CONFERENCE OF ALLEGHENY PROVIDERS

CAP Meeting Minutes
November 10, 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 September 2023 meeting minutes: Minutes were sent out via email to the group and posted on the CAP website for review. A motion was given by Tom Cloherty and a second was received by Kim Sonafelt to accept the minutes as presented.

Treasure's Report –Tom Cloherty
Present balance: $71,324.07
We have received most of the dues for the 23/24 year but there are still some organizations outstanding. Tom will be sending out invoices.

RCPA updates- Jim Sharp
Budget

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

- Re invest the original BH Commission Invest the $100 back into its intended purpose in funding Adult MH services.

- Fully fund the Children's School Based Mental Health Funds as part of Gov. Shaprio's 23-24 budget
- 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

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.

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 rand auditing process for licensing, Bh MCO and County entities should be a priority.
- 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.

Regulations Submitted to DHS for consideration and review.

Children's
IBHS
Family Based
Early Intervention (OCDEL)

Adult MH
Outpatient
ACT
CRR
LTSR

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.

OMHSAS Waiver & Promise Survey

RCPA conducted a provider member survey on the OMHSAS waiver process and the current operating efficiency status of the OMAP PROMISe application process. The survey sought to gauge member

thoughts on the types of program waivers and frequency, and the metrics on response time. The survey was open to all RCPA adult and children's mental health providers and was open for a two-week period for members. The response rate was very good, and the respondents represented a valid cross section of service providers across geographic regions and provider licensee types.

Overview Highlights

- 60% of respondents indicated they have a current waiver in place.
- More than 60% of respondents waited longer than 3 months to get waiver approval. (Some of the delays were caused by incorrect info submission by the providers)
- 41% of respondents have a pending OMHSAS waiver request submitted.
- Only 10% of respondents have more than one waiver request currently submitted.
- Nearly 70% of respondents are waiting for a response to their current waiver request after 3 months.
- Only 40% of the respondents have a current PROMISe application waiting for approval.
- How long have you been waiting for a response?

Less than a month 15%
1–2 months.....40%
3–4 months.....15%
Longer than 4 months 20%
Still awaiting approval 10%

This represents a major improvement in the response time for PROMISe application approvals.

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 as well as creating an equity payment foundation for Individual and ABA Services

Family Based

RCPA has been meeting with OMHSAS and the Family Based Training Directors on multiple occasion regarding the recommendations to increase access to services
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:

Federal
Pennsylvania Senator Bob Casey, the Chairman of the Special Committee on Aging, will be introducing new legislation on the floor of Senate titled "The Home and Community-Based Services (HCBS) Relief Act of 2023."

The HCBS Relief Act of 2023 would provide dedicated Medicaid funds to states for two years to stabilize their HCBS service delivery networks, recruit and retain HCBS direct care workers, and meet the long-

term service and support needs of people eligible for Medicaid home and community-based services. States would receive a 10-point increase in the federal match (FMAP) for Medicaid for two fiscal years to enhance HCBS. Funds could be used to increase direct care worker pay, provide benefits such as paid family leave or sick leave, and pay for transportation expenses to and from the homes of those being served. The additional funds also can be used to support family caregivers, pay for recruitment and training of additional direct care workers, and pay for technology to facilitate services. The funds can help decrease or eliminate the waiting lists for HCBS in the states.

The HCBS Relief Act of 2023 will be introduced during the fourth week of October with a House companion bill expected to be released in the near future. Please join RCPA in supporting this critical piece of legislation to create a viable and sustainable pathway for HCBS.

PA Legislation

HB 1305

In July 2022, a new three-digit dialing code was launched for the 988 Suicide and Crisis Lifeline. Anyone, anywhere in the United States can now call, chat, or text 988 and receive supports and resources during a suicide, mental health, or substance use crisis. This transition from the previous Lifeline's number to the easy-to-remember 3-digit 988 dialing code represents a monumental opportunity to transform the way we as a nation respond to behavioral health crises and meet the rising demand for crisis services.

With 988 available nationwide, it's now up to states to ensure there are crisis services and crisis stabilization options so 988 callers receive the help they truly need. Therefore, I will be introducing legislation to establish sustainable funding for Pennsylvania's 988 Suicide and Crisis Lifeline in line with Governor Shapiro's proposal. This proposed legislation will be similar to how communities fund 911 by creating a monthly fee on all wireless devices to ensure these emergency services will not experience any funding gaps. To protect against fee diversion, my legislation requires 988 fees to be deposited into a dedicated fund that can only be used in support of the 988 crisis response system.

