

CAP Meeting Minutes February 10, 2023

Welcome and Introductions

Sue Coyle, CAP President, called the meeting to order at 1:01pm. She welcomed everyone to the meeting. Sue invited everyone to come in person to the next meeting on March 10, 2023, at CLASS.

Review / Acceptance of Minutes

Review and acceptance of the January 2023 meeting minutes: Minutes were sent out via email to the group and posted on the CAP website for review. A motion was given by Tom Cloherty and a second was received by Gretchen Kelly to accept the minutes as presented.

Treasure's Report –Tom Cloherty

Present balance: \$62,002.51

No outstanding invoices

RCPA updates- Jim Sharp

New Shapiro Administration

We have met with Gov. Shapiro and his transitions team on multiple occasion and RCPA has a seat at the governor's transition team in Richard Edley.

New DHS administration

- Current Status Leadership DR. Val Arkoosh will lead DHS under the new administration Richard will be meeting with new DHS Secretary Dr. Valerie A. Arkoosh next week to review the RCPA agenda, priorities and systems wide issues affecting members and services.
- Yesterday RCPA met with the DHS Deputy Secretaries as well as Executive Secretary Andrew Barnes and Governors DHS Liaison Catherine Stetler. Before breaking into the specific
- Budget and Legislative Update
 - General
 - BH Commission
 - IDD Task Force
- PHE Unwinding
 - General/ Across DHS
 - Department- Specific
- Licensure
- Regulatory Reform

Shapiro Orders on State Licensing

Governor Shapiro is directing all state agencies, boards, and commissions to compile a catalog of the licenses, certificates, and permits they issue – including the statutory authority governing the length of time they must process applications and the application fee charged by each agency. Commonwealth agencies will have 90 days to send this information to the Governor's Office, which will then review, analyze, and establish efficient application processing times for all occupational permits or licenses based on agency recommendations. Once those recommendations are put in place, if an agency does

not respond to an applicant before the date-certain, the agency will be required to refund the application fee.

Under this Executive Order, the Governor's Office will also conduct a review of the existing digital services that Pennsylvanians use to apply for licenses, certificates, and permits and work to modernize those application platforms and services to better serve Pennsylvanians.

Unpredictability and long wait times for Commonwealth-issued licenses, certificates, and permits can create unnecessary barriers for Pennsylvania workers and businesses. For example, an NPR analysis from 2021 found that Pennsylvania [had some of the longest wait times](#) in the country for issuing nursing licenses. More than half of the nursing applicants who applied in Pennsylvania that year waited at least three months to hear back.

In addition to nursing licenses, the Commonwealth issues hundreds of licenses, certificates, and permits, from barber and salon licenses to teacher certifications to business permits. Under the direction of the Governor, the Administration will work expeditiously to ensure Pennsylvanians get responses in a timely manner — and the Shapiro Administration will have real skin in the game. Governor Shapiro is making clear his Administration will be customer-service oriented and that state government will work harder to get them a response, so that they can pursue their dreams.

Read Executive Order 2023-07, Building Efficiency in the Commonwealth's Permitting and Licensing Processes, [here](#).

Since the February CAP meeting there have been several announcements regarding staffing at DHS including former DDAP Deputy Secretary Jen Smith would be the new Deputy Secretary at OMHSAS and OCDEL has named interim deputy Secretary Shante Brown as the new permanent Deputy Secretary

RCPA Meetings With OMHSAS/DS Jen Smith

We have had several meetings with OMHSAs Deputy Secretary Jen Smith and the we have discussed several critical issues including

- Regulatory AND Process Reform
- IBHS Access Barriers
- Telehealth
- Complex Case
- Funding

The Deputy Secretary felt there was much progress to be done at the reg reform level including the number of bulletin and undrafted regulation. The areas of focus for OMHSAS will be the Crisis system development, School Based Mental Health and Complex Care initiatives.

OMHSAS and the 2023-24 Budget

As a new governor, Shapiro will have an additional month to prepare for his budget address. In discussions with OMHSAs Deputy Secretary Jen Smith, OMHSAS is currently putting their budget recommendations together to submit to the Budget office. In our discussions on OMHSAS initial priority Jen has been very transparent that areas such as Crisis, Complex Care School based mental health are on a priority list, but we feel Jen understands the need for county-based funding that has not seen a significant increase in more than a decade since the 10% cut in 2012 as well as the fiscal impacts of implementing several regulations in the coming fiscal year.

DHS RCPA Regulatory Reform

One of the major topics we have established in our agenda is the regulatory reform process from a development, interpretation, ruling and process implementation.

