Making the Clinical Match

## for School-based Mental Health Services

The following is an assessment of the potential clinical partners you may want to engage in this framework. Some of the questions may not be applicable given the quantity and type of clinical agencies in your geography. By and large these questions are in relation to clinical agencies with two
or more individual clinicians on staff. You may have individual clinicians able to bill Medicaid in your community as well; some of these questions will apply to those individuals.

|  |  |  |
| --- | --- | --- |
| Name of Potential Clinical Partner |  |  |

|  |  |
| --- | --- |
| **1** | What is their experience delivering services in your community and to the target population?  |
|  |  | Strong |  | Moderate |  | Minimal |
|  |
|  | Please explain: |  |
|  |  |

|  |  |
| --- | --- |
| **2** | What existing partnerships do they have with schools currently?  |
|  |  | Strong |  | Moderate |  | Minimal |
|  |
|  | Please explain: |  |
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| --- | --- |
| **3** | What experience do they have offering evidence based mental health services to children and youth? To families?  |
|  |  | Strong |  | Moderate |  | Minimal |
|  |  |
|  | Please explain: |  |
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| --- | --- |
| **4** | Do they have existing partnerships or relationships with the county mental health agency or the managed care organization managing Medicaid?  |
|  |  | Strong |  | Moderate |  | Minimal |
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|  | Please explain: |  |
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| --- | --- |
| **5** | What ability do they have to leverage Medicaid and other funding sources to support services?  |
|  |  | Strong |  | Moderate |  | Minimal |
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|  | Please explain: |  |
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| --- | --- |
| **6** | Are they a Medicaid eligible provider and what proportion of clients that they currently serve are Medicaid eligible? |
|  |  | Strong |  | Moderate |  | Minimal |
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|  | Please explain: |  |
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| --- | --- |
| **7** | Have they had challenges with Medicaid billing or payments in or out of the school system?  |
|  |  | Strong |  | Moderate |  | Minimal |
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|  | Please explain: |  |
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| --- | --- |
| **8** | Do they bill private insurance companies for services? What insurance companies do they currently bill? |
|  |  | Strong |  | Moderate |  | Minimal |
|  |  |
|  | Please explain: |  |
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| --- | --- |
| **9** | Do they anticipate collecting co-pays in the school setting?  |
|  |  | Strong |  | Moderate |  | Minimal |
|  |  |
|  | Please explain: |  |
|  |  |

|  |  |
| --- | --- |
| **10** | Do they have access to other funding streams to support services for families who are not Medicaid eligible or insured?  |
|  |  | Strong |  | Moderate |  | Minimal |
|  |  |
|  | Please explain: |  |
|  |  |
|  |  |
| Recommendations |  |