(1) Beginning January 1, 2024, a surcharge of 6¢.

HB 1537

Posted: June 12, 2023 10:44 AM
From: Representative Barbara Gleim
To: All House members
Subject: Minor Consent to Treat

In the near future, I plan to introduce legislation which will increase the age of minor consent to treat for medical, dental and mental health from 14 years of age to 16 years of age. In addition, the legislation would also have an exemption for special need individuals who may not be capable of making important medical decisions on their own without parental guidance.

While I understand our young people certainly become more independent as they mature through their high school years, I strongly believe parents should still have some involvement and oversight when it comes to important medical decisions, especially for special needs minors

Senate Bill 668

Senator J. WARD
Last Action:
Re-referred to APPROPRIATIONS, Oct. 25, 2023 [Senate]
Memo:
Legislation Allowing CNAs to Pursue Medication Administration Certification

Like too many aspects of Pennsylvania's health care industry, long-term care faces a workforce crisis, as providers have experienced considerable difficulty in recruiting and retaining qualified staff to care for Pennsylvania's seniors. One solution is to increase career growth opportunities for those who are currently working as certified nurse aides (CNAs).

In both personal care and assisted living communities, staff personnel who have completed a certified medication administration program established by the State Department of Health are authorized to administer prescribed medication to residents. However, the same certification is not available to CNAs in the skilled nursing setting.

This legislation amends the Health Care Facilities Act by adding the position of Certified Medication Aide. Under the bill, the Department of Health will establish a medication aide training program that includes a minimum of eight hours of classroom training. The training must be conducted by an approved trainer and utilize the state-approved written curriculum and examination. It also requires certification renewal every 24 months.

Providing CNAs the opportunity to seek this additional certification will allow for career growth and development for dedicated health care professionals in the field. It will also help improve patient care and quality outcomes.

This legislation is supported by Pennsylvania Health Care Association and LeadingAge PA.

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 OMHAS in constructing a plan to accomplish this over the new few years.

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

In recent RCPA 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. We know that OMHSAS has many questions into SAMHSA that will impact the decision to move back into the demonstration.

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.

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 took into account 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 Drug Enforcement Agency (DEA) issued a temporary rule extending the allowance for physicians and practitioners to prescribe controlled medications to new patients based on a relationship solely established through telemedicine (live video or telephone for buprenorphine) until December 31, 2024.

The extension will give the DEA time to consider permanent changes to their rules around prescribing controlled substances moving forward.

Key concerns from stakeholders expressed during the listening sessions were related to in-person visit requirements, the 30-day prescribing limit in the initially proposed rules, and adding various reporting requirements, such as notating on prescriptions that they were prescribed via telemedicine. The rule itself lists additional reasons the extension is being issued:

- *"Prevent a reduction in access to care for patients who do not yet have an existing telemedicine relationship;*
- *For relationships established both during the COVID-19 PHE and those established shortly after, prevent backlogs with respect to in-person medical evaluations in the months shortly before and after the expiration of the telemedicine flexibilities;*
- *Address the urgent public health need for continued access to the initiation of buprenorphine as medication for opioid use disorder in the context of the continuing opioid public health crisis;*
- *Allow patients, practitioners, pharmacists, service providers, and other stakeholders sufficient time to prepare for the implementation of any future regulations that apply to prescribing of controlled medications via telemedicine; and*
- *Enable DEA, jointly with HHS, to conduct a thorough evaluation of regulatory alternatives in order to promulgate regulations that most effectively expand access to telemedicine encounters in a manner that is consistent with public health and safety, while also effectively mitigating against the risk of possible diversion.*

RCPA will continue its advocacy work in partnering with the National Council on Mental Wellbeing to support the flexibility becoming part of reimagined legislation. Also, RCPA will continue its efforts on the current appeal it has filed with the DEA and OMHSAS to provide regulatory clarification on the licensing classification for those provider members who submitted applications for DEA Site Registration to disseminate Controlled Substances under the titled Act of 1970.

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.

2024 CMS Physicians Fee Schedule

This final rule will be officially published in the Federal Register on Nov. 16, 2023.

On Nov. 2, 2023, CMS issued its final rule for the CY 2024 PFS, which establishes policy changes for Medicare payments and related policies effective on or after Jan. 1, 2024.

- Overall, payment rates under the CY 2024 PFS will be reduced by 1.25% compared to CY 2023. The final CY 2024 PFS conversion factor is $32.74, a decrease of 3.4% from CY 2023, which reflects statutory budget neutrality requirements. (For more information, see Table 118: CY 2024 PFS Estimated Impact on Total Allowed Charges by Specialty, which demonstrates the estimated payment impact of policies in the final rule by specialty.)

