



CAP Meeting Minutes
May 12, 2023

Welcome and Introductions

Tom Cloherty, CAP Treasurer, called the meeting to order at 1:05pm. He welcomed everyone to the meeting and shared that he would be leading today, as Sue was unable to attend. Dr. Jack Rozel was introduced from the Southwestern PA Regional Threat Assessment Hub who shared his presentation.

Review / Acceptance of Minutes

Minutes for April were not recorded due to the Government Relations 101 Training that took place at CLASS during the April meeting.

Treasure's Report –Tom Cloherty

Present balance: \$59,208.87

Invoices Paid- N/A

RCPA updates- Jim Sharp

End of Federal PHE

Yesterday the Federal PHE ended bringing to a close many of the COVID-19 related flexibilities and waivers. As the Federal Public Health Emergency (PHE) ends on Thursday May 11, 2023, the Center for Medicaid and Medicare (CMS) has released a [FAQ document](#) on the impacts on the wind down as it relates to Medicare, Medicaid and Private insurance coverage on a range of areas including telehealth.

Budget

Some highlights are:

- Half a billion dollars over the next four years for youth/student mental health. While RCPA supports the renewed emphasis on this vulnerable population, there are concerns that the funding pathways through the Pennsylvania Department of Education (PDE) potentially removes the most experienced, knowledgeable, and trained individuals from the treatment equation. Last year's budget provided \$200 million to student mental health and safety without any provisions for measuring effectiveness or outcomes of the investment.

We urge Secretary Arkoosh to reconsider this methodology and allocate these funds through the Office of Mental Health and Substance Abuse Services (OMHSAS), which has the statutory and regulatory authority and experience to ensure the funds are directed to those licensed and certified entities that have historically provided the highest quality of care; that is, the community-based mental health providers of Pennsylvania.

- The commitment of \$20 million to bolster county-based mental health funding is a good start down the pathway to ensuring a continuum of care for the mental health safety net. We are hopeful that



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this action will signify a larger investment in subsequent budget years, as the lack of funding increases over more than a decade, coupled with a 10% reduction in 2012, has crippled providers and reduced access to mental health care.

- The Governor and DHS have committed extensive funding to early childhood learning with significant dollars dedicated to both early intervention Part C (birth to 3) and Part B (ages 3–5). This represents the first major addition to the OCDEL budget in over a decade and RCPA looks forward to our continuing partnership in the growth of early intervention services.
- While not mentioned in either budget address, the \$100 million Behavioral Health Commission funds continue to languish in the General Assembly waiting to be distributed. The Commission provided recommendations including addressing the workforce challenges, revamping the treatment component for those involved in the criminal justice system, and funding to aid in the provision of adult mental behavioral health services. We again ask the General Assembly to come together to create the legislation so that the funds can begin to serve the purposes intended by the Behavioral Health Commission.
- RCPA will seek additional guidance regarding the proposed 8% increase in the HealthChoices capitation rate for the proposed budget. As the DHS “Blue Book” is published, we hope to find a more detailed account of how and where the funds are to be allocated.
- The continued allowance of flexibility in telehealth and/or virtual services should be considered across all of DHS’ divisions, especially after May 11, 2023.
- The preliminary effort to address the chronic nursing shortage via tax credits for nurses newly licensed in the Commonwealth. To truly make an impact on the workforce shortage in critical professions such as this, continued “out of the box” measures must be engaged.
- While it may not be directly realized as a line-item budget consideration, regulatory reform is an investment in efficient and effective processes that prioritizes time spent on delivery lifesaving services to those most in need of care and treatment. We must be committed as a system to choosing “people over process.” Regulatory reform (including a careful look at and revision to existing policies and required procedures) does not happen because we pronounce its importance. It happens when we sit down together and do the hard work of actually revising what is creating an administrative burden.

Budget Hearings...

The DHS Budget Hearings from both the House and the Senate yielded very little differences from the previous Governors address and DHS Budget Presentation.

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

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at developing a plan, which in the end turned out to allocate the funds with 39 million going to work force. 25 m to criminal justice and \$34m 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.

