

CAP Meeting Minutes September 8, 2023

Welcome and Introductions

Sue Coyle, CAP President, called the meeting to order at 1:03 pm. She welcomed everyone to the meeting.

Review / Acceptance of Minutes

Review and acceptance of the June 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 Denise Cavanaugh and a second was received by Tammy Marsico to accept the minutes as presented.

Treasure's Report –Tom Cloherty

Present balance: \$66,848.70

We have received 27 dues payments for organizations so far for the 23/24 year.

RCPA updates- Jim Sharp

Budget

Legislation

- HB 1300

As an update to the Pa State 23-24 budget. The Senate and the House put together a budget that Governor Schapiro signed in August. The Senate came back on August 30 to create the fiscal code, which will be the vehicle to allocating these funds, especially those newly, designated funds

The funding areas include:

- \$20 m in new county Based Mental Health Funding
- \$30 million in dedicated Early Intervention Part C & B funds
- \$100m in BH Commission Money now allocated for the Schools
- BH Commission

Another potential MH funding casualty it would seem is the BH Commission 100 million that was approved, budgeted, and legislated on the House side more than a year ago. Fast forward to the present and the Senate essentially undid the bill and instead of funding it as HB 849 intended for adult mental health services that included:

Under House Bill 849 would have allocated 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 senate in what has been described as a budget savings reallocated those dollars to fund school mental health. Now these ARPA funds will be for one year. What this does to the Shapiro commitment of \$100m dedicated to school funding MH is yet to be seen at this stage. Will it continue in a regular line-item budget or take on a different stream.

RCPA BH Focus with Legislators

- Rebuild the Pa Mental Health System Base by \$50 Million
 - 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 back into the budget to build the collaborative continuum between providers, PDE, OMHSAS 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.
- Re invest the original BH Commission Invest the \$100 back into its intended purpose in funding Adult MH services.
- Commit to a long-term plan to rebuild system through annual increases Phase 1 goal is \$435 million over first 4 years.

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.

RCPA has submitted to the Pa General Assembly Executive Directors in both the House and Senate, The governors Policy Office, DHS Secretary Arkoosh as well as each respective DHS Deputy Secretary a set of Regulatory Reform guidelines and recommendations for each respective policy divisions.

We have brought these regulatory reform recommendations to DHS in May, and we told they will be reviewed but there has been no response. RCPA met with the Governor's office and DHS on the lack of action and response to the administration's strategic agenda for reform. It is our hope the governor will announce the creation of regulatory reform council or commission to begin addressing the need for reform of practices and policies that are in dire need of reformation.

Included in the recommendation:



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- 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

Childrens

IBHS

Family Based

Early Intervention (OCDEL)

Adult MH

Outpatient

ACT

CRR

LTSR

Lastly, RCPA would like to thank the Allegheny provider group led by Pittsburgh Mercy who led a group for their own 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.

State Plan

RCPA has reviewed the State plan as it relates to the MH OMHSAS pieces with special focus on Mental Health programming. RCPA will include the state plan as part of the regulatory reform process to update and provide policy clarifications as a change methodology.

IBHS

The RCPA BHS Work Group is waiting on 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.

Statewide IBHS Provider and Family Survey

As part of RCPA involvement in the OMHSAS Mental Health Planning Committee, we have collaborated in the development of both a family and provide survey to look at the gaps in accessing IBHS services. The surveys, which have been distributed across the commonwealth we hope, will provide insights to OMHSAs and stakeholders on the barriers and challenges in accessing services. The surveys focused access at three service lines within IBHS, Individual, ABA and Group as well as a breakdown of service access to specific IBHS positions.

The survey outcomes will be reviewed and publicly released in the coming month(s)

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 in November to refine recommendations and the timeframes for implementation.

These recommendations include:

- 1. Remove CASSP experience for MHP and MHW positions.**
- 2. Allow 2 MHW's with 1 MHW having a minimum of 6 months experience(1yr+preferred) to team together**
- 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.**
- 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.**

School Based Mental Health

As articulated earlier in the report RCPA continues to work with the General Assembly, PDE and OMHSAs on the funding impacts for school based mental health.

