PromotePrevent HPC Meeting 6/6

**Financing Prevention**

*Discussion/Brainstorming Session*

**Investing in Promotion/Prevention**

**Fendell**: peer services, meditation in schools, recovery coaches--look to investing in community-desired, cost-savings services, use saved funds to invest more in prevention

**Jessica Collins**: MPHA Trust Fund uses tobacco taxes--new taxes will go directly to MPHA Trust Fund ($50+ million over 4 years), unclear how much this tax revenue will actually be

**Joan Mikula to Collins**: is there a theme in locally-funded projects, state-wide?

**Collins**: yes, four particular issues that cities could ask for money for (asthma, tobacco, hypertension, elderly falls)

**Allison Bauer**: state wanted explicit outcome data so focused on four topics at beginning

**Seltz**: how do we know the turnaround on financial investments in public health issues? It’s harder to see how it will work in health settings...who actually accrues the benefits? Global budgets? 12-month turnaround? Potential offsets when we think about the entire pool

**Jim Cantwell**: we should research social impact funds

**Collins**: Roca is a good example, pay-for-success models, Health New England (asthma, green homes) is another example

**Amanda Gilman**: BH is underfunded and that’s a reality to deal with, how do we work within our limits to get real results?

**David Shore**: take inventory of existing programs, what works, what doesn’t, what are the expenses actually attributed to and therefore where is it appropriate to seek funding? Look into general funding, communities, GE/attorney general, BH map of current sources to a cost/benefit analysis

**Bauer**: RISE fund (GE/Partners) is another example; federally speaking, treatment funding is up, prevention is down, so we need to focus on state funding

**Paula Carey**: MA Hospital Association, Audrey Shelto, Donna Mosh are creating a robust inventory of available services of gaps and services, will share data with PromotePrevent, must stay up-to-date with resources as they can change frequently

**Shore**: PromotePrevent must agree on where to pull for funding!

**Cantwell**: right, not trying to reinvent the wheel

**Keppard**: we should not shift spotlight from treatment to prevention but rather broaden spotlight to include both; some towns havel master plans that emphasize health throughout life course

**Jim Vetter**: AG’s new initiative uses the language, “dangers of SU”...this is not effective. New initiatives need to be informed by experts!

**Cantwell**: we should reach out to AG to ensure we are influencing funding and future plans

**Hannah**: we shouldn’t get too spread out, we need to set priorities, hard to keep frame on prevention/promotion with the current opioid crisis (and a need for treatment), we need to focus on educating communities as to what promotion and prevention actually are! Change narrative around BH, we need parallel process but we need to refocus on PromotePrevent’s original goal

**Mikula**: I went to a forum at Simmons on infant/children MH, 100,000 providers taking care of preschool age kids in MA...we need training for these providers in MH/BH; we should look to philanthropy for possible funding (e.g. BMC new addiction center), foundations...one or two partners, we MUST focus on our young children, expand beyond government work, explore telehealth (may appeal to kids!)

**Hannah**: workforce development also equates to prevention

**Seltz**: screen to screen may be more comfortable for some kids (rather than face to face), children/adolescents must be our focus, evidence-based family, school, community-based interventions

**Bauer**: I have prior work experience in philanthropy so I am willing to help out there, focus on MH/SUD in kids, funders love funding schools and education such as staying in school/better ed outcome initiatives which may lead to better philanthropy, use the ACEs approach

**Collaborating on Promotion/Prevention**

**Cantwell**: ACOs, businesses, philanthropy...how do they all work together and collaborate?

**Shore**: employers need to be a part of the discussion, I have a successful family and still struggled to get services for my child, it made me less productive at work, it’s in the employers’ best interest to be involved!

**Christie Hager**: certain providers/resources focus on one type of intervention or another, MassHealth restructuring is an opportunity to interject PromotePrevent goals, provider incentives to bring quality care

**Fendell**: we should look at insurance companies to bear some of the cost/responsibility, ACOs should bear some of the cost/responsibility as well, cover services that are not necessarily “medical,” education disruption = BH issues, insurance companies/ACOs cover housing, etc.?

**Shore**: private market subsidizes public market, excessive assessments on insurance companies already, might be difficult to get them on board

**Cantwell**: must resist mission creep, **MOTION - to refocus on children/adolescents**

**Keppard**: rebuttal, respect lifecourse and embrace adults, etc

**Shannon Moore**: rebuttal - go with infancy to adolescents

**Cantwell**: rebuttal, upstream - infancy to adolescents but still support the adults in the lives of children who will than provide support, paid family medical leave

**Shore**: MyGPS (?) to help parents with children who need help

**Maryanne Frangules**: infrastructure helps with funding, communities that care, state-level support behind communities

**Cantwell**: yes, custom approach

**MOTION: Define PromotePrevent’s mission to children/adolescents, 0-17yo**

**(Ben will email out motion to members for concerns and a vote)**