We have been asked by both the house and senate human services committees to review the regularity standards from DHS across all human services specifically mental health and Substance abuse treatment. We have created several positional statements and continue these efforts.

Included in the recommendation:

- The intersects between regulatory burdens from an administrative perspective and its impact on the lack of access to treatment and the workforce crisis.
A review of regulatory standards around staffing qualifications, training requirements and auditing process for licensing, Bh MCO and County entities should be a priority.
- HealthChoices and Contractor Oversight. OMHSAS explains the regulations are the minimum standard but that the BC MCO has the autonomy to create processes they see to ensure the delivery of quality services. This results in five different health choices implementing five different ways to what is outlined in a single statutory requirement. The general assembly was not aware of this process but questioned why this happens.
- Change to the regulatory process whereby DHS legal reviews the regulations for years before it even goes to the governor is one feel needs to be examined. This process yielded little to no progress of regulations at DHS.

988/Crisis Committee:

RCPA Crisis Group will be meeting with OMHSAS Policy Team to review critical updates on OMHSAS plan for crisis services this year. The group is also awaiting the release of the Crisis regulations for public comment. A team will review the regulatory draft and prepare comments for submission and testimony for the IRRC Promulgation process.

ICWC/CCBHC:

The Substance Abuse and Mental Health Services Administration (SAMHSA) is seeking public comment on the initial revised draft of the update to the [Certification Criteria for Certified Community Behavioral Health Clinics \(CCBHCs\)](#).



At the RCPA ICWC/CCBHC meeting, we reviewed the proposed changes and the potential impacts for those agencies in current either CCBHC Demonstration or newer expansion projects. These proposed new standards would affect both programs. At the end of the document is a table of the proposed revisions that fall into the following categories:

Revisions to the CCBHC criteria are summarized as follows:

Significant Updates to Advance the Field: These are significant changes that correspond to updates to federal policies, national standards, evolving technologies, and/or infrastructure changes for Crisis Care, Responding to the Opioid Crisis, and Health Equity.

Several key changes include reduced response time for Crisis intervention, crisis stabilization programming, and requirement for physical labs for clients, potential building renovations and potential licensing ramifications for D&S and MH state program licenses.

RCPA is in the process of reviewing the new standards to gauge member and program impacts for current CCBHC and/or OMHSAS/ICWC providers. The analysis will aid in the development of recommendations from RCPA to the National Council for Mental Wellbeing and SAMHSA in order to support our members' positions, including the payment model comparisons.

We ask members to share their feedback from their review with RCPA Policy Director [Jim Sharp](#) and/or provide your recommendations and input on the revised draft of the CCBHC Criteria [directly to SAMHSA](#) no later than January 20, 2023

ICWC/CCBHC Meeting Key Highlights

OMHSAS

- OMHSAS is reviewing the proposed CCBHC Model changes and their potential impact on future decisions on whether Pa rejoins the CCBHC Project topics include crisis/988 services.
- ICWC Stakeholder Meeting by OMHSAS thus Spring
- There will be another Federal NOFO Grant for CCBHC expansion. There will be no State oversight or certification Expect published announcement in February.
- RCPA Asked for full consideration to joint annual license and inspections to also include county, State and BH MCO audit processes.
- There is no plan in place for 2023 for expanding the ICWC service providers possible in 2025/25
- States in the demonstration project can expand but under an amended state plan or an 1115 waiver.
- We discussed rate for the coming fiscal year, the last few years providers have seen nominal rate increases.



ACT Committee: Steering Committee Meeting

The RCAP ACT team has been reviewing the ACT staffing model for suggested changes a part of a reg review with OMHSAS to examine the intersects with service delivery challenges and the work force crisis.

As of Friday March 3, the ACY review team has created a set of recommendations. These will be vetted through the one of the evidenced based ACT overnight group at the University of North Carolina to provide supporting data for the recommendations. We will present the formal recommendations to OMHSAS in April

BH Health Commission

As part of Governor Wolf's commitment to funding county based mental health services, he included over 36 million in last year's budget. Unfortunately, that was not approved by the general assembly and the initiative turned into a \$100 million allocated to adult BH services. The BH Commission was charged at developing a plan, which in the end turned out to allocate the funds with 39 million going to work force. 25 m t criminal justice and \$34 m to bolster services.

Again, when it needed to be legislative the general assembly failed to create legislation to allocate the funds. RCPA and mental health safety net coalition has been lobbying legislators to allocate these funds for fear of this \$100 million becoming part of another budget year. The funds designated for this are federal arpa funds and the state has until the fall of 2025 to expend the funds but at his time, there is no plan no hearing and no fund distribution.

