

## October 24 Meeting – Talking Points

### Attendees:

- **Advocates:** Megan, Ann
- **Aspire:** Kristen, Janice
- **BHN:** Sarah, Lindsey, Courtney, Jhianina, Dawn
- **BMC:** Jaime
- **CHA:** Claudia, Ellie
- **Eliot:** Nayara
- **Riverside:** Katie, Jillian, Bill, Brianna, Cheryl
- **MAMH:** Joan, Lina, Jessica
- **Evaluator:** Susan

### Housekeeping:

- **Welcome to Jessica Larochelle**
  - o Will be representing MAMH for this grant as well. Jess is the Co-Director of Public Policy and Government Relations. Works on legislative, budgetary, and regulatory advocacy. Jess is excited to hear about what policy changes could be advocated for.
  - o Her email is [JessicaLarochelle@mamh.org](mailto:JessicaLarochelle@mamh.org). Feel free to email Jess with any thoughts, feelings, etc.
- **November 21 statewide conference**
  - o Purpose: To provide information and resources to support community behavioral health providers to more effectively engage and collaborate with schools to provide timely, effective behavioral health services for students who may be at risk of crisis.
  - o Please register to attend! We are looking forward to having you.

### End of Grant Discussion:

- **Context:**
  - o When we initiated this project, we thought that there would be more commonality than there ended up being. The projects are now tailored to the context of the schools. There are some commonalities and some differences.
  - o It is very unlikely that we will be able to access additional grant funding to sustain the grants as is. However, we are exploring ways in which important components of the program can be sustained and scaled.
    - Continuation of grants can be based on local school funding, DESE/DPH/DMH grant funding that could fit guidelines of theirs, MassHealth benefits, clarity of CBHCs and UC and use of school staff, and billable services.
    - Many of you are billing but there is variation in what you are billing for. What are the options for that.
    - The work we do with you between now and end of your grant cycle will be tailored to your individual programs given the structures of the teams and services. TA team includes you, CBHC, school partner, and MAMH. You would review the range of options and identify where the most potential exists and MAMH can bring in experts and others to massage that. We can't do your TA plan and we can assist.
  - o For context, three grants end in June 2025. Another two end in December 2025. Another end in March 2026 and the last one ends in June 2026.
  - o We have learned a lot in the last two years. The major two takeaways are:

- Schools are a major constituency which calls for clarity of expectations and individuals representing CBHC. It can't be you get who you get on the phone. They need a concrete response which would come from many of the players here. CBHCs and UC were not built that way.
  - Parents of students are major factors who influence their children and outcomes. Working relationships with families as a bridge with schools matter. We want to make the point that there is a very focused role for FP and schools.
  - There are guidelines that we will develop which will help you develop your continuity plan if you want to have one and we will do our best to help you achieve it.
  
- **Beyond what is fundable through billing, what are you worried about now being able to sustain?**
  - There are two budget opportunities: for departments and for advocacy. Both require clarity on what needs to be sustained. Each story is different. We encourage you to put that story together, so we know who needs to be at the table.
  - Q: Can MAMH compile what funding opportunities are available? We can let you know about cyclical ones, and you can let us know about what opportunities exist. We need to know if there are funding streams that are hard to access or if there is funding that is needed that you don't have access to?
  
- **Family partners and navigators:** if a FP was tied to a clinic hub, would it hinder any services that they are able to provide now? Can we use what is already built into the Medicaid plan to build upon this role in this program?
  - One grantee shared that usually there is no hub to attached to because 99% of kids have never experienced MH services. Right now, under CBHI, most don't take private insurance so it would limit the number of children she could see since it would not be insurance blind. Would have to be tied to clinicians has the clinical hub.
  - Another grantee shared that FP has been really meaningful in one-touch interactions like psychoeducation and make referrals to appropriate people which would not require a lot of ongoing intervention and support. These families are usually not connected to anyone.