Mental Health and Substance Use Disorder-specific Provisions Include:

- Ability for marriage and family therapists (MFTs) and mental health counselors (MHCs), as well as addiction counselors who meet MHC requirements, to now enroll in Medicare and bill for services furnished starting January 1, 2024. MFTs and MHCs are also added as distant site practitioners for purposes of furnishing telehealth services and included as eligible for payment for services furnished at rural health clinics (RHCs) and federally qualified health centers (FQHCs).
    - Individuals who meet the MFT or MHC eligibility requirements established in the Final Rule are able to enroll in Medicare via the Form CMS-855I application (Medicare Enrollment Application – Physicians and Non-Physician Practitioners; OMB No. 0938-

1355) and can begin submitting their enrollment applications now, for services furnished beginning Jan. 1, 2024. Visit the Medicare enrollment for providers & suppliers page for basic information on the provider enrollment process.

- Ability for MFTs, MHCs, Clinical Social Workers (CSWs), and Clinical Psychologists to conduct and bill for health behavior assessment and intervention services (HBAI);
- New Healthcare Common Procedure Coding System (HCPCS) codes for psychotherapy for crisis services that are furnished in applicable site of service at which the non-facility rate applies, other than the office setting. The payment amount for these psychotherapy for crisis services is 150% the fee schedule amount for non-facility sites of service;
- A 19.1% increase to the work Relative Value Units (RVUs) for both standalone psychotherapy codes, psychotherapy codes billed as an add-on to an E/M (evaluating/managing) visit, and HBAI codes over the course of four years;
- Extended current flexibilities for periodic assessments that are furnished through audio-only telecommunications through the end of CY 2024 for Opioid Treatment Programs (OTPs) when video is not available to the beneficiary to the extent to which doing so is permissible under Drug Enforcement Administration (DEA) and Substance Abuse and Mental Health Services Administration (SAMHSA) regulations; and
- Requirement to allow social workers, MHCs or MFTs to serve as members of the interdisciplinary group under hospice conditions of participation.

Telehealth-specific Provisions Include:

- Continued delay of the in-person requirement for tele-behavioral health visits, continued temporary expansion of telehealth originating sites for telehealth services, continued coverage for audio-only communication systems, and direct supervision defined to permit the immediate availability of the supervising practitioner through real-time audio and visual communications through December 2024; and
- Beginning in CY 2024, claims billed with POS 10 (Telehealth Provided in Patient's Home) will be paid at the non-facility PFS rate, and claims billed with POS 02 (Telehealth Provided Other than in Patient's Home) will continue to be paid at the PFS facility rate.

Additionally, CMS is finalizing new coding and payment changes for social determinants of health risk assessment, community health integration, and principal illness navigator services.

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.

DHS Childrens Complex Care Blueprint Committee

Participants reflect a diverse group of systems and stakeholders, including:
– Families and Youth
– County Human Services: Child Welfare, Mental Health, Intellectual Disabilities and Autism, Early Intervention, CASSP/SOC
– Behavioral Health: Managed Care Organizations & Primary Contractors
– Providers: Community-based Providers, Residential Treatment Providers, Inpatient Psychiatric Hospitals, Medical Hospitals
– Education: School Districts, Intermediate Units

Blueprint Workgroup: Desired Future State (DFS)

In Pennsylvania, we believe all youth with complex needs and their families* will have the opportunity to access timely supports and services that are individualized, trauma-informed, holistic, respectful of race and culture, family and youth driven, and available in their own communities.
This will be evidenced by:
• A focus on youth and family engagement while honoring their voice and choice.
• Establishing and maintaining a well-supported and qualified workforce.
• Collaboration and shared understanding across systems to support planning and shared goals.
• Systems which prioritize early identification, proactive intervention, and service options that support family stability, safety, and the youth's healthy development and meaningful relationships which support life-long connections.
• Teams engage in ongoing and integrated planning that supports the everyday needs of a family and youth (housing, education, transportation, scheduling, access to medical care, etc.).
• Service delivery is coordinated, accessible, timely and includes support throughout the process.