Rep Mike Schlossberg has introduced the first piece of legislation with [HB 849](#) that lays out specific spending allocations that focus on the 10 original spending targets. RCPA and the Mental Health Safety Net Coalition provided guidance and feedback to Representative Schlossberg recommendations that address the following:

- Behavioral Health Commission: As opposed to “reconstituting” the prior Commission with a few membership tweaks, we would suggest consideration mental health system for the 21st Century.
- There should be a robust conversation on the need for schools, school systems, counties, and community-based providers to coordinate on mental health services to children and adolescents. This is linked to the ARPA \$100 million, \$20 M county mental health funding, and the Governor’s proposal for \$100 m annually/\$500 m 5-year commitment to school based mental health services. From a public policy perspective, it does not make sense for the Commonwealth develop two competing local mental health systems one based on schools/school districts, and one based on counties and local providers.
- The Commonwealth should be building a system where a core set of evidence based mental health services are available to students/residents regardless of county they live in or school they attend. Ideally, we should strive for one community based mental health system that serves both the school students and community at large with agreed upon core services that each school, locality and/or county should have, what setting services should be delivered (e.g. school or community based settings) with seamless care transitions/handoffs (also coordinated with physical health too). There also are potential financial advantages to utilizing community-based providers to deliver school mental health services, particularly in terms of maximizing federal funds.
- Emergency Funding- Take 10% or \$10 million that can expeditiously be allocated to providers at risk of closure or service shut down awarded at the discretion of the Secretary of DHS based on the recommendation of OMHSAS Deputy and applicable local county mental health director...with appropriate reports to the Chairs of Appropriations. A mechanism to provide the latitude to act quickly to flow funds under certain circumstances/criteria.

Integrated Behavioral Health Carve in and Carve Out

Compatible bills by Kristen Phillips hill and Seth grove have been introduced again relevant to the idea of creating a more integrated service delivery with a more integrated PH and BH approach. This legislation has been on the agenda for several years though not so much in the last few years.



RCPA has taken the lead on this with a series of forums that will draw key stakeholder to the table around the legislation and the tenants of impacts and what the future of integration looks like efforts prior to the pandemic were shaping up and Providers were beginning to implement. These forums will also give opportunities for OMHSAS, the BH MCOS and providers to expound upon the successes of the HealthChoices network and opportunities to review the challenges and barriers as well as the strategies to grow and develop the health choices platform.

The recent forum with Senators Seth grove and Kristen Phillips-Hill provided a lively discussion and began to address some of the concerns around the Carve out model from their perspective. RCPA CEO Richard Edley moderated the forum and provided a backdrop and thoughtful questions for the panel. The series of forums continue through the summer.

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.

Additionally, Representative Mike Schlossberg has introduced a co-sponsorship memo that would create a legislative pathway to DHs Regulatory Reform. RCPA is submitting these to the Committee for a hearing scheduled for June 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.
- 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.

All RCPA Policy Directors are reviewing the regulatory standards we feel need immediate attention around those barrier points and will be presenting these to Dr. Arkoosh, the Legislative Committees with oversight to both children and adult human services as well as our membership.

RCPA would like to thank the Allegheny provider group led by Pittsburgh Mercy who led a group for their s systems wide review on regulatory standards and reform recommendation. We will combine our efforts with this team and other associations including CAP as we venture forth on this initiative.

ACT Services

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.

The ACT Committee recently met as a membership and vetted the recommendations with Dr. Lorna Moser from the UNC School of evidenced based practices. Dr Moser supported our recommendations with thoughtful discussion and data. These ACT Recommendations will be shared with OMHSAS as well as part of the RCPA House regulatory Reform.

CRR LTSR

The CRR and LTSR Regulatory Reform Committee have begun meeting to update the previous work on regulations change recommendations. There will be presented to OMHSAS in the near future and to will be part of the RCPA PA House Regulatory Reform Committee spring.

IBHS

The RCPA BHS Work Group is waiting ion the response from the IRRC on their review of the IBHS Change recommendations submitted for comment.

In addition, the group is working on another reform project around recommendations for the written order barriers and challenges.

Family Based

RCPA has met with OMHSAS and the Family Based Training Directors on multiple occasion regarding the recommendations to increase access to services, the RCPA FB Team will be meeting with OMHSAs and the FB Training Directors this month to finalize the recommendations and the timeframes for implementation.

ICWC/CCBHC:

RCPA who represents all seven of the ONHSAS ICWC programs met in a stakeholders OCWC forum in Mechanicsburg last week. OMHSAs presented data and an overview of their position on rejoining the demonstration project. See highlights below.