Unfortunately, while Governor Shapiro has dedicated \$500m over the next five years, this year that was removed and supplanted with the \$100m in BH Commission funds originally set aside for Adult MH Services. The danger here is that this equates to another 1-year grant that continues Governor Wolfes \$200m school mental health & safety grants of 2022.



In the Governor's proposed budget, he has recommended \$100 million/year over a five-year period for school-based mental health services. The Rehabilitation and Community Providers Association (RCPA) agrees more dollars should be spent for mental health especially at the elementary and high school levels. RCPA represents community mental health providers throughout the Commonwealth and in many communities, these providers are already delivering mental health services in school districts.

RCPA does not want to see school districts develop duplicate mental health programs when services already exist in their area. In addition, RCPA is concerned that with school districts hiring their own mental health staff that it could exacerbate the current shortage of clinicians in the state. Additionally, there is concern that after five (5) years of funding the state may not continue to fund these worthwhile programs for some of the most vulnerable children in the Commonwealth (i.e. Federal monies given to Rendell administration and those Federal education dollars dried up).

RCPA recommends the school districts have flexibility in spending those dollars with the caveat put into a budget code bill that school districts should contract with community mental health providers wherever practical.

School districts should have flexibility in dispersing these funds, with a strong consideration be given to those school districts that contract with community mental health providers. As stated earlier, school districts are already working with community mental health providers, and in those instances, the relationship should be recognized as they bring unparalleled certified, licensed treatment experience to address the needs of students.

Legislation:

In 2019, House Resolution 193 was adopted by the General Assembly to direct the Joint State Government Commission to conduct a study of the shortage of mental health care professionals in Pennsylvania. The commission reported that Pennsylvania has a below-average number of mental health care providers per capita, and the trend is only continuing. The commission recommended greater financial assistance for mental health professionals to reduce the cost barrier of higher education and attract more individuals to the field.

To ensure that Pennsylvania children and teenagers have the support they need in dealing with this growing issue, we need to support recruitment and retention for child mental health professionals.

HB 725

Is a mental health professional Loan Forgiveness is open to mental health staff? Up to 22,000 must stay in project for

(1) Be a resident of this Commonwealth.

(2) Have completed at least one-half of the credit hours needed to earn an undergraduate or master's academic degree or diploma in social work, counseling, psychology, psychiatry, nursing or another degree in the human services field.



(3) Have a recommendation from the faculty of the employer of which the applicant is employed or, if the applicant is enrolled in coursework for, a degree listed in paragraph (2), from a professor under whom the applicant has taken coursework.

(4) Be employed to, or have been hired to, work in the mental health field focusing on early childhood through adolescence for one year

The total is \$50m until expended and each candidate is eligible for up to \$22,500 and must remain in their field for 7 years or all or portion would need to be paid back.

HB 726

Mental Health Professionals with 7 years' experience would be eligible for up to \$1000 a year over the next 5 years a total of \$1m, allocated annually through a, lottery system

Crisis Services

RCPA continues its work with provider, legislators and OMHSAS on the rebuilding of the PA Crisis System. Here has been a dedicated process from Jenna Mehnert Baker from MOMHAS in constructing a plan to accomplish this over the new few years. On September 14, OMHSAS will host a Crisis Forum /Summit in Harrisburg to review the progress, the pathways forward in developing the crisis system, including the development and expansion of walk-in crisis centers.

It will also review some of the federal initiatives and strategies to for 988 and future funding considerations both federally and to the States.

In a recent meeting with OMHSAS, it was said the crisis regulations should be ready to go to the IRRC this fall.

ICWC/CCBHC:

RCPA who represents all seven of the OMHSAS ICWC programs continues its meetings with OMHSAs on the newly proposed CCBHC model proposed by SAMHSA.

As you know, Pennsylvania has withdrawn from the original demonstration project but we do have many CCBHC providers as well as recent expansion grantees under our membership

At the August CCBHC Meeting with the National Council and OMHSAS in attendance, we got a glimpse at what PA is currently considering when asked about rejoining the demonstration. OMHSAs position is based upon the funding matrix of a per member per month formula what is attractive to the State. We know this is model is approved so we hope to have an answer on this in the coming months. The next RCPA CCBHC ICWC meeting is scheduled for October 3.

