



CAP Meeting Minutes June 9, 2023

Welcome and Introductions

Sue Coyle, CAP President, called the meeting to order at 1:02pm. She welcomed everyone to the meeting. Sue informed everyone that today is our last meeting of the year, as we will be taking the summer off. Meetings will resume in September of 2023.

Review / Acceptance of Minutes

Review and acceptance of the May 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 Kim Sonafelt and a second was received by Tom Cloherty to accept the minutes as presented.

Treasure's Report –Tom Cloherty

Present balance: \$55,882.42

Invoices Paid- Legislative Breakfast- \$1,760.00 and \$2,061.83

Tom will be sending out annual dues invoices to all members starting July 1.

RCPA updates- Jim Sharp

Budget

Legislation

- HB 849

The state House on Wednesday approved legislation spelling out a proposed manner for splitting \$100 million in mental health spending included in last year's budget.

Under House Bill 849 would allocate the funding in three general silos:

- \$34 million focusing on mental health workforce development programs and incentives.
- \$31.5 million on criminal justice and public safety programs; and
- \$34.5 million on mental health services and supports.

The legislation passed by a 173-30 vote, after Rep. Dawn Keefer, R-York, objected that the bill should have clearer formulas designation how the money would be divided statewide. As it's written, the bill could lead to funding going to the counties with the best grant writers or best lobbyists, rather than clearly going to the areas with the most need, she said.

Approximately 1.7 million Pennsylvanians live in a community that does not have enough mental health professionals. In the last year, 98,000 kids between the ages of 12 and 17 have been diagnosed with

depression, yet 57% of them were unable to receive any care. Five Pennsylvanians take their own life every day.

Workforce development

According to a fiscal note completed by the House Appropriations Committee, the legislation specifies that funding in the workforce development silo would be targeted by directing funding to:

- The Department of Labor and Industry for grants focusing on recruitment and retention of behavioral health care workers.
- The Pennsylvania Higher Education Assistance Agency for internship grants for students preparing for careers in the mental health field.
- The Department of Health to provide loan repayment assistance for mental health workers in medically underserved areas.

Criminal justice and public safety

The legislation would target funding in the criminal justice and public safety silo to:

- The Pennsylvania Commission on Crime and Delinquency to set up a grant program for efforts to establish mental health and drug addiction treatment for those behind bars or those being released from prison; and to establish or support existing court-based programs and first responder crisis intervention training.
- The PCCD for a pre-arrest diversion program.
- PCCD for one-time grants focused on gun violence and mental health; trauma-informed care for victims and their families or community outreach and education.
- The Department of Human Services for a one-time payment to county agencies to be used for mental health services and addiction treatment for those or leaving county jails.

Expanding mental health services

House Bill 849 specifies that additional funding for mental health services would be targeted by providing funding that would allow:

- The Department of Human Services to provide grants to county-provider partnerships focused on suicide prevention and the crisis continuum of care, investing in mobile crisis teams, crisis walk-in centers and crisis stabilization units. The legislation would allow this funding to be used for grants to funding building expansions or construction to house mental health services.

- The Department of Human Services to award grants to primary care practices to set up or expand collaborative care model services.
- The Department of Human Services to provide one-time grants for counties to establish telemedicine services; for suicide prevention and crisis prevention; or to address the social determinants of health on behavioral health.
- The Department of Drug and Alcohol Programs to award grants for addiction treatment programs, worker recruitment or retention efforts or for training.
- DHS's Office of Mental Health and Substance Abuse Services to provide grants for technology and training for the use of telemedicine by behavioral health providers.
- HB 61: As many of you likely already saw, yesterday the House amended [HB 611](#), which previously contained the language of the governor's original budget proposal. The amendment increased multiple budget lines so that the top-line budget number is now higher than Shapiro's initial proposal. This is in part due to numbers provided in the administration's spring update. There is also political maneuvering between Ds and Rs on putting up negative votes. The budget passed on final consideration by party line, 102-101 and now goes to the Senate. Please note the Republican-controlled Senate will change this language and this is not the final budget.