Critical Areas of Focus

• Communication
• Service and Program Availability
• Awareness and Navigation of Resources
• Staffing
• Trauma-Informed Supports

Recommendations will be released by December 29, 2024

Behavioral Health Committee- Heather Harbert/John Eliyas
Friday, November 10, 2023
10:30a-11:30a

1. Welcome and Introductions

2. Items for Discussion:

    a. Updates from Jim Sharp with RCPA- CANCELLED
    b. Follow up from the Special CAP Meeting
        i. What data would be helpful/meaningful from the County and CCBH?
        ii. What are some suggestions on communication modes and/or strategies to improve our collaboration and partnership with the County and CCBH?
        iii. What gaps do Providers feel with the dissolving of AHCI?
    c. Check-in on County and/or CCBH initiatives
        i. Problematic Performance Standards
        ii. Housing survey and follow up meetings
    d. Looking for a CAP BH Committee co-chair

Next Meeting: 12/8/23

DEI Committee- Nora Soule
Meeting Date: 11:00am-12:00pm, November 9th, 2023

Next Meeting Date: 12/14/23

Participants : Julie Cawoski, Meg Sova, Fred Mbewe, Nora Soule

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 marginalized individuals through education, research, and leadership development; allowing for the intrinsic value of all individuals to be recognized.**	
Standing Topics	• Agency updates	*Book club discussion took the entire hour, will continue with agency updates at next meeting.

New Topics	• Committee goals	DEI Committee Goals: Enhancing collaboration among agencies with regard to Diversity, Equity, and Inclusion initiatives. Providing member agencies with resources. Providing channels for open dialogue on Diversity, Equity, and Inclusion related issues.
Book Club Discussion	**Chapter 7 Lead with Courage:**	Questions discussed by committee members: -Have you ever experienced true community and belonging? If so, what made it possible? -Which of the four threats to belonging is most likely to undermine your organizational practice of liberation? Why? How can you address it? -We each carry unique leadership skills and abilities. What is one superpower you bring to this work that equips you to create a liberating culture? (Share confidently! No half-brags allowed!)

Legislative Committee- Gretchen Kelly
Meeting 11/6/23

The committee discussed next steps for meetings with our legislators. We discussed the following:

- CAP-sponsored Happy Hour
- CAP-sponsored Virtual Event
- CAP Meeting with newly elected County Executive, Sarah Innamorato
- Participation in Rep. Dan Miller's Open House
- Extending an invitation to Patrick Joyal (Policy Director for Gov. Shapiro) and Stephen Williams (Policy Director for Lt. Gov. Austin Davis) to an upcoming meeting

We discussed HB 661: IDD/Autism Market Index for DSP Service

Sharon Campbell highlighted her recent conversation with Rep. Venkat regarding reimbursement rates for group therapy for both children and families.

We discussed the upcoming Mental Health Panel planned for the GPNP Summit on 11/10/23, which will include Laurie Barnett-Levine, Jim Sharp, Sue Coyle and Gretchen Kelly.

The next meeting is planned for Monday, December 4, 2023 at 1pm.

IDD Committee- Denise Cavenaugh
CAP IDD Meeting: 11/10/2023

SIS Assessments experiences. Many are seeing Needs Level 4 being lowered to Needs Level 2. One person reported a Needs Exception moving to a Needs Level 2. Mainstay has been working on an appeal for over a year. Mainstay has had five overall whose scores were decreased and one increased. Others report Needs level 4 going to Needs Level 2. One was a needs exception to a Needs Level 2. Merakey had one that took six months. A reassessment was done for someone but although the paperwork indicated nothing had changed, they still used the lower rate. It takes six - eight months for approval. Summary of the AAID review was that we are doing what we are doing but the issue is who is at the meeting not the tool. The letter also said the tool does not calculate the Needs Level. There is not an algorithm.

Need to ask how the Needs Levels are determined. New Needs Level 5 is determined by SIS and HRST. Need to prove why current Needs group 4 is not enough. No Needs Group 5 for respite. Only residential.

Fee Schedules had life sharing without day, but not in the announcement that just came out. Was included with the May bulletin but not the most recent.

How to prepare staff to prepare for SIS Assessments. Some have a checklist; others send clinical staff. There is a need to look at how we prepare staff for these SIS Assessments, to avoid information that might be shared that could lower a score.

Selective Contracting. Residential strategic thinking group has finished their work on Residential Performance Standards. SCO's meeting in December. For residential there are 16 areas. Residential performance standards are now Primary, Select Residential, and Clinically enhanced. Large organizations will have the advantage.

Preparations for the roll out of Selective Contracting. How are others preparing?

- Regular Meetings
- Gap Analysis
- Credentialing = NADSP or NAD (better meets the training requirements for more complex and is shorter.
- Build into the program some follow-up with credentialing programs.

- Starting a frontline supervisor training – Looking at a more structured mentoring program.

Consensus was that the survey on status for Selective Contracting was difficult to answer; we want baseline results on the survey.

