



## **CAP Meeting Minutes** **January 12, 2024**

### **Welcome and Introductions**

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

### **Review / Acceptance of Minutes**

Review and acceptance of the November 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 Gretchen Kelly and a second was received by Denise Cavanaugh to accept the minutes as presented.

### **Treasure's Report –Tom Cloherty**

Present balance: \$85,749.00

We have received most of the dues for the 23/24 year but there are still some organizations outstanding- about 10. Tom will be sending out invoices.

### **RCPA updates- Jim Sharp**

#### **Budget**

The PA General Assembly passed the final piece of the 2023/24 budget, the Fiscal Code bill (HB 1300), which provides guidelines on how state agencies and programs spend the appropriated budget dollars. The Senate voted 45-5 and the House voted 154-49 in favor of HB 1300. The Fiscal Code shored up the 911 system by increasing the monthly surcharge on wireless devices, authorizing a study to look at what type of efficiencies the system needs, and combining the 988-suicide hotline with the 911 system.

The Fiscal Code bill also authorizes:

- \$20 million for county mental health funding;
- A wage study of IDD direct care workers;
- \$100 million for public school repairs and environmental hazard remediation;
- \$2 million for tick testing and mitigation efforts;
- A defense advisory committee to oversee \$7.5 million for defense; and
- A hiring increase of state troopers to 4,410.

Brain injury funding and the \$100 million from the BH Commission were not included in the Fiscal Code. RCPA has already met with Majority Chairman of the House Human Services Committee Steve Kinsey (D-Philadelphia) about the possibility of scheduling a hearing during the spring legislative session regarding brain injury rate increases and the issues brain injury providers are facing. RCPA also has a meeting scheduled with Rep. Mike Schlossberg (D-Lehigh) in early January to discuss new mental health funding for the 2024/25 budget.

### **School Based Mental Health Funding**

After the long-awaited budget resolutions for the 23/24 year, the PA General Assembly, as outlined in the Fiscal Code Bill, has allocated funds for school-based mental health and safety programs grants. We have posted this information below. RCPA recommends our provider members who have interest in providing these services or expanding current service offerings in the school contact their respective school districts to assist the planning process and hopefully contracted process. The grant funding allocation will go directly to the districts who will submit applications to the Pennsylvania Commission on Crime and Delinquency (PCCD).

The School Safety and Security Committee (SSSC) of the PCCD announces the availability of federal COVID relief – ARPA – school mental health grants funding to support the behavioral health needs of students within this Commonwealth. This noncompetitive funding announcement is specifically for school districts, intermediate units, area career and technical schools, charter schools, regional charter schools, and cyber charter schools to support mental health initiatives. A total of \$90 million is being announced to support this initiative. Allocation amounts per eligible school entity are included in Appendix A of the solicitation.

The following grant opportunities are now open in PCCD’s Egrants System:

Funding Announcement Title: [2023–24 School Mental Health Grants](#)

Plan Year: 2023  
Release Date: 1/10/2024  
Due Date: 2/29/2024  
Concept Papers Required: No  
Competitive/Noncompetitive: Non-Competitive  
Amount Announced: \$90,000,000

Funding Announcement Title: [2023–24 Competitive School Safety Grants](#)

Plan Year: 2023  
Release Date: 1/10/2024  
Due Date: 2/29/2024  
Concept Papers Required: No  
Competitive/Noncompetitive: Competitive  
Amount Announced: \$32,179,000

Funding Announcement Title: [2023–24 School District Meritorious](#)

Plan Year: 2023  
Release Date: 1/10/2024  
Due Date: 2/29/2024



Concept Papers Required: No

Competitive/Noncompetitive: Non-Competitive

Amount Announced: \$18,655,000

You can view detailed documentation regarding these funding announcements by clicking on the funding announcement title on the screen.

### **CMS Medicare Clinician Enrollment Guidance Resolution to Rejections & Addiction Counselor Clarification**

RCPA and the National Council have worked together to resolve the recent issue with Medicare enrollment rejections for Marriage and Family Therapist / Mental Health Counselors seeking approval for the delivery and billing of services through Medicare. There have been many cases where the applications were rejected because applications did not include documentation / verification of the required 3000 hours of supervision or the 2 years' experience.