RCPA will continue its efforts to engage SMAHSA, the National Council on Mental Wellbeing and Pennsylvania Office of Mental Health and Substance Abuse Services (OMHSAS) on the CCBHC model and

the impacts of revised standards as it relates to current Pennsylvania CCBHC providers and with the potential of the State reentering the federal project.

ICWC

Specific to the ICWC we are looking to OMHSAS for a more consistent meeting, and we have listed our assistance in collaborating to make this happen, even if it is part of our RCPA ICWC meetings. As for expansion of these programs, it is on hold until 25 at the earliest; perhaps with the notion of rejoining the CCBHC in 24-25.

We will be discussing in our smaller RCPA ICWC group strategies to bring to OMHSAS on ICWC operations.

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 stands could be fully developed that considered access to care and treatment.

The DEA is holding public hearings on September 12-13 on the impacts of returning to the full Ryan Haight Act of 2008. The response to the impacts of the flexibilities has been overwhelming and SAMHSA and the DEA I believe for the first time are ready to implement these changes we saw during OVID into law with a couple of adjustment like:

- The proposed new regulation would mandate an initial in-person visit with a prescriber for a patient to receive more than a 30-day buprenorphine prescription. Since 2020, those with opioid use disorder (OUD) have been able to receive prescriptions for buprenorphine, including the initial prescription, following a tele-appointment.
- Under the DEA's proposed rule, patients who began buprenorphine treatment during the PHE under the expanded flexibilities would have a 180-day grace period but would then need to see a prescriber in-person before continuing treatment. The proposed changes could also affect treatments prescribed for those in the children's behavioral health realm, and RCPA provided recommendations in this area as well as in OUD treatment.

Federal Telehealth (See 2024 Physicians Fee Schedule below)

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

Act 76

We continue our efforts on expanding the telehealth delivery capacity and flexibilities of the psychiatrist. I have constructed new language and presented to the Insurance Legislative committee that would end the use of waiver by OMHSAS for this and allow for any r

The new language would amend the requirement of any in-person psychiatric time at the psychiatric outpatient clinic may be provided by:

- (i) An advanced practice professional, specifically, a certified psychiatric nurse practitioner or a physician's assistant with mental health specialization, or
- (ii) A board-certified psychiatrist.

DEA Controlled Substances Application

As a proactive strategy to the ruling on the Ryan Haight act flexibilities in tele prescribing, RCPA has worked with members and provides in applying as a DEA certified clinic for tele prescribing. Advancing the call for change recommendations.

All provider applications were denied based on the information provided by OMHSAS as it related to the facilities legal capacity to distribute and store controlled substances and sent the DEA the CRR regulations 5310 as the reason. RCPA appealed the decision citing the facilities and application should be considered under the outpatient clinics 5200 regulations and the accompanying 5200 regulatory compliance guide that clearly outlines protocols capacity for the practice. The DEA granted a stay under the appeal, all application will be reconsidered, and there will be a meeting of the DEA, OMHSAS and RCPA to review this practice.

The denial letter (attached) cites the information provided by OMHSAS referenced PA. 55 Code 5310.8 (b) (3) as the relevant facility license code for these organizations. Upon discussions with providers their facility community-based clinics it would seem fall under PA 55 Code 5200, and more specifically

5200.42 While the actual language in the licensing standard does not directly reference controlled substances it is clearly referenced below under the OMHSAS Chapter 5200 Regulatory Compliance Guide.

As part of the 2022-23 advancing the Call for change task force, I have been representing the RCPA and members on the committee. The group met last week to review the recommendations and to start developing the implementation plan with the only outcome that they will be further reviewed internally by OMHSAs before the group reconvenes.

2024 CMS Physicians Fee Schedule

As a follow-up to our summer release of the Center for Medicare & Medicaid Services (CMS) 2024 Physicians Fee Schedule, RCPA has been reviewing and working with members in preparation for the submission of comments due next Monday, September 11, 2023. CMS is seeking comments around several proposed changes to the 2024 PFS, as this is an important proposal that provides annual guidance to Medicare providers on payment and enrollment policies.