Telehealth Update

Current State of PA Telehealth

PA End of the PHE:

RCPA has had the opportunity to engage with the Office of Mental Health and Substance Abuse Services (OMHSAS) for clarification on the flexibilities outlined below, as provider members have raised questions regarding the flexibilities. OMHSAS has extended certain flexibilities with the expiration of the Pennsylvania Public Health Emergency on October 31, 2022. The temporary suspension of provisions in certain OMHSAS bulletins and other non-regulatory guidance documents listed below **will expire on December 31, 2022.**

Current Telehealth Standards

We are still operating under the OMHSAS has released the new telehealth bulletin titled "[Bulletin OMHSAS-22-02](#)" that updates the guidance contained in OMHSAS-21-09 regarding documentation of consent and the use of electronic signatures. It also revises the billing instructions related to the place of service (POS) codes and modifiers to be used for telehealth. In addition, this bulletin addresses the ability of licensed practitioners who serve less than five individuals to request approval to deliver services using telehealth where they do not maintain a physical location in Pennsylvania within 60 minutes or 45 miles (whichever is greater) of the area served. Please read the new bulletin carefully.

For telehealth, the new standards for verbal consent requirements **WILL NOT GO INTO EFFECT UNTIL March 31 2023**. These verbal consent requirements are outlined in the most recent [OMHSAS New Telehealth Bulletin: Revised Guidelines for the Delivery of Behavioral Health Services through Telehealth](#),

Note that Act 98 makes audio-only for Outpatient MH & D&A a qualifying and billable service.

On October 28, 2022, [House Bill 1630](#) was signed into law by Governor Tom Wolf as P.L. Act 98 of 2022 and is effective immediately. This law repealed three sections of the Office of Mental Health and Substance Abuse Services (OMHSAS) regulations:

- 55 Pa. Code § 1153.14(1); § 1223.14(2); and § 5230.55(c), which were previously suspended by the Public Health Emergency (PHE). Behavioral health (BH) providers may now deliver and bill for BH services through audio-only telehealth for both Outpatient Psychiatric Services and Outpatient Drug and Alcohol Services that are consistent with OMHSAS bulletin [OMHSAS-22-02](#), titled “Revised Guidelines for the Delivery of Behavioral Health Services Through Telehealth,” which was issued on July 1, 2022.
- Additionally, BH providers delivering Psychiatric Rehabilitation Services now have the ability to provide supervision through a video or audio platform.

ACT 76:

As you recall, this act was designed to continue the flexibility of psychiatric time as well as the assistance in on-site supervision with the use of CRNPs and PAs with mental health certifications.

There were several iterations of this bill, and despite our best efforts, in the end, the act still gave control to OMHSAS through a waiver process. Organizations that wanted to continue to use the psychiatrist and Advanced Practice Professionals for the delivery of clinical psych services had to go through this waiver process.

Section 2. Section 3 of the act is amended to read:

Section 3: Requirements

The following shall apply:

- (1) Except as provided for in paragraph (2), an outpatient psychiatric clinic shall have a psychiatrist on-site for two hours of psychiatric time per week for each full-time equivalent treatment staff member.*
- (2) Fifty percent of the required on-site psychiatric time under paragraph (1) may be provided by:*
 - (i) An advanced practice professional;*

(ii) A psychiatrist off-site by the use of interactive audio and video using technology that conforms to industry-wide compressed audio-video communication and protects confidentiality under Federal and State law in accordance with department-issued guidelines. Interactive audio without video, electronic mail message, or facsimile transmission may not be used to meet the requirement under paragraph (1); or

(iii) A combination of subparagraphs (i) and (ii).

(3) Required psychiatric time may be provided in person or by the use of telebehavioral health technology by psychiatrists, as specified by department regulations. Advanced practice professionals may also provide a portion of the psychiatric time, as specified by department regulations, either in person or by the use of telebehavioral health technology.

(4) Nothing in this section shall be construed to limit the ability of the department to issue a waiver pursuant to regulation.