RCPA met with CMS on several occasions outlining that applications who meet the Medicare enrollment criteria have met this standard as part of the Pa State License. Initially CMS cited that it was a requirement to provide the documentation.

Upon interceding, CMS leadership has responded RCPA was correct, and clarified If you are licensed and the hours are a requirement for the licensure, you do not need the verification.

If your agency has received a rejected application, please contact RCPA Policy Director Jim Sharp to inform him and he will connect your agency to the proper department that will address the denial.

### **SUD Addictions Counselors Eligible for Medicare Enrollment**

There have been several members who have attempted to enroll their SUD counselors who have met the enrollment qualification being told by CMS that the enrollment does not include these SUD professionals.

RCP has confirmed with CMS leadership that if the provider is licensed as an addiction counselor, or alcohol and drug counselor (ADC) by the state in which the services are performed, they can also enroll as an MHC as long as all other requirements are met.

MHCs are defined as individuals who:

- (1) Possess a master's or doctor's degree which qualifies for licensure or certification as an MHC, clinical professional counselor, or professional counselor under the state law of the state in which such individual furnishes the services defined as mental health counselor services;
- (2) After obtaining such a degree, has performed at least 2 years or 3,000 hours of post-master's degree clinical supervised experience in mental health counseling in an appropriate setting such as a hospital, SNF, private practice, or clinic; and
- (3) Is licensed or certified as an MHC, clinical professional counselor, professional counselor, addiction counselor, or alcohol and drug counselor (ADC) by the state in which the services are performed.

RCPA is recommending this language accompany any future enrollment applications to CMS for SUD Addictions Counselors enrollment documentation.

If members have not submitted their request for this service enrollment see below the process for enrollment:

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 January 1, 2024. Visit the [CMS Medicare enrollment for providers & suppliers web page](#) for basic information on the provider enrollment process.

### **DHS RCPA Regulatory Reform & Regulation Updates**

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 and 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

### **Regulation Release Update**

OMHSAS is preparing for the final review for the Crisis and PRTF Regulations anticipated to be released in the first quarter of 2024.

RCPA has review committees that have already met and have begun to prepare for the reviews

### **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.

The small team will meet the end of January to begin the review.

### **IBHS**

IBHS and the IRRC

The RCPA BHS Work Group continues to work with 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 creating an equity payment foundation for Individual and ABA Services

The Team is also working through a set of recommendations for OMHSAs and the BH MCO as it relates to the waiting list for IBHS services as recent requests by several BH MCO to create referral lists and managing these lists. There are concerns that these activities require non billing time that complicates staffing and sustainability efforts, as well as triaging cases they may not have in-depth knowledge of. In addition, there is a considerable amount of stress on the stress on families who are on multiple waiting lists with repeated calls “checking on them” and no status on the start of service.

### **Shapiro Administration Directs Insurers to Meet Obligations for Autism Coverage Under Mental Health Parity Laws, Removing Barriers to Care and Expanding Access to Services for Pennsylvanians**

**Governor Josh Shapiro and Pennsylvania Insurance Department (PID) Commissioner Michael Humphreys announced** that starting on January 1, 2024, the Shapiro Administration will require all commercial insurers to meet their obligations under Pennsylvania law to provide coverage for autism benefits.

The PID [published a Notice](#) in the Pennsylvania Bulletin on November 4, 2023 announcing that by no later than January 1, 2024, PID will require insurers offering commercial health insurance policies that include coverage for autism services to handle claims for those services in a manner that complies with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) and Pennsylvania’s mental health parity requirements.

Pennsylvania law requires coverage of the diagnostic assessment and treatment of autism spectrum disorders by certain group insurance policies or contracts. Through the Affordable Care Act, that law also applies to individual and small group policies. The Department has monitored the coverage of autism services, including whether they have been covered as a mental health condition subject to the federal MHPAEA law that was adopted into state law in 2010.

## Family Based

RCPA has been meeting with OMHSAS and the Family Based Training Directors on multiple occasions 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

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.