RCPA BH Focus with Legislators

- Rebuild the Pa Mental Health System Base by \$50Million.
 - Current projected 20 million only represents an increase of 3% from last years \$620m County Based Funding Allocation
 - Redirect the Governors proposed 100m increase to the schools to build the collaborative continuum between providers, PDE, ONMHSA's and the Counties Possible strategies for year 1 is to redesign the school SAP Team
RCPA is working with the General Assembly on recommendations.
 - Fully fund the \$20m Early Intervention Funds proposed by the governor. House cut \$5m in latest version of HB 611. Looking to restore through the Senate.
- Invest the \$100. In federal ARPA funds for the BH Commission, RCPA has been involved in the language development of HB 849 and pleased that this has passed the House and looks to be approved by the Senate. Still there are gray areas in the allocation and distribution process through grants and RCPA is providing guidance and recommendations in this area.
- Commit to a long-term plan to rebuild system through annual increases Phase 1 goal is \$435 million over first 4 years.

Integrated Behavioral Health Care 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.

RCPA has submitted to the Pa General Assembly Executive Directors in both the House and Senate a set of Regulatory Reform guidelines and recommendations for each respective policy divisions. RCPA Directors have shared these unilaterally across each DHS agency but I have met with OMHSAS several times in the past three weeks and today we provided the regulatory reform recommendations for the following DHS Program services

Childrens

IBHS
Family Based
Early Intervention (OCDEL)

Adult MH

Outpatient
ACT
CRR (Pending)
LTSR (Pending)

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, ensuring Center Based Services stay whole and sustainable under the adapted regulations and a group working to create parity in the IBHS realm of ABA and Individual Services

Family Based

RCPA has met with OMHSAS and the Family Based Training Directors on multiple occasions 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. The meeting is set for July 7 and waiting for confirmation

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 now 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 was May 22 and we expect an answer in the Summer to the applications.
- 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 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.
- OMHSAS will be attending the July 11 ICWC CCBHC Committee Meeting

Telehealth

Federal Telehealth

The tele-prescribing flexibilities under the Ryan Haight Act of 2008 will remain in place until the end of November 2023. The DEA recently opened these flexibilities up to public comments and it was an overwhelming request to continue the flexibilities until parameters and standards could be fully developed that took into account access to care and treatment.

PA Telehealth

In preparation for the release of the next OMHSAS telehealth bulletin RCPA is working with them to address any current barriers and challenges as well as reformatting and reconsideration for the current guidelines. Areas that RCPA has already brought to the table include:

- The 60 minutes /45-mile interstate radius
- Eliminate the barriers for telehealth and IBHS. The Telehealth bulletin clearly permits telehealth in high intensity services, but the Childrens bureau continues to limit its use in the allowable in other high intensity services.
- Full 100% psychiatric telehealth permissibility
- Allowances to deliver telehealth from Hospital ER's

If you have suggestions, please forward them to Jim Sharp in the coming week.

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, June 9, 2023

10:30a-11:30a

1. Welcome and Introductions
2. Items for Discussion:
 - a. Updates from Jim Sharp with RCPA
 - b. Follow up from County ED Workforce Work Group- Heather Harbert
 - i. BH Fellows Program
 1. Contacts: Bridget McNamee and Lisa Mekovsky
 2. Eligible programs:
 - a. Blended Service Coordination
 - b. Family-Based Mental Health
 - c. Crisis Services
 - d. Child Diversion and Acute Stabilization
 - e. Case Management for Substance Use Disorder
 - f. Integrated Dual Disorder Treatment
 3. Handout below on cohort 1 stats
 4. 30 applicants with 27 deemed completed.
 5. Cohort 27- 17 masters and 10 bach
 - ii. invoicing process for Providers- schedule your provider sessions.
 - iii. deadline for cohort 2 was June 1 (new hires)
 - iv. deadline for cohort 3 will by July 15 (existing staff and new hires)
 - v. deadline for cohort 4 will be fall/winter 2023 (new hires with a focus on Spring grads)
 - c. Wage market statistics for suggested positions



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- i. CSBBH Mobile Therapist and Behavior Health Tech
 - ii. Outpatient licensed and non-licensed master's level Therapist.
 - iii. Comm based mobile licensed and non-licensed masters Therapist.
- d. Summer networking update- John Eliyas
 - i. John gathering feedback then sending a date.
- e. Problematic Performance Standards update from CCBH check in.
 - i. Some movement within the SCU Directors meeting- see below.
- f. Provider/county workgroup updates- no new updates
 - i. Workforce
 - ii. Value Based
 - iii. Regulations
- g. CCBH and Allegheny County will come to the September meeting to discuss their updates and strategic initiatives.

Next Meeting: 9/8/23

Reminder we are taking a summer break for July and August

Fellows handout from County ED Workforce Work Group



BH Fellows update
for BH Exec Director:

SCU Directors Meeting



CAP 3.17.23 -
BSC.docx

Legislative Committee- Gretchen Kelly

June 5, 2023

We reviewed the Legislative Breakfast and the meetings and conversations that have developed over the past 2 weeks.