Particularly exciting this year, the Proposed Rule includes details on enrollment in Medicare for mental health counselors and marriage and family therapists, consistent with the passage of the Consolidated Appropriations Act of 2023. RCPA fully supports this proposed rule, by which CMS would codify the CAA's new benefit category for marriage and family therapist services and mental health counselor services. The agency also proposes to allow addiction counselors that meet MHC requirements to enroll in Medicare, as MHCs. MFTs and MHCs would be able to enroll in Medicare after the PFS Final Rule is published and would be able to bill Medicare for services starting on January 1, 2024. It is our preliminary understanding that, if this passes, then applications can be submitted upon Final Rule approval in advance of the January 1, 2024, date. As this advances, RCPA will communicate this with membership.

Additionally, there are many other provisions being proposed that affects mental health and substance use disorder treatment practitioners and services, such as:

Telehealth Expansion: CMS proposes implementing telehealth provisions enacted by the CAA and extending certain telehealth-related policies for consistency and alignment. The agency explains that the CAA extends certain PHE-related telehealth policies through December 31, 2024, that were otherwise set to expire after 151 days following the end of the PHE. This includes flexibilities related to:

Allowing telehealth services to be furnished in any originating site setting in the United States.

Expansion of the definition of eligible telehealth practitioners.

Allowing certain services to be furnished via audio-only telecommunications, including supervision.



Delaying the requirement for an in-person visit for mental health services within 6 months prior to initiating mental health telehealth services; and

Continuing coverage and payment of telehealth services included on the Medicare Telehealth Services List as of March 15, 2020.

The establishment of new HCPCS codes for psychotherapy and crisis services that are furnished in an applicable site of service furnished on or after January 1, 2024. This includes increasing the rate for office-based bundled substance use disorder treatment codes.

Additionally, RCPA has been working with the National Council for Mental Wellbeing on reviewing these crucial areas and will be submitting comments on behalf of RCPA members as well as through the advocacy channels of the National Council. If any members would like to provide feedback, please submit your comments as soon as possible to Jim Sharp.

IDD Committee- Denise Cavanaugh

09/08/2023

The group discussed the **targeted services recovery** reimbursement from the ARPA funding. An application must be completed and sent to Rick Smith by September 30, 2023. Only organizations completing the application will be eligible. As of the RCPA meeting held on 09/07/2023, Kristin Ahrens reported that only 91 applications had been received. The payment structure is any organization that exceeded pre-pandemic numbers by 75 – 100% will be given \$2500 per individual, 50 – 75% will be given \$1500 per individual, < 50% will be given \$500 per individual. There is some language that states the person had to maintain or increase the number of units, some unclarity about this.

Updates on **selective contracting** were given. The parameters have changed to obtain preferred provider status; organizations seeking preferred provider status will need to provide 2 of 3 services -- Supported Living, CPS, Life sharing services -- and meet clinically enhanced standards. The timeline was also adjusted. Residential implementation will be January 1, 2025. There is a residential strategic thinking workgroup meeting through September to discuss/finalize some of the performance measures. In October, ODP will distribute a survey to providers to establish baselines. Examples of some of the performance standards mentioned include community integration, participant involvement in advisory and/or boards, social justice/cultural competency, and wellness activities.

SIS 2nd edition will be implemented in January of 2024.

The **Changemakers Project** update -- Denise Cavanaugh will be meeting with them the week of September 11th to plan some type of job fair event with possible panel discussion. The target date for the event is sometime in November.



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Karen Jacobsen talked about **Senate Bill 874** which was sent to the Senate on August 16, 2023. It is " An Act providing for Commonwealth support for a Mental Health and Intellectual Disability Staff Member Loan Forgiveness Program and an Alcohol and Drug Addiction Counselor Loan Forgiveness Program; and imposing duties on the Pennsylvania Higher Education Assistance Agency." The group thought this might be helpful in boosting staff recruitment.

Karen also mentioned a **survey on salaries** developed by the Center for Healthcare Solutions. It is available to all IDD providers.