## Early Intervention

On December 19, 2023, BEISFS introduced the next phase of the EI Rate Study Project, the Time Study. The dates for the trainings are listed below. To further prepare for the next phase of this project, **all providers of Early Intervention services, including service coordination**, are encouraged to take some



time to review the [Time Study Training & Implementation Plan](#) regarding the approach to participation in the training and implementation.

Training dates and links to participate are listed below. You do not need to register to attend a training, as the links will take you directly to the training:

- [Providers: Wednesday, January 17, 10:00 am – 11:30 am EST](#)
- [Providers: Thursday, January 18, 3:00 pm – 4:30 pm EST](#)
- [Providers: Monday, January 22, 11:00 am – 12:30 pm EST](#)
- [Providers: Wednesday, January 24, 4:00 pm – 5:30 pm EST](#)
- [Service Coordinators \(Contract and County/County Joinders\): Thursday, January 25, 11:30 am – 1:00 pm EST](#)
- [Service Coordinators \(Contract and County/County Joinders\): Tuesday, January 30, 9:30 am – 11:00 am EST](#)

## **PA Legislation**

HB 1564

Pennsylvania is in a mental health crisis. Incidents of depression, anxiety, and suicidal thoughts in adults and children have increased due to the isolation caused by forced business closures and remote learning resulting from the COVID-19 pandemic. Measures to educate and encourage Pennsylvanians to care for their mental health while meeting the ongoing demand for mental health care providers is imperative in facing this crisis head on.

My legislation would create a Licensed Associate Marriage and Family Therapist (LAMFT) credential for the Commonwealth to add crucial resources for mental health care providers. This credential would enhance access to mental health services by increasing employment opportunities for new marriage and family therapists with masters and/or doctorate training that have yet to meet the 3000 hours of clinical supervision required for full licensure as a Licensed Marriage and Family Therapist (LAMFT).

e.3) Limitations on associate marriage and family therapist license. --A licensed associate marriage and family therapist shall work under the supervision of a licensed marriage and family therapist who holds a clinical supervisor license to supervise and direct the activities of the licensed associate marriage and family therapist. Licensed associate marriage and family therapists may not practice in a private setting without the direct supervision of a licensed marriage and family therapist clinical supervisor. Nothing in this section shall be construed to prohibit a licensed associate marriage and family therapist to take the National Association of Marriage and Family Therapy Regulatory Boards Exam during the time between graduation and completing the required clinical supervised hours under subsection (e)(2) in order to meet licensure requirements.

(b) Issuance of license. --The board shall issue to each person who meets the licensure requirements of this act a certificate setting forth that such person is licensed to hold himself or herself out as a licensed





bachelor social worker, a licensed social worker, a licensed clinical social worker, a licensed associate marriage and family therapist, a licensed marriage and family therapist or a licensed professional counselor.

#### 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¢.

#### 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 SAMHSA, 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

RCPA and OMHSAS conducted a technical training session in December to review the status of the program and look at the outcomes. There is consistent progress but still some metrics that have



opportunities for growth. RCPA has facilitated a meeting with OMHSAS and the providers specific to these questions. The forum will be in January.

OMHSAS at this time still has not made a final decision on reentering the CCBHC Demonstration Project but the signs were positive that several of the determining questions had been answered by SAMHSA

In the event that the State does not go into the CCBHC Model project they would expect to expand the current ICWC model.

### **OMHSAS Monthly Stakeholder Meeting**

The January 2024 OMHSAS Stakeholder Webinar will take place from 1:00 pm – 2:00 pm on Tuesday, January 16, 2024. To attend, participants can register at the provided [link](#). Attendees joining via phone can use the following details: Call-in Number: **415-655-0052**, Access Code: **864 573 027**

### **Telehealth**

#### **PA Telehealth.**

RCPA continues to work with OMHSAS on the final Telehealth Bulletin and hope for a January release At this time an exact date has not been confirmed

Several clarification and recommendations have been reviewed by OMHSAS including areas of

- Consent & Signature Verifications
- Distance of service provision 60minutes/45 miles
- Utilization for Mobile Therapist

### **New Legislation for Telehealth and a revised 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.



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## **Legislative Committee- Gretchen Kelly**

CAP Legislative Affairs Committee Mtg. 1/8/24

Our committee discussed a December meeting Laurie and I had with Patrick Joyal, W. Region Director for Governor Shapiro.