Turn out for the Legislative Breakfast included:

Rep. Dan Miller

Rep. Jessica Benham

Rep. Arvind Venkat

Sean Harrington from Rep. Dan Frankel's office



Autumn Monahan from Rep. Mandy Steele's office
Lori Mizgorski from Rep. Valerie Gaydos' office
Kim Kaufmann from Rep. Rob Mercuri's office
Megan Winters from Sen. Lindsey Williams office
Patrick Joyal from Gov. Josh Shapiro's office
Andrew King from La'Tasha Mayes' office
Staff member from Senator Paul Costa's office

As follow-up from the event, Sue and I were able to get a meeting scheduled with Secretary Arkoosh on June 23rd and a meeting with Rep. Dan Miller is planned for July.

We are working with MindfulKreative for presentation material for all legislative meetings moving forward.

Our committee won't have formal meetings over the summer but will plan to update all members as needed.

Children's Committee – Lisa Lizun

Meeting Date: 6/9/23 11:00 am-12:30 pm

Next Meeting Date: 9/8/2023 11:00-12:30

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

Participating Members: Sarah Fallica, Jenny Williams, Jim Boaks, Kaitlyn Campbell, Sharon, Susan Stewart-Bayne, Allyson Paracat Dixon

Guests: Jim Sharp

Agenda Items	Discussion
Welcome	
RCPA Children's Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children's Division Director
OMHSAS Telehealth- update	CCBH FWA meeting highlights
Advocacy Opportunities	Updates from SCU Directors meeting- Jim Boaks- see attached document IBHS provider meeting- updates from May providers meeting were reviewed. See attached checklist. Please see below.



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	School-based providers meeting- updates from June's providers meeting- see below
Provider Updates & Announcements	Western Behavioral Health Child Services referral phone number 412-246-6668 for triage and scheduling
Wrap Up	Our meetings are hybrid- join us at CLASS if you wish! General CAP meeting 1-3pm- held at CLASS 1400 South Braddock Avenue, Pgh PA 15218 Break for July/August – see everyone in September!

School Based Therapy Provider meeting Monday 6/5

- Impact of violence in the schools/community and its effects on our staff and services.
- Higher need for services (higher risk kids) combined with staff turnover and slow hiring leading to decreased availability of services.
- A few schools have reported starting a partnership with a private practice clinician to take on some of the burden of commercial insurances.

IBHS

Here is the link to the slide deck that has the instructions for the 90 day reviews:

<https://providers.ccbh.com/uploads/files/IBHS/4-25-23-taylor-ibhs-process-auth-procedures-Final-RT.pdf>

CCBH will update as we go, however, likely won't tell providers that they are updating. A form hasn't been created, so providers will need to determine how to capture/make a form based on the guidance in the slide deck. The slides referencing this are on pages 71-84.

Here are the directions to find the slide deck on the CCBH site: CCBH.com -> click for providers -> at the top bar Clinical Innovation and Publications -> drop down menu: Information and resources -> left side menu, click Child and Adolescent Treatment-> Intensive Behavioral Health Services

Safety / Risk Committee- Casey Monaghan

CAP Safety Committee

June 9, 2023

Attendees:

Tamara Caldwell, Family Links
Keara Vance, Wesley Family Services
Gretchen Kelly, PLEA
Peggy Willison, Merakey
Casey Monaghan, TCV

General Discussion:

1. Survey results are in, and we spent the meeting doing an initial overview. 31 responses were submitted, with no apparent double submissions from providers. We agreed to spend the summer drilling down on results and developing a report out to the general group in September. Generally, the results support the value that membership is finding safety initiatives. A preliminary and very noticeable trend in the data leaned heavily toward violence and even more specifically as it relates to safety in the community.
2. Discussed the presentation by Dr. Rozel from last month for threat prevention at the clinical level and the CHAMPIONS training in July.
3. Some brief discussion took place on creative things members are doing to promote safety such as 'Safety Month', Safety Fairs, QR codes linked to manuals.

Next Meeting: July 14th, 9AM via Teams.