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 and what the Payment model will look like
- ICWC Stakeholder Meeting by OMHSAS will bow be twice a year.
- There will be another Federal NOFO Grant for CCBHC expansion. There will be no State oversight or certification the deadline to apply is May 22
- RCPA Asked for full consideration to joint annual license and inspections to also include county, State and BH MCO audit processes.



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- There is no plan in place for 2023 for expanding the ICWC service providers possible in 2024 25 but probably contingent on the possibility of PA return to Federal CCBHC model.
- 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.

Telehealth

Federal Telehealth

On Wednesday the DEA extend the tele-prescribing flexibilities under the Ryan Haight Act of 2008. The DEA recently opened these flexibilities up to public comments and it was an overwhelming request to continue the flexibilities until parameters and stands could be fully developed that considered access to care and treatment.

The flexibilities will remain in place until the end of November 2023.

PA Telehealth

The Office of Mental Health and Substance Abuse Services (OMHSAS) has just announced interim [telehealth guidance](#). One of the updates states that providers will be able to document consent heard by one employee of the service provider. While a previous Frequently Asked Question memo issued on August 16, 2022, required two-person verification of consent, OMHSAS will permit providers to document consent heard by one employee.

OMHSAS has also stressed the importance of developing appropriate systems to capture electronic signatures since February 2021. Given the options available to providers, OMHSAS expects providers to meet federal and state guidance. However, OMHSAS understands the challenges providers are experiencing. Therefore, it will extend the suspension of bulletins identified in the memo on February 18, 2021, to December 31, 2023. The suspension is specific only to consent to treatment, service verifications, and treatment plans that are scheduled to end on March 31, 2023. Effective on January 1, 2024, providers are expected to capture consent to treatment, service verifications, and approval of treatment plans in a manner that creates an auditable file and is in accordance with the timelines expected within regulation.

Audio-Only Now Permanent

Act 98 of 2022 abrogated specific sections of regulations that prohibited the use of audio-only services. By deleting these provisions from the regulations, the legislature permitted the delivery of specific services using audio-only.



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- 55 Pa. Code §1153.14(1) was removed, thereby allowing psychiatric outpatient clinical, Mobile Mental Health Treatment, or partial hospitalization outpatient services to be delivered over the telephone.
- 55 Pa. Code §1223.14(2) was removed, which allowed for the payment of services conducted over the telephone. This change specifically removed the prohibition on payment for clinical visits, psychotherapy, diagnostic psychological evaluations, and psychiatric evaluations conducted over the telephone.

OMHSAS shall issue a bulletin providing additional details about the use of audio-only services. Audio-only services can only be provided when clinically appropriate and the individual served does not have access to video capability or for an urgent medical situation. The use of audio-only service delivery must be consistent with Pennsylvania regulations and federal requirements.

RCPA will continue its efforts to support providers as they develop their telehealth infrastructure and operational processes. The next Telehealth Operations meeting will be June 27, 2023.

Behavioral Health Committee- Heather Harbert

Friday, May 12, 2023

10:30a-11:30a

1. Welcome and Introductions
2. Items for Discussion:
 - a. Networking event for this summer- John Eliyas setting something up
 - b. Licensing trends
 - i. BCM- no themes
 - ii. Peer- no themes
 - c. Problematic Performance Standards update from CCBH check in- no updates.
 - d. provider/county workgroup updates
 - i. Workforce
 1. Fellows program
 - a. Family Based- strict interpretation of the regulations although RCPA has been meeting with OMHSAS restricts candidates.
 - b. Timeline to apply was very quick turnaround.
 - ii. Value Based- Noreen- no updates.
 - iii. Regulations- Juliette- no updates
 - e. Top priorities
 - i. Peer services are vital! There is a lack of training options offered within the state due to the small number of training providers. The cost of training and certification is a financial barrier to individuals wanting to be a Peer. The ability

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to have more Peers is limited since the Provider needs to have outpatient license limits.

- ii. Workforce Development must be a priority! There is a shortage of licensed professionals and there are modifications that could be made to allow for a more diverse workforce that allows less qualified mental health workers and paraprofessionals. - follow through of candidates (ghosting), viable wage
- iii. Reimbursement rates are not enough to pay an adequate payrate and invest into quality enhancements for the program. PA must consider other service delivery models and reimbursement models like CCBHCs.
- iv. Regulatory reform is a no cost solution! Regulations are dated with a need to review the staffing requirements, administrative burden of documentation and encounter verification.