We expect OMHSAS to update this with a new Telehealth Bulletin in March 2023

On the Federal Side of Telehealth

2023 CMS Physicians Fee Schedule: Key Highlights

- Telehealth Flexibility Extensions: CMS is extending telehealth flexibilities implemented under the Public Health Emergency (PHE) for a 151-day period after the expiration of the PHE.
- CMS is allowing behavioral health clinicians to offer services **incident to** a Medicare practitioner under general (rather than direct) supervision.
- Licensed professional counselors and marriage and family therapists are now able to bill incident to Medicare practitioner for their services.
- Medicare will allow opioid treatment programs to use telehealth to initiate treatment with buprenorphine for patients with opioid use disorder, continuing the flexibilities under the Ryan Haight Act of 2008 but recent developments may have this ending on May 11 as part of the end of the Federal PHE
- CMS is also clarifying that opioid treatment programs can bill for opioid use disorder treatment services provided through mobile units, such as vans, in accordance with Substance Abuse and Mental Health Services Administration (SAMHSA) and Drug Enforcement Administration (DEA) guidance.

Federal PHE:

- The new deadline of the Federal PHE is May 11, 2023, and federal flexibilities including those that fall under the telehealth 151-day extension will continue until October 9, 2023
- As this time, Pennsylvania has positioned itself whereby the regulatory flexibility framework is falling within the parameters of the PA PHE, which has ended.

I. OMHSAS Telehealth Consent & Service Verification Standards

Current Implementation Status for Consent/Verification Standards:

As of now, OMHSAS granted RCPA's extension request, but for only 90 days to March 31, 2023. RCPA feels there will be no additional waiver period. OMHSAS was clear in their response around the timeframes and language they have presented over the last two years that these consent, eSignature, and service verifications were in the offing.

RCPA will be holding another Telehealth Operations meeting on March 13 and OMHSAs will also be joining us for that as we prepare for

OMHSAS Best Practice Telehealth Guide:

The Office of Mental Health and Substance Abuse Services (OMHSAS) is pleased to share the Pennsylvania Behavioral Health Telehealth Phase II Roadmap, which was developed in collaboration with the OMHSAS Telehealth Steering Committee and Mercer Government Services Consulting. This report focuses on identifying and prioritizing recommendations for short-term and long-term implementation of telehealth services in the Commonwealth. The roadmap includes example documents developed by the Steering Committee that can be used and personalized by the provider when implementing telehealth services. The work of the Steering Committee and other stakeholders has been and will continue to be vital in ensuring that the behavioral health needs of Pennsylvanians continue to be met.

IBHS

IRRC Regulatory Review

- Regulatory Package

The package is complete with recommendations general reasoning and included fiscal impact as well. Several BH MCO has agreed to review the recommendations. Several have come back to end support to reopening the regulations, The group discussed several ongoing challenges around staffing, qualifications, training and supervision, which are all addressed in our response.

In addition, a new ad hoc committee is reviewing the standards and operational impacts of the written order process. Additionally, those IBHS center based service providers will be meeting to examine the program and regulatory barriers as well

Family-Based Services

RCPA has met with both OMHSAS and the State Family Based Training Directors regarding the RCPA FB Work Group recommendations. The meetings have been very productive and will bring these group all back together in March to begin the process of implementing the recommendations



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- 1. Remove CASSP experience for MHP and MHW positions.**
 - a. FB requires all FB therapists to participate in an intensive 3-year training program. In order to successfully complete the 3-year training program, a therapist must present a competency/capstone presentation showing their skills.
 - b. In addition to the 3-year training program and passing competency, the therapist is also required to sit for the FB state exam to become a certified FB clinician.
 - c. FB therapists receive at least 3 hours of clinical supervision per week and have access to a clinical supervisor 24/7.
 - d. The training requirements already in place are more robust than either evidenced based program; FFT and MST

- 2. Allow 2 MHW's with 1 MHW having a minimum of 6 months experience(1yr+preferred) to team together**
 - a. MHW's are required to complete the same 3 year training program as a Master's level clinician, complete and pass competency/capstone.
 - b. MHW's receive at least 3 hours of supervision per week and has access to a clinical supervisor 24/7.
 - c. By allowing 2 MHW's together this will decrease the amount of time a therapist would be providing FB to a client/family as an individual versus as a team thereby increasing fidelity to model of team delivered services
 - d. In order to ensure fidelity and quality: 2 MHW's would receive 1 hour of extra supervision per week with one of those supervisions being live in the field and will be required to provide examples of recorded sessions weekly
 - e. At least 1 MHW must have at least 6months FB experience(1yr+ preferred) in order to ensure quality and fidelity to the Model of a team delivered service

- 3. Increase length of time to complete FB Assessment and Treatment Plan from 30 days to 45 days and then FB treatment plan reviews every 60 days thereafter.**
 - a. Change in timelines would allow FB therapists to be consistent with the ESFT Logic Model this would allow therapists more time to create the therapeutic system, assess safety risk needs to stabilize the child and family and complete a thorough assessment of patterns before developing the treatment plan.
 - b. Initial Treatment plan and initial Crisis plan would continue to be created within the first 5 days.
 - c. Assessment would be completed by day 45.
 - d. Treatment plan with updated crisis plan would be created by day 45 and updated every 60 days thereafter.
 - e. Formal treatment meetings will occur at a minimum every 60 days to review treatment plan but may occur more frequently as treatment team dictates.
 - f. Family based teams will continue to review and work on treatment plan goals weekly.

