

April 17 – Meetings Notes

Attendees:

- Advocates: Ann, Megan
- Aspire: Kristen, Janice, Brynn
- BHN: Courtney, Dawn
- BMC: Jaime
- CHA: Ellie, Vanessa, Claudia
- Eliot: Leah
- Riverside: Katharine, Cheryl, Brianna,
- MAMH: Joan, Danna, Lina, Jess, Susan

Sustainability Discussion (50 minutes)

- Most grantees are doing some sort of mix of billing for services and having the school pay for a portion of the costs. How much of each varies by grantee.
- **Most grantees will be using third-party billing.**
 - o One grantee calculated and need to over 105 – 110 MCI evaluations per year to cover the cost of their clinician. That is an average of 2.8 MCI evaluations per week per school year (assuming no billing during summer and vacation weeks). They don't want to encourage only MCI evaluations which pay more so will also look at billing for group therapy but that will require significant additional paperwork.
 - Everything does not need to be an MCI evaluation but there is a medical necessity that does warrant them. The clinician will stay connected to the MCI team but would be dedicated to the district.
 - o Another grantee is also looking at MCI evaluations are a source of funding. They are hoping to use unspent funds to ramp up the clinician and then the clinician will bill for crisis evaluations and short-term counseling.
 - They have calculated needing 4 – 5 OP students a school day or 1 MCI evaluation a school day.
- **Some grantees are using a mix of third-party billing and funding from the school.**
 - o One grantee will receive a set amount from the school to cover interaction they cannot bill for and the rest of the clinician's salary will be covered by MCI and short-term counseling.
 - o Another grantee will have a contractual agreement with their school. The school will pay for around 20 – 30 hours of the clinician's time which can be used in any way. The rest of the clinician's time will be covered by OP therapy where they will have a caseload of students.
 - They will be able to include family partners because any students on the clinician's caseload can be referred for family partners with the clinician as the referral source. The difference will be that the family partners will not be on-site at the school.
 - o Another grantee is still exploring all options with their school department. However, if this school district is not interested, another school district already said they have funds to partner with this grantee. They may explore offsetting some costs with OP therapy or MCI evals but the other district said they have money to cover everything.
 - o Another grantee is using a mobile office to offer services. The office would park at the school after having an MOU with the school and students could come to the mobile

office. This is funded through ARPA funding and they are working on getting DPH licensing.

- However, there are always challenges with relying on continued school funding as budgets change year to year.