Minutes prepared by: Casey Monaghan

IDD Committee- Karen Jacobsen

In addition to discussing priorities for regulatory reform, Selective Contracting Concept Paper Comments were collected during meeting, as follows:

Quality

It is unclear as to why a selective contracting arrangement is needed to ensure quality. ODP has put many measures in place to ensure that individuals and their families receive quality services with ample focus on health and safety. It is unclear as to why ODP cannot just end the contracts of poorly performing providers without doing a complete system overhaul. Or conversely, why high performing providers can't be placed on a less intensive licensing and/or monitoring schedule. It is our belief that if ODPs intention is to strengthen the quality of supports, the bulk of investments of time and dollars should be made into the **Direct Support Professional workforce** because quality happens at the point of direct interaction with the individual. This **coupled with** investments in technology that promote independence (but does not eliminate interaction with human supports) would go a long way to strengthening the quality of supports individuals and families receive.

Strategies to Support Workforce

There is little evidence to support a correlation between credentialing and staff retention. Provider experience thus far is that credentialing is time-consuming, resulting in relatively few staff taking advantage of credentialing opportunities. What is needed in terms of workforce is the development of educational, skill building programs that allow for direct support professionals to be prepared to do the job on day 1. Partnerships



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and collaborations – by ODP – with any of the myriad colleges and universities located throughout the Commonwealth to promote development of the Direct Support Professional workforce could go a long way toward solving the workforce problem. But it must be made clear that an investment in reimbursement rates for services provided is an absolute necessity. Direct Support Professional jobs are in no way “entry-level”, and reimbursement rates must reflect that reality.

If opting for a credentialing program that includes a minimum number (percentage) of direct support staff, ODP must clearly define which credentialing program(s) are acceptable and must take steps to ensure that implementation and maintenance of credentialing programs is fully funded at the provider level, including assurances that providers can afford and have access to the technology needed to support such an initiative.

Preferred Provider Status

ODP should reconsider the requirement that to achieve Preferred Provider status a provider must provide all 4 services identified in the concept paper. While that certainly could be one criterion, high performing providers who specialize in supporting individuals with enhanced needs (behavioral or medical), or that consistently exceed standards regardless of needs level, in any one of the identified services should be given consideration for preferred provider status. This may help to alleviate concerns of some of the smaller, high-quality providers, who do not have the bandwidth to provide all 4 services.

Incident Management Fidelity

ODP should take into consideration that in many cases, problems with fidelity to expectations outlined in the most recent IM Bulletin, may be related to confusion about what does and does not need to be reported. This issue is further complicated by delayed implementation of specific parts of the bulletin during the COVID-19 pandemic.

Employment as a Performance Standard for Residential Providers

The concern here is why the employment-related services haven't been made part of the selective contracting model. Given the high priority the state has placed on individuals with IDD or autism finding competitive integrated employment, it would make sense to include providers of such service in a model that incentivizes positive outcomes in this area. It does not make sense to reward residential providers for the number of individuals served who are competitively employed. Why has ODP proposed this in the Selective Contracting model?



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Further, we are curious about the assertion made in the concept paper that “investment in skill development and job training may not realize savings for a number of years into the future.” Where does ODP anticipate savings will come from? Is it expected that provider costs will be less once more people are employed? That individuals will be able to cover more of their own expenses?

Piloting

Has ODP given consideration to rolling out the selective contracting model using a pilot program model. Given that residential and support coordination services are arguable among the more complex services offered, it may be beneficial to select a few geographic areas with a smaller number of providers to work out the kinks, particularly because this model is not being used for these services in any other state. Since it may be the first of its kind, it may be preferable to roll out on a smaller scale first.

Recent Compliance Trends

Here we want to note that it appears the data used to demonstrate these negative trends has been taken from 2020 – 2022, amid a global pandemic. Struggles have been noted in nearly every area of life/service delivery during this time due to extreme staff shortages, high DSP burnout levels, increased safety needs and responsibilities, barriers to accessing medical care, and numerous other factors...is there additional data showing a more long-term trend of decreasing compliance that might suggest a need for a major systems change?

DEI Committee- Nora Soule

Meeting Date: June 8th, 2023 11:00am-12:00pm

Next Meeting Date: 7/13/23

Participants : Nora Soule, Meg Sova, Jesse McLean, Andrea Brown, Nichole Maaza-Fredley, Rachel Kyle, Willette Walker, Sheli Fleming, David Zarlengo

Agenda Items	Discussion	Action Needed
Welcome/ Introductions		
Summary of Purpose	The CAP Equity Committee will intensify awareness of and advocate for racial equity and social justice for historically	