- 4. Reengage the Statewide Family Based Services Group and meet annually to review the program, updates from stakeholders and create an actionable plan for ongoing oversight and communication.**

IBHS

The Pennsylvania Independent Regulatory Review Commission (IRRC) has approved RCPA's request to review the [RCPA IBHS Regulatory Review Recommendations](#) within the context of the current IBHS regulations.

The premise of the recommendations addresses the challenges and barriers IBHS providers have faced in creating the staffing infrastructures and meeting the burdensome operational protocols for regulatory compliance. The overreaching nature of the regulations, coupled with the impact of the pandemic, has caused great strain on an already depleted behavioral health workforce. These system stressors limit the ability to provide vital, quality services to children and families. Due to the prohibition for the use of waiting lists, it is difficult to capture the true number of children and families going without these essential services. We contend there are thousands of children across the Commonwealth with unmet treatment needs and written orders for IBHS services who await care.

The current lack of access to care is a result of the workforce crisis and operational requirements of implementing the regulations. We feel these access issues and children waiting for services are compelling reasons, in the interest of the public, to merit a review of the regulations. We have also provided these recommendations to OMHSAS, the HealthChoices BHMCOs, and leadership in the Pennsylvania General Assembly.

The iBHS Team met last week to review the process and added some elements to the strategic plan. Including the written order and assessment process who can write them, how are written, documentation, the quality of the evaluation the differentiated processes between MA and the private insurance realm and the fact that these processes are part of treatment activities yet still fall under unbillable administrative time

There will be a subgroup ad hoc committee to review the tenants of the order and

Early Intervention Update

RCPA continued its meetings with OCDEL with this being the last till new administration comes in. understandable they really had no news on transition factors at this point it was just steadying the ship till January.

We began with a discussion with rates and the rate methodology study.

I think at this point we have good understanding that the funding will hold the 3% rate increase through June of 2024. Additional funding over and above this will come from budgeted line items for the next budget.

We did discuss what this budget ask may look like and DHS budget office has already tasked OCDEL with reviewing the claims numbers and a growth model which OCDEL has put on the table. As part of the



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RCPA & Part C we are trying to get this Data so that we can develop our budget ask for 2023-24. The new governor will have an extra month to make the preliminary budget address so timelines will be tight.

We did a brief overview of the methodology study that included a timeline review. The goal for OCDEL was to have the foundational rate elements in place by the time the new administration came in so the project could be out to bid.

This is where our vigilance comes in, but we did go over the face that here were multiple factors that had to be considered that included

- Qualitative and quantitative data Access assurances, which CMS will need
- Regionalized analysis of overhead
- Market values across the commonwealth
- Business operating models

We did pose the question that in the past OCDEL has not followed the federal standards of issuing the rate/fee structure to public notice. These parameters are outlined in the CMS rate process and Lisa was well aware of them. CMS also has to do a rate review so that needs to be figured into this part of the process as well. We will keep this at the forefront of our discussions.

We talked about the PATH FORWARD FOR OCDEI AND SUPRISINGLY IT WAS Lisa who gave the report not Shante

Big Picture

- All EI children families have opportunities for services
- Focus on service coordination delivery and roll out
- Focus on EBP & Coaching model Rates that sustain and grow the workforce
- The Rate Study
- Better listening to providers and partnership
- Elevate the needs of the fields
- Elements of the coaching model can save for the discussion
- We also suggested looking at the 10% FMAP federal funds and dedicating this to state

contribution to rate or Hiring & retention

PD registry new changes coming for easier use

- Annual determination that is coming up
- OCDEI and Counties will go back to look at info and data that didn't line up
- Next year all interventionist have to be in
- Determinations going out this month

DEI Committee- Aaron Libman (Nora from Mainstay will be taking over as Chair. Aaron will continue to do report outs at General CAP Meeting)

Meeting Date: 11:00am-12:00pm, February 9, 2023

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Next Meeting Date: 3/9/23

Participants: Nora Soule, Johnnie Hicks, Rachel Kyle, Meg Sova, Courtney Walker, Aaron Libman, Nikki Mazza-Fredley

Committee Leadership: Nora Soule will take over as committee chair. Aaron Libman to provide ongoing support during transition period.

