

April 30

Attendees:

- **Advocates:** Ann, Megan
- **Aspire:** Meaghan
- **BHN:** Dawn, Courtney
- **CHA:** Ellie, Vanessa, Claudia
- **Eliot:** Elanna
- **Riverside:** Sarah, Brianna, Cheryl

- **Update from Grantees who have concluded the pilot program:**

- **One grantee that fixed last June updated us on what they have been doing:**

- The school is paying for the clinician's position so she is not billing to insurance so she is continuing to provide services to anyone. Therefore, care for students has stayed the same. The principal embraced the program which led to him finding full funding for it. The school had 11 911 calls from September – December prior to the grant and during the grant they had 1 – 2 total so that was the most compelling data for fully funding the program.
 - Now they don't have family partner. The clinician has lots of contact with families, however she misses having a dedicated person who could be in contact with the parents. To use CBHI, they would have to accept services which can get in the way.
 - The clinician works closely with adjustment counselor and they work very well together and no one is stepping on anyone's toes.
 - The clinician has also been helping support the teachers as educators and human beings.
 - Haven't done the budget yet for next year – will be done in June.

- **Another grantee who ended in December:**

- Are using a combo of grant and third-party billing because they could not fund both positions through reimbursement. Have put together smaller grants to fund the Family Partner's position, but it is still challenge for the clinician to maintain productivity because they have had to discharge those without MassHealth. Also challenging to bill for consultations because they don't have space so they can't have conversations that are long enough to bill for.

- The clinician and Family Partner are splitting up more because of billing so are seeing that the follow through is a little less.
 - The team has had to teach the school what they can and cannot do, which was tough to discharge commercially insured kids because they still have the needs and there is a new level of pressure with the paperwork.
 - It has been challenging to keep up with paperwork. There are enough billable services, but the admin is hard.
 - So much of what they do is not billable. The Family Partner will do a lot of the community work that is labor intensive that is not billable.
 - Have direct access to medication prescriber because of the intake and that has been a positive shift. And peers and nursing as well. Can tap into all of the CBHC departments.
 - BH consoling code (H0004) has been helpful for short check-ins. H0004 Behavioral health counseling and therapy, per 15 minutes (individual counseling) (four units maximum) (per session)
- **One grantee who ended in January:**
 - 1 clinician in one school and 1 clinician in 2 schools and they use a mix of funding from school and third party reimbursement. They are trying to get the school to cover more because they want to be able to respond to ad hoc needs.
 - There are groups that they are running and eating the costs because it is super important. It is little things on the edges that stack up and the grant funding can help.
 - Relationship with families has not changed very much. Had been leaning on and leveraging on CBHC staff (like intake coordinator).
- **Best advice for grantees as they phase out of the program?**
 - **One grantee said:** Keep the relationship with the school even if there is no funding. One day they might have the funding and might remember you.
 - **Another said:** They have also made relationships with social workers in elementary schools even though they are not there. For many of these kids, there is no transportation and they would not get OP care.
 - **Another added:** Focus on the impact point and remember the good that has been done.
- **Current grantees, what is your current thinking on what you will do moving forward?**

- **One grantee said that:** they still have a few potential lines in the water with private donors. Even if that comes through, it is important to think about what should be continued and what should be expanded.
- **Another grantee mentioned:** Contact with schools is hot and cold.
 - They want to spend the summer to figure out what to do next and to continue the partnership.
 - They have been able to build caseload of kids that do not have MassHealth.
- **Another grantee:**
 - Working to find different grants. Have thought about transitioning to more of a mobile crisis model at the school. Are also looking into groups especially in the summer.