Lastly, Gretchen Kelly and Sue Coyle met with Representative Dan Miller about **regulatory reform**. Dan suggested producing three regulations the group would like to see removed or reformed. Sue and general CAP will determine two from the Behavioral Health side, and the IDD committee will produce one. Suggestions included physical requirements, the noncontiguous rule, training, and credentialing requirements. Denise will send a survey to the group to assist in identifying one regulation for potential reform.

Legislative Committee- Gretchen Kelly

Meeting 9/5/2023

Our September meeting was a discussion related to the meeting Sue Coyle and I were able to secure over the summer with Secretary Arkoosh, Jennifer Smith (OMHSAS) and Patrick Joyal (Governor's Office). We were able to discuss the following with this group:

The decline of the human service system via a presentation designed by Mindful Kreative, with the example of the collapse of the Fern Hollow Bridge used as reference.

We felt this example conveyed a powerful artistic analogy to the state of our system of care. As this document is the work product prepared for CAP, we discussed how, moving forward, our members are free to use it in your own legislative or advocacy meetings on behalf of CAP. This was posted in the member's only forum of the CAP website.

We also discussed the follow up meeting we were able to secure with Rep. Dan Miller after the CAP Legislative Breakfast held in May where we highlighted the need for regulatory reform

Utilizing the RCPA Regulatory Reform recommendations as a starting point, Rep. Miller indicated that he would like to only look at 2-3 areas where regulation needed serious consideration for reform. He tasked CAP to go back to the drawing board and come back with just a few regulations that he could then introduce to local representatives on the Human Services Committee that they might look to introduce as legislation.

The areas we discussed to communicate back to Rep. Miller were:

Encounter Form signage

Psychiatry requirements

An add'l issue related specifically to IDD providers

Denise Cavanaugh said she would pose this to the IDD Committee to see if they could collectively decide on one regulation that she would bring back to the committee so we could reconvene with Rep. Miller and offer what was asked of our group.

The next meeting is scheduled for Monday, November 6, 2023 at 1:00 pm.

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Behavioral Health Committee- Heather Harbert

Friday, September 8, 2023

10:30a-11:30a

1. Welcome and Introductions
2. Items for Discussion:
 - a. Updates from Jim Sharp with RCPA
 - b. Check-in on County and/or CCBH initiatives
 - i. Problematic Performance Standards
 - ii. BH Fellows Program
 - iii. Licensure supervision [LCSW Supervision Matching Program | School of Social Work | University of Pittsburgh](#)
 - iv. Wage market statistics for suggested positions
 1. CSBBH Mobile Therapist and Behavior Health Tech
 2. Outpatient licensed and non-licensed masters level Therapist
 3. Comm based mobile licensed and non-licensed masters Therapist
 - v. Housing survey and results meeting 9/14
 - vi. CCBH Community Mental Health Workers
 - c. Fall networking update- John Eliyas
 - d. Looking for a CAP BH Committee co-chair

Next Meeting: 10/13/23 CANCELLED

Children's Committee – Lisa Lizun

Meeting Date: 9/8/23 11:00 am-12:30 pm Next Meeting Date: 10/6/2023 11:00-12:30

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

Participating Members: Aaron Libman, Bryce Shirey, Kristina Gibson, Heather Beachler, Jim Boaks, Kaitlyn Campbell, Bethany Leas, Lisa Fox, Tammy Marsico, Allyson Paracat Dixon, Kate Pompa, Barb Saunders, Sharon Campbell, Susan Stewart-Bayne, Travis Kost, Amy Yosko