Sharepoint: Resource has not been utilized recently. Will do final update, send out link/login instructions, and revisit next meeting if ongoing support is beneficial.

Black History Month: Collaboration with RCPA underway, first document available at <https://www.paproviders.org/making-black-history-month-a-joyful-celebration/> Future iterations to be distributed via RCPA daily update email: <https://www.paproviders.org/request-member-access/>
Vibrant Pittsburgh: Need provider input to determine if worthwhile resource. Can investigate possibility of CAP membership benefit if interest.

CLAS Standards: Require provider review and input. Recommend starting with document titled CLAS Intro

Book/Movie Review: Please contact Nora Soule directly if you are interested in participating in upcoming book discussion. Initial title to be determined.

Children's Committee – Lisa Lizun

Meeting Date: 2/10/23 11:00 am-12:30 pm

Next Meeting Date: 3/10/2023 11:00-12:30

Co-Chairs: *Lisa Peterson-Lizun (Allegheny Children's Initiative) and Laura Haile (Pittsburgh Mercy)*



Participating Members: Georgia Minor, Regina Scarmack (YAP), Aaron Libman, Sarah Fallica, Kristina Gibson, Heather Beachler, Kaitlyn Campbell, Allyson Paracat Dixon, Kate Pompa, Julie Schindhelm, Kelly Schmitt, Sharon, Bethany Leas, Susan Bayne

Guests: Abby Dudzic (Kids' Club and Moms' Empowerment Program) and Jim Sharp

Agenda Items	Discussion
Welcome	To new member Georgia Minor, YAP
RCPA Children's Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children's Division Director
Staffing Issues	BH Fellows Program



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<p>OMHSAS Bulletin- consent for services</p>	 Bulletin_OMHSAS-23-01_Final_1.24.23.pdf - Review at March meeting
<p>OMHSAS Telehealth- current strategies and preparation; funding opportunity</p>	https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/OMHSAS-Information.aspx
<p>Trainings/Resources</p>	
<p>Advocacy Opportunities</p>	 CAP 1.24.23.pdf CCBH Performance Standards Update next month after document is presented 2/10/23.
<p>Provider Updates & Announcements</p>	Kids Club & Moms Empowerment Program – see PowerPoint and referral form attached Pittsburgh Mercy child/adolescent PHP – accepting referrals, ages 6-18, see referral form attached
<p>Wrap Up</p>	

Kids’ Club and Moms’ Empowerment Group

- Support group for those who have experienced IPV
- Allegheny county residents only, can be living in shelter
- Kids can be living with mom or without and still attend, mom can attend individually if needed
- Can be referred by CYF through KIDS or without CYF involvement via referral email to program director
- Round 6 begins 3/7/23, referrals due by 3/3/23. Please refer!
- Assist with transportation (bus passes, cover cost of Uber, or gas card) and offers childcare for kids under 4
- This program is specifically designed for female identifying parents, can be open for trans community
- Abby’s email: adudzic@pfg.org

Human Resources Committee- Sherry Brill

HR CAP Committee Meeting Minutes

Tuesday January 31st, 2023, 1pm

Members present: Sherry Brill, Chartiers Center- Committee Chair, Doug Clewett-Easter Seals, Alana Delaney- Family Resources, Eric Ziegler-Residential Resources, Jennifer Pavilsko- Emmaus, Judy Muller- Transitional Services, Rosann Linza- Life’s Work, and Willette Walker- Mainstay Life Services

- 1) Welcome and Introductions



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- 2) Meetings- frequency and timing- we decided the group would meet monthly. Each month we will rotate between the last Tuesday of the month at 1pm and the last Thursday of the month at 1pm. Our committee will meet virtually and in-person on a quarterly basis.
- 3) Committee Contact list- we discussed creating a contact list for the group including contact information and also a small excerpt about what services your agency provides. We will compile a list and email it out to the group.
- 4) Committee Goals- We discussed some things we wanted to focus on as a committee.
 - a. Recruitment and Retention- As most organizations are struggling, we discussed looking for ways to increase recruitment. One suggestion was to have a collaborative hiring event in person. CAP has done something like this in the past and most feel it was successful.
 - b. Diversity, Equality and Inclusion- We all agreed and wanted to focus on DEI. We discussed ways of developing and improving efforts within our organizations. Alana Delaney from Family Resources volunteered to have her Diversity, Equity and Inclusion Director, Robert Ware, be a guest speaker at our next meeting. He is going to discuss their DEI plan and how they implemented the plan.
- 5) Members who were not registered for the CAP website and anyone who wanted to be on the email list for CAP were going to email me and let me know and I would pass along that information.