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	<p>marginalized individuals through education, research, and leadership development; allowing for the intrinsic value of all individuals to be recognized.</p>	
<p>Standing Topics</p>	<ul style="list-style-type: none"> Agency updates 	<p>Mainstay- Tabled and sponsored Pittsburgh Pride for the first time. Struggling with DEIB committee engagement.</p> <p>Western Behavioral Health- Had an unplanned, but very productive conversation surrounding health care disparities and racism</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 -How to structure going forward or stick with current structure Newsletter review: Juneteenth reissue Any other items? 	<ul style="list-style-type: none"> It was agreed upon by the group to read Chapter 3 for next meeting (7/13) Juneteenth newsletter was looked over and approved by committee to be sent out.
<p>Book Club Discussion</p>	<ul style="list-style-type: none"> What story from either chapter surprised or challenged you the most? Why and what does that mean for the way you lead? What concepts from the book stood out to you or made you reflect differently? What would it take for you to create environments where BIPOC can do their best work without the ongoing distraction and burden of racism and white supremacy culture? (13 Values of white supremacy culture) In Ch.1, racism is defined as “a system of advantage and disadvantage based on race.” How does this definition differ from what you were taught? 	<p>Discussed Ch 1 and 2.</p> <p>What stories surprised you or challenged you?</p> <ul style="list-style-type: none"> - Checking voice at the door, never ask to filter voice and what matters. Put authentic feelings out there. Don’t mute yourself. Has seen this played out in many group settings. -Has been asked to confirm opinions brought up by others in professional setting. That someone may have a good point or idea but it could’ve been presented differently even though they brought their true authentic self. <p>What can we do for BIPOC</p> <ul style="list-style-type: none"> -Whole cultural shift- giving POC opportunities, give them a chance. Be



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	<p>How is this definition similar to what you were taught?</p> <ul style="list-style-type: none"> • Did reading these chapters result in any ideas for ways to improve the workplace or the way you lead? 	<p>open to experience. It is not taking away from someone else. Be open to change. Find commonality.</p> <ul style="list-style-type: none"> - These conversations and books help see things rooted in history. If you aren't aware, you don't know. <p>Racism as described in the book vs taught definition in personal life</p> <ul style="list-style-type: none"> - Book was similar to what she was taught. Power was set up for white men. - He was taught that racism was an action and prejudice was feelings. - systemic racism and ethnic race questions. This led into taking about origin story. <p>Origin Stories</p> <ul style="list-style-type: none"> - Companies need to explore- do we have past inequities that need to be addressed and challenged? <p>Take Aways Not Discussed</p> <ul style="list-style-type: none"> - It can be exhausting to deal with microaggressions or not being understood in the workplace.
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Human Resources Committee- Sherry Brill

June 20th, 2023, at 1pm

- 1) New Member---** Sarah Resenic, Director of Human Resources from Community Human Services joined the group.
- 2) End of the Fiscal Year Policy Revisions-**we discussed policies that were changing due to end of the year circumstances, one example was PTO policy. Due to staff shortages and staffing patterns, there was a need to change the PTO policy was written. PTO would "rollover" on the staff's anniversary rather than on the end of the fiscal year. Another organization talked about how they have "Unlimited PTO" for exempt staff and the staff does not abuse it, in fact they are the group that takes less time off. Some organizations front load their PTO and some accrue per pay period over the year. One organization talked about how they have a catastrophic bank for



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PTO that 1/3 of the employee's balance can roll over into the bank. There were some organizations that do not pay out all PTO when a person leaves (they only pay up to 80 hours), others who do not pay PTO if someone is terminated or does not provide proper notice.

- 3) **Open Enrollment**--- discussed the different increases agencies received and what they did to mitigate the cost. Some went self-funded, some passed along a lot of cost to employees and different coverage levels determined how much cost was passed along.

- 4) **Postings**- the group discussed that Indeed was the main source of advertising jobs. Although with the new “pay for application” it has been a struggle amongst providers. We discussed ways to get more focused with posting jobs and how some agencies are doing that. Posting by city/zip code seems to be very effective for agencies. We discussed the different ATS systems agencies have and how they use them most efficiently. Some organizations are starting to evaluate qualifications for staff and determine if the qualifications can be modified.

Our next meeting is scheduled for August 29th, 2023, at 1pm.

Executive Committee- Sue Coyle

- Bylaws are being reviewed over the summertime, will be sent to legal for final review after Executive Team reviews. If any members have interest in reviewing, you are welcome. Please let Sue know and we can send them to you.

Other Business

The next meeting is scheduled for September 8, 2023.

Respectfully submitted,
Kate Pompa