Guests: Jim Sharp

Agenda Items	Discussion
Welcome	



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RCPA Children’s Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children’s Division Director Jim invited members to participate in the Mental Health March taking place in Harrisburg on September 27 th
F/W/A	CCBH FWA meeting highlights
Advocacy Opportunities	<p>Updates from:</p> <ul style="list-style-type: none"> -SCU Directors meeting -IBHS provider meeting- Performance Standards- members discussed Quality audits being performed by CCBH -School-based providers meeting- due to not meeting, will discuss at October meeting -SAP providers meeting- meeting was held today, will discuss at October meeting <p>Problematic Performance Standards- awaiting feedback from CCBH.</p> <p>Discussion: Community BH and Private Practice School-based partnerships</p> <p>OCTOBER MEETING: Establish 2024 Goals</p>
Provider Updates & Announcements	<p>Allegheny Children’s Initiative- Kids’ Club & Moms’ Empowerment program (1-week group for women and children (4-12 years old) who’ve experienced IPV is accepting referrals- reach out to Lisa for information.</p> <p>UPMC CHP- BH Walk-In Clinic- at Children’s Main hospital campus- Monday-Friday 5-9pm, Saturday noon-4 pm. Tammy highlighted this new service being provided.</p> <p>Staffing updates- impact of BH Fellows Program</p>
Wrap Up	<p>Co-Chair nominations are now open 😊 Please reach out to Lisa or Laura if you are interested in co-chairing.</p> <p>Our meetings are hybrid- join us at CLASS if you wish!</p> <p>General CAP meeting 1-3pm- held at CLASS 1400 South Braddock Avenue, Pgh PA 15218</p>



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	<p>RCPA Conference Reminder: October 10-13 Hershey Lodge</p> <p>Next Children's CAP meeting – October 6, allow for attendance at the RCPA conference.</p>
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Safety / Risk Committee- Casey Monaghan

CAP Safety Committee

September 8, 2023

Attendees:

Gretchen Kelly, PLEA
Stacy Dowden, Milestone
Keith Barnhart, Emmaus
Tamara Caldwell, Family Links
Keara Vance, Wesley Family Services
Peggy Willison, Merakey
Lynette Deaver, The Children's Institute
Casey Monaghan, Devereux/TCV

General Discussion:

1. The report out draft of the survey was reviewed and amended; last year's goal now met to get this done.
2. Discussion on goals for 23/24. Suggestions:
 - Develop a resource list for members
 - High level OSHA training
 - Workplace violence training, facility and community based
3. Reviewed the latest developments for the OSHA workplace violence prevention standard; [Workplace Violence Prevention \(osha.gov\)](https://www.osha.gov)
4. Group discussion on mitigation measures for having teenage youth in agency buildings for services while not with a parent/guardian.
5. The group wants to meet in October as usual; the November meeting is subject to change to be discussed at the next meeting.

Next Meeting: October 13th, 9AM via Teams.

Minutes prepared by: Casey Monaghan

Human Resources Committee- Sherry Brill

September 27th, 2023



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- 1) **How Will the Supreme Court's Affirmative Action Ruling Affect Workplace DEI Programs-** Doug Clewett from Easter Seals shared a brief overview of the presentation. The Webinar discussed the new Supreme Court Ruling regarding Affirmative Action. The group discussed how this might affect DEI efforts including DEI goals, Affirmative Action Plans, and all employment decisions. Some organizations who are funded by the county brought up the question if this will change or alter the requirement to ensure participation of M/W/DBE. Doug shared the webinar recording along with the presentation.

- 2) **DOL's proposed increased exempt salary threshold for employees to qualify for exempt un FLSA.** The group discussed that a lot of the current staff are already classified as non-exempt so this would not have an impact on them. Those who do have staff below this threshold would need to change the status of employees to non-exempt if this does go into effect. Several years ago there was a proposed increase to double the salary threshold, but it was not passed. We are hoping this will end up similarly.

- 3) **COBRA providers-** the group discussed the COBRA providers they are using and most are using third party administrators. Some are using their payroll providers, insurance carriers or other third-party administrators. This makes COBRA easier to manage and takes out the possibility of the employer needing to be involved in decisions (such as termination for non-payment, etc.)

Compliance Committee- Shayna Sokol

No Report Provided

DEI Committee- Nora Soule

No Report Provided

Executive Committee- Sue Coyle

- By Laws were reviewed and updated over the summer- Sue will send an online vote to get those passed.
- D&A Committee: we have had one in the past, but we do believe this might be a good committee to bring back. If you or someone you know would be interested in chairing that committee- let Sue know.
- Committees: please work on creating your goals for 23/24

The next meeting is scheduled for November 10, 2023, location- CLASS In Person Only.

Respectfully submitted,
Kate Pompa

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