We are looking for additional members from CAP that would be interested in joining the HR Committee. If interested, please contact Sherry Brill (sbrill@chartierscenter.org or 412-221-3302 x127)

Our next meeting will be Tuesday February 28th, 2023, at 1pm.

Safety / Risk Committee- Casey Monaghan

Attendees:

Gretchen Kelly, PLEA
Crystal Wilson, Family Links
Keith Barnhart, Emmaus
Denise Demus, Pressley Ridge
Aaron Lucas, Mainstay
Ron Lankey, TSI
Casey Monaghan, TCV

General Discussion:

1. Discussion centered on the conceptual frame work for the survey the committee wants to build.
 - Goal—provide CAP with a quantified action plan of identified areas of safety needs and interest.
 - Demographics—geographic locations, primary service lines, workforce size, etc.
 - Baseline—identify and categorize provider status on the safety spectrum
 - Areas of concern—identify a hazard list and rank it within the provider group.

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- Systems that providers are using to implement safety programs—safety committees, hazard assessments, administrative controls, engineering controls, communication systems, etc.
 - Training needs and training accomplishments
 - Timeline—looking for a prepared tool before end of Spring 2023
2. This is a very condensed summary of discussion and topic ideas presented for survey content and formatting. Next meeting will focus on specific question development.

Next Meeting: March 10th, 9AM via Teams.
Minutes prepared by: Casey Monaghan

Behavioral Health Committee- Heather Harbert

Friday, February 10, 2023

10:30a-11:30a

1. Welcome and Introductions
2. RCPA Updates/Reminders- Jim Sharp
3. Items for Discussion:
 - a. BH Fellows Program
 - i. Eligible programs contracts coming out any day
 - b. PA Medicaid eligibility reinstatement April 1
 - i. Everyone educating their staff and clients on change
 - ii. COMPASS can see additional information to support person
 - iii. coverage changes have a potential impact on County funding allocations and participation in CCBH VBP due to changes in funding
 - iv. are there subject matter experts to partner with? Heather reaching out to Jewel (OBH) and Tony (SOAR)
 - c. Problematic Performance Standards update from CCBH- need to review the document for additional information, corrections, or questions.
 - i. Chris Z taking the lead on Blended Service Coordination
 - ii. Fran taking the lead on Adult Partial Hospitalization
 - iii. Josh H taking the lead on Adult Outpatient
 - iv. Sue taking the lead on DAS

Next Meeting: 3/10/23

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IDD Committee- Denise Cavanaugh

CAP IDD Meeting Minutes – 2/10/2023

Present: Denise Cavanaugh, Karen Jacobsen, Courtney Walker, Jen Dayton, along with several organizations participating via TEAMS.

Special Guest: Betsy Farmer, Dean, University of Pittsburgh School of Social Work

1. Betsy Farmer joined us for a discussion on how we might be able to join forces to address the workforce crisis.
 - We started the discussion by framing the problem, and participants shared stories/examples of challenges we are facing.
 - Karen Jacobsen gave an overview of the problem as a national issue that has been growing steadily over the years, and how the issue is not so much a crisis as it is a systemic failure.
 - Betsy agreed to return for further discussion and will attend our April meeting. In the meantime, we came up with the following as potential areas of collaboration:
 - Increasing visibility of the industry, and the specific needs of individuals with IDD
 - Creating a pipeline by offering job opportunities and internships opportunities for students. PITT Serves is a possible avenue for securing volunteers for specific projects.
 - Using the resources of the University to get an audience with "big players" at the local and state levels, including government officials, Gov. Shapiro, legislators, representatives from other universities...etc., and of course having families at the table.
 - Another resource potentially available through Pitt is Changemakers Studio, which can be used by students for videos aimed at making a social impact. Betsy is going to connect Denise with a faculty member discuss their bandwidth is for taking on new projects right now, and in the future.
2. March Meeting
 - a. Meeting is tentatively scheduled for 3/10/23; Denise will be out of town and Karen Jacobsen will facilitate the meeting.
 - b. Consideration being given to going fully "in person" for remaining meetings.

