking at CBHI services as a whole, so maybe this discussion could be incorporated into that?** In general, with all models, it is hard to consistent maintain the volume needed to be sustainable. The margins are so slim for urgent care (less so for crisis care), that volumes would need to be high.
- **Does your school do any school Medicaid billing?**
 - **Two school districts said that they do school Medicaid.** One said that they don't use it for BH services, only for services like speech, occupational therapy.

Logistics

Future Learning Community Meetings:

- March 21 at 1pm
- Site visits in April and May

Communication Materials (Lina)

- Do you have communication materials that you've used to help explain this program to schools and students/families? We'd love to see them and be able to share them around. Some of you already have, so thank you!
 - BHN, Riverside, Aspire

Data Collection (Lina)

- Due Friday, March 15
- I am holding office hours on February 29 at 4pm to answer any questions.