Patrick committed to linking us up with the 4 other Regional Directors across PA.

Patrick also suggested that CAP consider employing a lobbyist to help advance our strategic agenda with W. PA legislators.

We discussed the possibility of surveying CAP membership to see what other provider organizations they belong to and what legislative advocacy is provided.

Definitive committee next steps were to:

- Continue the work started around Regulation Reform
- Work to have new County Executive Sarah Innamorato attend a CAP meeting
- Plan another legislative event
- Discuss CAP plans for Capitol Day

## **IDD Committee- Denise Cavanaugh**

**January 12, 2024**

1. RCPA (Rehabilitation and Community Providers Association) Updates from Carol Ferez:
  - a. Capitol Day is scheduled for 3/19/24, 10:20 – 11:30 am in the Capitol Rotunda.
  - b. RCPA Conference being held September 24 – 27, 2024. This is a change from the usual October dates.
  - c. RCPA is pursuing the PA Labor & Industry Grant to improve job quality for Direct Care Workers; they are seeking thoughts from the provider community on how RCPA could use dollars awarded to help their ID provider members. She would like feedback by 1/19.
  - d. Performance Based Contracting Workgroup – first meeting scheduled for 1/15.
2. Performance Based Contracting
  - a. Discussion on how members are preparing and what challenges have been identified.
    - i. Prep has included communication of the initiative to all levels of their respective organizations, gap identification; Identified challenges include change management (broadly), lack of specificity in Performance Standards document, resulting in providers not knowing exactly what direction to go with things like credentialing, infrastructure development...etc.



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- b. Credentialing – a few members have successfully implemented NADSP (National Alliance for Direct Support Professionals) e-badge and NADD (National Association for the Dually Diagnosed) credentialing in their orgs. Others are contemplating which direction to take.
  - c. Pay 4 Performance Measures
    - i. Those identified by ODP (Office of Developmental Programs) are likely to remain.
    - ii. These apply to all providers, regardless of tier.
    - iii. Concerns expressed by members as to whether Employment should fall under the purview of residential providers.
3. SIS
- a. Continued issues with SIS (Supports Intensity Scale) scores being reduced inappropriately.
  - b. Anecdotal reports of assessors pushing back when areas of high need are identified by those assisting with assessment.
  - c. Carol Ferez has asked that providers send the MCI #s of those who have SIS scores reduced so that she can share with ODP.

## **Behavioral Health Committee- Heather Harbert**

**Friday, January 12, 2024**

**10:30a-11:30a**

- 1. Welcome and Introductions
- 2. Items for Discussion:
  - a. Updates from Jim Sharp with RCPA
    - i. Shared notes from Jim
  - b. RCPA value-based presentation details coming soon
    - i. Looking at Feb or March meeting
  - c. LPC and LMFT supervision hours needed to be verified again for Medicare enrollment although the staff was already state licensed- RCPA has met with CMS and resolved this concern
  - d. MHA Conference Jan 26 [2024 MHA-SWPA Conference](#)
  - e. No updates from the County regarding changes to the residential landscape
  - f. Transition age youth initiative kick off yesterday- more details to come

**Next Meeting: 2/9/24**

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**DEI Committee- Nora Soule**