Legislative Committee- Gretchen Kelly

Meeting Date: 2/6/23

In Attendance: Sharon Campbell, Mary Birks, Michele Charmello, Laurie Barnett-Levine, Many Wyant, Gretchen Kelly

Special guest: Marshall Cohen, Former lobbyist and gov't relations expert

Marshall Cohen provided the committee with a "Political Advocacy 101" presentation focusing on the following:

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1. Strengthen Current Relationships
 - a. Senator Jay Costa
 - b. Senator Dan Frankel
 - c. Representative Dan Miller
2. Form new relationships
 - a. Allegheny County Legislative Delegation
 - b. Governor Shapiro
 - c. US Rep Summer Lee
 - d. US Sen John Fetterman
3. Capitalize on Disability Awareness Days and Months with events and proclamations
4. Continue all legislative collaboration with RCPA
5. Continue collaboration with Staunton Farm Foundation

Sue and I met with Mindful Kreative and came up with some collaborative projects:

1. Letters sent to new and existing legislators
 - a. Introduction and re-introduction of CAP
 - b. Congratulatory notes to all new legislators and committee chairs
2. Website updates with frequent banner changes
3. Continue to collect stories and pictures from CAP membership highlighting both successes and challenges
4. CAP hosted legislative event
 - a. Panel discussions with 3 service areas: Children's, Adult BH, IDD
5. All CAP member legislative training with Marshall Cohen prior to legislative event

Compliance Committee-Shayna Sokol

Location: Zoom

Date: 2/8/2023 @ 2:30-4:00

Attendance: Kelli M, Fairleigh B, Kim W, Emile H, Kim W, Denise D, Tamara C, Jerry C, Rachael G

Facilitator: Shayna Sokol

Agenda Items

Agency Compliance Updates

Agency 1: Agency is currently completing an FWA audit for Psych Rehab. This is a desk audit, and the agency will provide read only with a restricted caseload. Informed that they'd need access for about a month. Feedback in a recent audit related to client signatures on DA treatment plans. Two agencies on the committee consulted and realized that they received competing sets of feedback from their auditors related to regulatory requirements for tx plan signatures. Chair will ensure that this is noted with the problematic regulations' workgroup.

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Agency 2: Agency completed a DDAP audit recently, citations related to treatment planning and some feedback on caseload sizes and available treatment hours for DA patients. Agency informed auditors that the formula has presented challenges to meet the standard and asked for support from the auditor as to how to accommodate the standard. DDAP auditor was unable to provide feedback related to how to accommodate the regulation. Agency is currently completing two FWA self-reports.

Agency 3: OMHSAS BSC audit in December. Issued a full license for the year. DDAP visit in January, positive feedback, no citations. County DA/Impact visit scheduled, SAP audit pending. Agency is completing a self-reported to CCBH related to an FWA concern.

Agency 4: County fiscal audit and residential licensing, no identified deficiencies.

Agency 5: All recently audit activity was successful, no issues identified or citations.

Agency 6: Agency is working on encounter verification process in ECR to resolve process issues and concerns by creating a workflow and verification reporting process. Rolling out new chart audit tools. Recent IDD licensure visit resulted in several citations and licensure feedback related to prn medications and physician instructions related to use for pain and the absence of clear direction as to the type of pain. Agency indicates that this is the first time that they've receive this feedback.

Agency 7: Agency reports that all audits have been going well. No recent quality reviews but OPT is being scheduled.

MD signatures on Treatment Plans --

Compliance group discussed the challenges related to obtaining recipient signatures on MD treatment plans. Agencies offered support related to internal processes for obtaining these signatures, including using a nursing and/or administrative support resource. Agencies collectively noted challenges related to MD related compliance issues and the necessity to employ additional resources to obtain needed signatures.

Share a Policy/Practice: Internal QA/QI Processes --

Agencies will share their internal tools for QA/QI and processes will be reviewed in the April meeting. Shayna will demo WFS' process for CRRs, including database and reporting of results.

Telehealth –

Agencies reporting that they are all moving toward compliance With the standards in the bulletin and provider alerts.

Compliance Communications for Review



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<https://providers.ccbh.com/uploads/files/Provider-Alerts/202302-omhsas-bulletin-suspension-continuation.pdf>

<https://providers.ccbh.com/uploads/files/Provider-Alerts/202212-alert18-restraint-tracking.pdf>

<https://s18637.pcdn.co/wp-content/uploads/sites/9/ValueAddedNewsletter-November-2022.pdf>

Next Meeting –

<https://us06web.zoom.us/j/87971408668?pwd=RGIDZXc1V1NMSm5ZMmFOTWR4MEZodz09>

Meetings held the 2nd Thursday of even months, from 2:30-4:00 via Zoom

Other Business

No other business

The next meeting is scheduled for March 10, 2023, location- CLASS or Zoom.

Respectfully submitted,

Kate Pompa