Next Meeting: 6/9/23

Off in July and August

Safety / Risk Committee- Casey Monaghan

CAP Safety Committee

May 12, 2023

Minutes

Attendees:

Keith Barnhart, Emmaus
Tamara Caldwell, Family Links
Keara Vance, Wesley Family Services
Aaron Lucas, Mainstay
Stacey Dowden, Milestones
Terry Doughty, Milestones
Casey Monaghan, TCV

General Discussion:

1. Overview was given on special guest Dr. Jack Rozel preview for later today at the general meeting on his latest work for violence mitigation.
2. Preliminary review of survey results with 15 respondents so far. Discussed some noticeable trends and interesting findings at this point. Committee members to continue to promote completion by organization leadership; reminder email to go out next week.
3. Keara offered to meet with Casey to do a deeper overview of their progress in their strategic roll out for active threat safety particularly as it relates to drilling. Casey to follow-up on this, discussed possibly having Wesley do a presentation on their work for the committee.
4. Keith mentioned Emmaus is sponsoring an active shooter training at their South Side location put on by Pgh PD. Please contact him if interested in participating.



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- Aaron and Denise discussed how their safety committee are structured and processes in place with a takeaway being how different we all may look within the context of adhering to Dept. of Labor requirements. Discussed possibly making this a focus group within the committee particularly as the survey results play out.

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

Compliance Committee- Shayna Sokol

Location: Zoom

Date: 4/20/2023 @ 2:30-4:00

Attendance: Kim W, Mallory, Barb, Emile, Rachel, Denise,

Facilitator: Shayna Sokol

Agenda Items

Agency Compliance Updates

Agency 1: OP Quality Audit, QIP Submitted. Scoring changed to account for categorical scoring. Suicide, trauma, tobacco cessation. Pending DA licensing and DAS licensing visit. In May.

Agency 2: Recent self-disclosure to CCBH. AG office was following up on the nature of the fraud, asking how we determined that the individual submitted fraud. Discussed exclusion list and charges.

Agency 3: no updates

Agency 4: Quality review with CCBH and FWA pending.

Agency 5: Several audits pending. County DA, BHSL for DA. Gone well. CCBH-FBMH Quality Review. Anticipating audit from CYF in May for residential programs. Monitoring visit related to housing.

Agency 6: Pending FWA audit. Increased number of audits recently.

Telehealth: Discussed the continued extension in telehealth. Programs are not delaying the implementation of their processes.

Share a Policy/Practice: Internal QA/QI Processes



Next Meeting

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

Children’s Committee – Lisa Lizun

Meeting Date: 5/12/23 11:00 am-12:30 pm

Next Meeting Date: 6/9/2023 11:00-12:30

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

Participating Members: Bryce Shirey (Every Child Inc.), Sarah Fallica (UPMC Western), Jessica Speer (YAP), Kelly Schmitt (PACE), Susan Stewart Bayne (Alliance Health), Aaron Libman (PLEA), Debbie Jozwiak (Allegheny Family Network), Kaitlyn Campbell (Outreach Teen and Family Services), Melissa Cooper (YAP), Allyson Paracat Dixon (Children’s Institute), Tammy Marsico (UPMC Western), Sharon Campbell (Laughlin Children’s Center), Jim Boaks (Staunton Clinic), Heather Beachler (Pittsburgh Mercy)

Agenda Items	Discussion
Welcome	
RCPA Children’s Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children’s Division Director- Jim was not able to join the meeting.
OMHSAS Telehealth- update	<p>Updates regarding Text Verification (Laura/Heather, Pittsburgh Mercy) – available for consumers who have a Smartphone (Apple and Android) working on version that will work on laptops or similar devices. Once consumer signs, the encounter form is integrated into the EHR without further admin support needed. The product was a custom build from developer, unfortunately there is no software package to share.</p> <p>UPMC – using MyUPMC for signatures (Patient Portal) Others are using DocuSign</p> <p>AFN – E-systems, can be signed (Debbie will share info at next meeting)</p> <p>ACI- is purchasing additional feature within their EHR called On-call (EHR is Qualifax/Carelogic). It’s an integrated telehealth platform (uses Zoom) and Patient Portal.</p> <p>Tammy inquired about the availability of any grant funds to support these efforts. No provider has sought such funding.</p>