Meeting Date: 11:00am-12:00pm, January 11th, 2024

Next Meeting Date: 12/14/23

Participants : Sheli Fleming, Meg Sova, Fred Mbewe, Nora Soule, Willette Walker

Agenda Items	Discussion	Action Needed
Welcome Introductions		
Summary of Purpose	<p>The CAP Equity Committee will intensify awareness of and advocate for racial equity and social justice for historically marginalized individuals through education, research, and leadership development; allowing for the intrinsic value of all individuals to be recognized.</p>	
Standing Topics	<ul style="list-style-type: none"> <li>Agency updates</li> </ul>	
Book Club Discussion	<p><b>Cultural Renovation: Brenee Brown</b></p> <p><a href="https://brenebrown.com/podcast/brene-with-kevin-oakes-on-cultural-renovation/#notes">https://brenebrown.com/podcast/brene-with-kevin-oakes-on-cultural-renovation/#notes</a></p> <p>-Brené and Kevin talk about the influencers, the energizers, and the blockers with regard to change. If you reflect on change you've been a part of, can you think of a time you have been a blocker? What about an influencer or energizer?</p>	<p>Brenee Brown had Kevin Oakes on to discuss his book, 18 Leadership Actions to Build an Unshakeable Company.</p> <p>Several studies show only %15 of companies embarking on cultural change are successful.</p> <p>One of these leadership actions are to deploy a comprehensive listening strategy and really understand what employees are thinking. Amazon asks employees a question a day and the example they gave for one was "is your manager a simplifier or a complexifier"</p> <p>Identifying Blockers influencers and energizers with regard to</p>



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	<p>-This episode aired in Jan. 2021 and they discuss how the events of 2020 brought out a lot more emotion and empathy in leadership and work relationships. Now that it is Jan. 2024, do you feel that we've shifted away from this or maintained some of it for the better?</p> <p>-Communication is very important to cultural change. What are some of the biggest barriers to communication? What can be done to avoid or overcome these barriers?</p> <p>-One of Kevin's "18 Leadership Actions to Build an Unshakeable Company" is to develop and deploy a comprehensive listening strategy. What beliefs or values around workplace culture do you hold that your leadership might be surprised to hear?</p>	<p>change. One leader can poison the culture change.</p> <p>Psychologically safe environment to prevent things like the meeting after the meeting.</p>
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**Children's Committee – Barb Saunders**

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

Agenda Items	Discussion
<b>Welcome</b>	Committee members introduced themselves
<b>RCPA Children's Committee Updates</b>	Updates, Discussion & Collaboration with Jim Sharp, RCPA Children's Division Director- focus on child services- see notes



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<b>Advocacy Opportunities</b>	<p>Presentations at future Children’s CAP meetings:</p> <ul style="list-style-type: none"> <li>- 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</li> </ul> <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>
<b>Provider Updates &amp; Announcements</b>	Program Updates/Provider meeting updates
<b>Wrap Up</b>	Next meeting: February 9, 2024, 10-11:30 am- virtual or in-person at CLASS (do committee members want the in-person option?)

[www.Alleghenyproviders.org](http://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 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

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 previously worked at WFS. Kate gave him lots of praise.

## **Safety / Risk Committee- Casey Monaghan**

January 12, 2024

Minutes

Attendees:



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Gretchen Kelly, PLEA  
Stacey Dowden, Milestone  
Keara Vance, Wesley Family Services  
Brian Roche, Mainstay  
Denise Demus, Pressley Ridge  
TJ Conley, Pressley Ridge  
Peggy Willison, Merakey  
Tamara Caldwell, Family Links  
Casey Monaghan, Devereux/TCV

### **General Discussion:**

1. Welcomed newest member TJ Conley from Pressley Ridge to the group.
2. Identified our goals for 2024:
  - Deliver trainings to providers based up survey results and identified areas of interest and concern.
  - Share recommended resources on the Forum of the webpage for provider access.
  - Continue monthly discussions on topical areas of concern with collective problem solving strategies, and communicating such to the broader CAP group.
  - Increase membership and representation.
3. Electronic communication systems were discussed for fanning out emergency information/alerts to staff. Discussed the many inherent problems associated with this. Consensus for reliability in disseminating information quickly and rapidly is to do so from management down.
4. 'Tabletop Drilling' success stories were shared; this concept seems to be taking off for the group.
5. National Burn Awareness Week is next month February 4-10; discussion centered on near misses and prevention of catastrophic incidents.

**Next Meeting:** February 9th, 9AM via Teams.

Minutes prepared by: Casey Monaghan

### **Compliance Committee- Shayna Sokol**

No Report Provided

### **Human Resources Committee- Sherry Brill**

No Report Provided- November Meeting Cancelled

The next meeting is scheduled for February 9, 2024- location- CLASS, In Person Only.

Respectfully submitted,  
Kate Pompa

CONFERENCE OF ALLEGHENY PROVIDERS