



Children’s CAP Meeting Minutes

Meeting Date: 1/12/24 10:00 am-11:30 am

Next Meeting Date: 2/9/2024 10:00-11:30

Co-Chairs: *Lisa Peterson-Lizun* (Allegheny Children’s Initiative) and *Barb Saunders* (UPMC)

Participating Members: Bethany Douglas, Aaron Libman, Sarah Fallica, Kristina Gibson, Heather Beachler, Laura Haile, Kate Pompa, Susan Bayne, Kelly Schmitt, Sharon Campbell

Guests:

Agenda Items	Discussion
Welcome	Committee members introduced themselves
RCPA Children’s Committee Updates	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children’s Division Director- focus on child services- see notes
Advocacy Opportunities	<p>Presentations at future Children’s CAP meetings:</p> <ul style="list-style-type: none"> - 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 <p>Transition Age Youth Initiative- Rusty H is coordinating-outpatient youth and adult providers</p> <p>AHCI information- share with larger CAP committee to share with county – see notes- anything to add?</p> <p>Training requests to county- see notes- anything to add?</p>
Provider Updates & Announcements	Program Updates/Provider meeting updates
Wrap Up	Next meeting: February 9, 2024, 10-11:30 am- virtual or in-person at CLASS (do committee members want the in-person option?)

2024 CAP Children’s Committee Goals



Mission Statement:

The mission of the Children’s Committee is to create a forum for advocacy on behalf of both member agencies and the children and families they serve. The committee provides education to its members on systemic and regulatory changes, practice developments, and issues of cultural importance to ensure that the services delivered are of the highest quality.

Children’s Division 2023 Goals	Action Items
<p>Build relationships with BH Deputy Director (Stuart Fisk) to increase knowledge and awareness of child services and improve advocacy efforts.</p> <ul style="list-style-type: none"> - Stuart Fisk is new Deputy Director of BH for OBH. Focus on relationship building, increasing his knowledge and awareness of child services, improve our advocacy efforts 	<p>January: prep talking points (include overview of children’s services, main pain points, advocacy efforts)</p> <p>Invite to February or March meeting</p>
<p>Advocate for appropriate allocation of funds by partnering with schools to address MH needs in education.</p> <ul style="list-style-type: none"> - Follow the funding for student mental health going through Dept of Educ- putting those without direct MH background in charge of developing MH programs/supports in schools. 	<p>County BH Child and Adolescent Unit- Ruth Ann Koss and Emily Born, Renee Patten Community Care representative</p> <p>Discuss outlook for school-based services, funding opportunities, partnering with providers and school districts</p> <p>SAP, CSBBH, school-based outpatient</p> <p>Stand Together- utilizes youth in schools to address MH to promote anti-stigma</p>
<p>Advocate for eliminating the regulatory and Performance Standard requirements that do not have an impact on quality of care (specifically around encounter verification and unfunded performance standards that increase administrative burdens)</p>	<p>Provide opportunities to discuss new expectations and impact on providers- i.e., changes to Family Based referral process</p>
<p>Advocate that Parent Training be a separate billable service across service lines (specifically IBHS and outpatient).</p> <ul style="list-style-type: none"> - Goal is to provide parent education and improve child outcomes 	<p>Explore County funding for Parent Wise or other training (WFS- Westmoreland County)</p>



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Continue to partner with each other to grow awareness of new and existing services within the child-serving system

www.Alleghenyproviders.org

County portal- have providers gone into it to see what data is present and the usefulness of it. The site is <https://alleghenycountyanalytics.us/>

Training requests from providers to the county- in-person, virtual, on-demand training

Mental Health First Aide

CTT training- Kelly Burda

Motivational Interviewing- Kelly Burda

Leadership

Clinical supervision

How to approach the county regarding APAs or VBP

Alternative Payment Arrangements

Value Based Payments

Evidence based practices: EMDR, MI

Group therapy training- Susan Tarasevich does this training

The committee reviewed an AHCI report from 2004 to review for data that was previously shared with providers

What **data** are providers seeking from the county that **AHCI** previously provided:

Market share data

What are leading to the trends?