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Advocacy Opportunities	<p>Updates from Acute PH providers- Sarah Fallica provided updates. See below.</p> <p>SCU directors meeting May 19 to address SC concerns (Jim B will provide update at next meeting)</p> <p>ChangeMakers Studio project was reviewed. Denise Cavanaugh is contact.</p> <p>988 resources- Laura shared and reviewed resources available through SAMHSA</p> <p>CAP Legislative Breakfast – see flyer; RSVP to calendar invite sent by Jennifer Schuler (JSchuler@chartierscenter.org) on May 3</p>
Provider Updates & Announcements	<p>Jim – WQED had very good program on early psychosis <i>Before Stage Four: Confronting Early Psychosis</i> https://www.pbs.org/video/before-stage-four-confronting-early-psychosis-ehpht1/</p> <p>IBHS work group met 5/11/23 – discussion included how to manage referral/wait list, push toward assessments and rule-following across MCOs, address medical necessity, checklist for eligibility- Susan shared this link (the standards that CCBH are using to determine if IBHS services remain appropriate starts on slide 78). 4-25-23-taylor-ibhs-process-auth-procedures-Final-RT.pdf (ccbh.com) The slide deck is located on the CCBH website under Provider Resources- Clinical & Innovative Resources- Information and Resources- Child and Adolescent Treatment- Intensive Behavioral Health Services- Community Care IBHS Procedures and Authorization Process (updated 4/14/2023)</p>
Wrap Up	<p>Our meetings are hybrid- join us at CLASS if you wish!</p> <p>Meet in June, summer break July/August, resume in September</p> <p>General CAP meeting 1-3pm- held at CLASS 1400 South Braddock Avenue, Pgh PA 15218</p>



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Allegheny Family Network (www.alleghenyfamilynetwork.org)

- Main office location moving to the north shore Cardello building (near the casino!)
- Services revolve around comprehensive family support.
- Three tiers of support
 - o Parent support line (- quick resource
 - 1-888-273-2361
 - o Targeted support – family might need assistance for 1-3 months or 1 hurdle/issue, provide support then close out.
 - o Comprehensive support – longer term support for family with more complicated needs
 - o Providers consult line.
 - 412-939-7250
- Fathers Involved Now – new supervisor, invite to upcoming meeting?
- Staff are also “family members” - have lived experience with child with mental or behavioral health issues.
- Debbie Glover Jozwiak, Chief Services Officer 412-390-7637

Updates from Acute PH providers- Sarah Fallica

- CCBH reached out to schedule meeting with Acute Care Providers
 - o Met with Randy Hill (Wesley Family Services) and Heather Beachler (Pittsburgh Mercy)
 - o No representation from the county
- Creating work groups, committees for reviewing areas of concern
 - o Staff ratio (1-to-4 versus 1-to-5) – agree with aligning with regulations.
 - o Weekly treatment plan review – continue conversation.
 - o Nursing – continue conversation.
 - o Assessment requirements – not changing.
 - o PCP communication – not changing.
- What is timeframe for adjusting performance standard? Long. About a year!
- Scheduling follow up and have provider meeting 2x/year.

DEI Committee- Nora Soule

Meeting Date: May 11th, 2023

Time: 11:00am-12:00pm

Next Meeting Date: 6/8/23

Participants : Nora Soule, Meg Sova, Andrea Mincks, Nichole D, Kevin Kordzi, Rachel Kyle, Robert Ware

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Agenda Items	Discussion	Action Needed
Welcome/ Introductions		New to the committee- Kevin Kordi and Robert Ware
Summary of Purpose	<p>The CAP Equity Committee will intensify awareness of and advocate for racial equity and social justice for historically marginalized individuals through education, research, and leadership development; allowing for the intrinsic value of all individuals to be recognized.</p>	
Standing Topics	<ul style="list-style-type: none"> • Agency updates • Juneteenth? • Pride? 	<p>Mainstay- Had its first DEIB (Diversity, Equity, Inclusion, and Belonging) meeting on April 25th During the meeting the group discussed the beginnings of their mission and vision statement and group agreements. Mainstay will also be a sponsor at Pride this year and will have a table with agency information as well as fun activities and prizes. Mainstay Advancement and Engagement is writing a blog post for Juneteenth.</p> <p>Staunton Clinic- Mental health awareness month and emphasis on staff health</p> <p>Family Resources- In the process of rewriting their handbook to increase accessibility and engagement for staff. Connection between policy and action. Professional Development about inclusive leadership and ableism.</p> <p>West Behavior Health- Autism awareness, In process of working for ideas for Juneteenth, each week of Pride a different activity is planned.</p> <p>Heritage Valley Health Systems- Social Justice committee, highlight issues of social justice and inequality. Have a speaker planned for Pride and information to be sent out each week.</p>