Thoughts on employment for residential. There were no questions in the survey about this. Questions about "adjusted for acuity." Might not be able to pull data because those who work are not in the system.

Concerns about taking on new referrals within 90 days. It is evident they want organizations to take on more referrals. Many are not good matches, or we do not have the capacity to support these referrals. Individuals are to have a choice for at least two places in the region.

Changemakers, a student group at the University of Pittsburgh. Various interactions toward an event that educates the community/campus in our field. It started as just IDD, but now the event will encompass all of CAP and their divisions. Will be tentatively held at the Homewood Community Center, not on campus. People will learn more about the field. What we need to do in the next several months is to tell our story in an educational way. What do we do? What is it like to work in the field? Larger presentation with each division presenting, followed by smaller break out groups.

Children's Committee – Barb Saunders
Meeting Date: 11/10/23 11:00 am-12:30 pm Next Meeting Date: 12/8/2023 10:00-11:30

Agenda Items	Discussion
Welcome	
RCPA Children's Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children's Division Director
Advocacy Opportunities	2024 Goal review Administrative Service Coordination – cost center project BH Provider meeting with Jewel Denne- held on 11/8/23 Waitlist management Provider Alert 302 consumer transport- need for consistent response

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Provider Updates & Announcements	Program Updates/Provider meeting updates Staffing updates- impact of BH Fellows Program Call for presentations at future Children's CAP meetings **Move Children's CAP time: 10:00 – 11:30am**
Wrap Up	Next meeting: What data/trainings do we need/want from the county? (Previously provided by ACHI)

RCPA updates –

- Full update useful info but hard to digest in short amount of time, better to focus on updates related to child services and telehealth.

Review of 2024 goals

- Invite BH Deputy Director Stuart Fisk to Children's CAP
    - Provide overview of children's services, present main pain points, where we feel he could be most helpful in advocacy for children's services.

BH Provider meeting with Jewel Denne (and Stuart Fisk)

- Talked about plans and evolution of county having increased oversight since AHCI was dissolved, increasing oversight of program and quality (Jewel), numbers/reports - analytics (ATP)
- BH planning and strategy for 2024 (funding, etc)
- CCBH performance standards
- Speaking to providers before setting new performance standards – is it feasible? does it improve quality of care?
- Lack of understanding of some aspects of auditing and program functioning (such as child residential), hoping for improved collaboration to improve oversight and program management.
- Supporting current/core services with appropriate funding/regulations/standards
- **Data previously provided by AHCI – let the county know what data is needed and it should be provided.**
- Quality and variety of trainings provided by CCBH/county compared to ACHI – provide feedback and guidance of what trainings would be most beneficial to and needed by providers.

Waitlist Management

- At what point are you responsible for checking in on people waiting for service? If they are on a list (referral, wait list), there is a responsibility on the provider.

- Provide county resource list, crisis response info, encourage to return to prescriber for other referrals.
- Not keeping a list – unable to follow up with the number of inquiries that come through (especially IBHS), openings only come up every so often (school year services)
- PM – services has very small wait lists (PHP, OP), call to check in every 2-4 weeks.
- How do we utilize ASC funding to assist with wait list management? How do we bill for aspects of waitlist management? How can we shift funding to ensure proper resources for programs??
- Another city has model with shared access point/centralized inquiry/assessment for certain services.
- Allegheny Family Network – has resources to support families when waiting for services to help prevent decompensation.
    - Share new referral form, open house at new office (north shore) in the spring.
    - Work with the parent, not child, examine needs of the family – connect to resources, develop assessments and goals for each family, work with parents to navigate school/CYF/court, support parent to support their child.

302 consumer transport

- You can request a blue pin police officer (specially trained in MH/BH) and request an ambulance transport but cannot always guarantee that will occur.
- Training available from county on procedure for obtaining a 302.
- Car seat for younger/smaller children or ambulance transport
- When possible, develop relationship with local PD on procedure, interactions, etc.

AFN

- Provide family support partner at WPH PES and riding with clinician for Resolve.
- New office (Cardello) has large training space available to community partners.

Safety / Risk Committee- Casey Monaghan
No Report Provided

Compliance Committee- Shayna Sokol
No Report Provided

Human Resources Committee- Sherry Brill
No Report Provided- November Meeting Cancelled

Executive Committee- Sue Coyle

We would like to have a Holiday Event again this year. Last year, we went to the curling club- would we like to do that again this year? Team thought this was a good idea. Sue will contact Erin to set this up.

The next meeting is scheduled for December 8, 2023, location- TBD, In Person Only Holiday Event.

Respectfully submitted,
Kate Pompa