County data with last AHCI report-outs (to compare)

Annual publication detailing claim data

Highest spend by service line

Highest volume of consumers

Funding coming to school districts was announced yesterday, 1/11/24. RCPA email blast was sent to members. \$90 million for school based mental health, \$32 competitive school safety grants. Some districts use this funding for partnerships- using PCCD funds. This can lead to partnerships with school districts to use expertise of providers. CSBBH and School-based are the only option currently for schools. This funding may lead to additional services that don't have the regulatory burden of these.

Invite county members to participate in future meeting to collaborate on school-based services- SAP, CCBHS, School-based outpatient, school-based partial. Renee Patton, Ruth Ann Koss, Emily Born would be invited.

IBHS advocacy around individual services- billing for admin work that is billable for ABA services. Jim will share with MCOs prior to taking it to OMHSAS. The absence of parity between individual and ABA services regarding

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non-billable services for individual services. The lack of parity has led to agencies closing. This data is very important in highlighted the negative impact on individual services. Discussion around allowing H0032. Jim gave Jen Smith the position paper to allow her the opportunity to see it before it is released publicly. Every year the workgroup has submitted a position paper without much movement. Hopefully, with the data about closures, some changes will occur.
IBHS Audit feedback: Training plans- specific to the individual clinician and looking at supervision notes to see if reflected in supervision notes.
Awaiting feedback from IRRC on their final review.

FBMH- Jim states that he believes some movement is happening.

LMFTs can submit applications to be a MA provider- if applicant didn't include 2000 hours of licensure, they were being rejected.

Referral list management- inappropriate to require this when staffing is challenging and when individuals are seeking services at multiple providers. This has led to some providers not keeping a list. Instead, providers refer inquiries to CCBH. Discussion: should CAP inform CCBH that we are referring to them when we can't staff. Bethany noted the toll it takes on the staff making the calls to families to say that they can't be served. It takes a toll on the staff member. Susan Bayne noted that they are using email communication and not calling families. Laura noted the amount of work that it takes to make the engagement calls. Tammy noted that autism services and outpatient have extensive waitlists. Evaluations are being scheduled out and then post evaluation, individuals are being scheduled out. Tammy noted that CCBH is responsible for serving its members and it is not meeting the needs of its members.

TAY Initiative- Heather Beachler from Mercy attended and provided the following feedback: Excited for the opportunity but also wondering about the feedback we provided them and questions about how the surveys for instance will be looked at for measured outcomes for monetary incentives. Looking forward to what they end up communicating with us for the contract and moving forward.

Initiative is for outpatient providers that serve both youth and adults.

Training for child providers to learn what is available in the adult system.

For adult system, will address engagement efforts.

The initiative was started in 2018. Youth tend to drop out of services at 18.5 years of age, youth of color, youth in foster care often drop out of services. If any child provider is participating, please do a report out as the initiative is underway.

Conversation with Stuart Fisk-

Overview of child services

Children's CAP Committee represents all levels of care

Impact of county funded services – program funded services versus Health Choices funded- for example, when SAP changed how services were billed for

Children's continuum of care handout- use this as a visual tool to review all services

Positive impact of our services- such as outpatient losing clinicians to private practice due to regulatory burdens of Health Choices

Need for collateral work that is done with consumers- the family is the consumer

What does he want to learn more about?

Workforce

Administrative burden

Program funded to Health Choices

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What is unique to child services? The family is a part of the child's services (engage families is non-billable time), signatures on documents for youth under 14 and impact when not signed by caregiver
social determinants of health: how do these impact child services? Such as transportation and impact on access

Pittsburgh Mercy is onboarding a new child psychiatrist- Dr. Duke. He came from WFS. Kate gave him lots of praise.