<p>New Topics</p>	<ul style="list-style-type: none"> • Book/Media club <ul style="list-style-type: none"> -other participants from member agencies? -read all before discussion or assign parts and meet multiple times? • Newsletter review <ul style="list-style-type: none"> -word to use in place of client? -other suggestions? 	<ul style="list-style-type: none"> • Mainstay has opened the opportunity for all employees across the agency to join the book club discussion. • It was agreed upon by the group to read the first two chapter's for next meeting (6/11) and reassess reading goals for the next meeting. • Convert Support for Support Staff Newsletter to PDF for link accessibility. • Use client across the newsletter. • Send Juneteenth letter from last year to the committee to be looked over for any updates/feedback.
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Legislative Committee- Gretchen Kelly

CAP Legislative Affairs Meeting Minutes
5-8-23

Our May meeting mainly consisted of planning for the CAP Legislative Affairs Breakfast scheduled for 5-19-23.

We discussed talking points for CAP in general referencing RCPA's talking points developed for their legislative events.

We also discussed needing to separate talking points as follow up into our CAP service delivery areas: Children's, Behavioral Health, and IDD.

IDD Providers planned to use the talking points being shared across provider organizations.

Messages were going to be sent to both Behavioral Health and Children's Committees to collect their talking points.

Discussed continuing to circulate invitations to the legislative breakfast at the Dan Miller Disability Summit on 5/11/23.

Other discussion items were:

Follow up with legislators and staff members of legislators after the event.

Follow up with Lt. Governor Davis' office.

Follow up with OMHSAS and Val Arkoosh based on Lt. Governor Davis suggestion.



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Next meeting: Monday, June 5, 2023

IDD Committee- Karen Jacobsen

CAP / IDD Committee Meeting

May 12, 2023

11-12:30 via Zoom

I. Denise updated the committee on the status of the “Change Makers” project. Due to the academic calendar and students not being available during the summer, the project will resume in the Fall.

II. The COVID Public Health Emergency officially ended yesterday, May 11th. Members briefly spoke about “lessons learned” and shared how they are “transitioning” policies and practices back to pre-pandemic mode.

III. Legislation on having a Standard Occupation Classification for Direct Support Professionals has been re-introduced in Washington DC. Providers are encouraged to call their legislators to support this!

IV. Comments on the Adult Protective Services proposed regulations are due on May 22nd. Highlights of changes include identifying mandated reporters and prescribes penalties for their failure to report suspected abuse, neglect, exploitation, or abandonment; requires consistent and timely investigations of allegations; and when necessary, provides for protective services to mitigate risk to individuals.

V. Discussed the upcoming Legislative Breakfast on the 19th and everyone was encouraged to attend. Other means of advocacy such as using Twitter, emails and letters were also encouraged. We will be focused on the WORKFORCE issue. At Dan Miller’s Mental Health Summit, legislators emphasized the need for DSPs to contact them!

VI. On April 18th, ODP gave a virtual presentation on a MAJOR systems change that will affect residential providers and supports coordination organizations. Providers have many, many questions about this. Kristin Ahrens will be giving many more presentations and hosting “listening sessions.” A “concept paper” is due out soon, and providers will have 45 days to submit comments.

Human Resources Committee- Sherry Brill

Human Resources CAP Committee Meeting Minutes May 31st, 2023

- 1) **Health Insurance Renewals-** the group discussed the various avenues being explored due to high renewals from insurance companies. UPMC and Highmark both came back with larger increases than previous years. Some are considering Self-Funding due to the increases.



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- 2) **Employment References/Candidates ghosting employers-** the group discussed employment references, and most are not doing because they don't get more than employment verification. Also, discussed candidates ghosting employers and not showing up or not being professional when other candidates have been selected.
- 3) **Learning Management Systems-** the group discussed the different learning management systems or avenues their staff are getting training. The majority of those who have an LMS, are using Relias. The other avenues the groups who don't have an LMS use are Kepro, You tube videos and CCAC trainings.

Other Business: N/A

The next meeting is scheduled for June 9, 2023, location- Hybrid- CLASS or Zoom.

Respectfully submitted,
Kate Pompa