

Meeting date, time, location: 7/15/21, 3:30pm, videoconferencing

Meeting leader: Rick Brooks

Participants: Jessica Boettger (The Groden Center), Maayan Rosenfield (EOHHS), Sarah Harrigan (EOHHS), Marianne Raimondo (RIC), Ashlee Gray (Northeast Family Services), Carol LaFrance (Groden EI), Jason Lanzillo- Frank Olean Center, Rena Sheehan (Vice President Clinical Integration BCBSRI), Ben Weiner (Family Service of Rhode Island, co-chair of the Workforce Committee of the RI Coalition for Children and Families), Joe Robitaille - VP of Children's Services at Trudeau

<p>Discussing Enhanced FMAP</p>	<p>Rick brooks</p>	<ul style="list-style-type: none">• State submitted spending plan to CMS, focused on workforce, will go into some detail about spending plan, will have questions for everyone about that because it's a concept paper (rather than specific budget) so still opportunities to weigh in and comment• Workgroup meetings are part of plan to create system of care plan• Sarah Harrigan: new to EOHHS, but not to state, works on strategy policy and planning team. Link to concept plan for \$: https://eohhs.ri.gov/initiatives/american-rescue-plan-act/home-and-community-based-services-hcbs-enhancement. Through ARPA, HCBS will receive enhanced plan match for 1 year, estimating will be around \$100-115M, continual federal updated guidance• Requirements on how spent: must be used to support, expand and enhance HCBS – supporting workforce development is definitely a component of that using a good amount of the funding• Document has not received approval yet but was submitted last week (no states to their knowledge have received approval yet)• Thinking across several categories how will use to develop these HCBS with enhanced FMAP (LTSS, developmental disabilities, behavioral health (child and adult)) - want to invest these funds• Tanja Kubas-Meyer: is this going to happen or an application yet to be approved?• Sarah: funding will definitely happen, spending yet to be approved. Put a number of aspects in the plan and it's unclear what CMS will approve as acceptable expense. Confident workforce components will be approved, and that funding is over \$100M• Ben Weiner: is there a slide meant to be shown, or that can be sent out?• Sarah: I have some slides I can circulate• Rick: just to add: funds will be available from last April 1 – March 31 of 2024 (but savings just through this year). Stakeholder input reflected in spending plan. Hopefully
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		<p>many people saw survey and have input. Leading theme and issue was workforce (shortages, training, resounding impacts of that on quality, continuity of care, services, turnover, cost, access). Decided based on this to put a bulk of funds towards workforce. Which aspects they go towards are still to be determined, but here are general categories:</p> <ul style="list-style-type: none">○ Recruitment: making people aware of jobs in this sector – sometimes they’re not well understood or regarded or supported. One priority is to put \$ into promoting awareness of jobs and careers in these fields, partner to do so with education and training providers in higher education institutions, and across public workforce system. Also to provide hiring bonus to be paid upon completion of 6 months of employment - \$ amounts and start date TBD, but vision is it will remain in effect for 3 year spending period○ Retention: largest piece, we recognize bonuses are not nearly as compelling as wage increases but we may be constrained in how funds are used - to be safe we’re making it bonuses. Hoping could be factored into wages and rates but alternative would be bonus – may depend on number of hours worked per week.○ Training and education: intended to invest in workforce, increase skills, knowledge, etc., as done in CARES act, thinking of providing stipends for workers who get more advanced certifications, also maybe % of advanced certifications given to agency to support training, also planning to support training and professional development (not all of it leads to wage increases or new certifications but want to support it regardless), Health Professional Equity Initiative to increase diversity and cultural competence of professional licensed workforce – that’s where greatest inequities. Need to invest in tuition waivers, recognizing that challenging to go back to school and would provide paid education leave and other supports for nontraditional and working students.○ What are your thoughts and how these should be applied to the programs and agencies you work for and with? Which occupations to prioritize
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		<p>this. This is also not a competitive situation, all states will be earning FMAP</p>
<p>Final plan and report from SOC planning process</p>		<ul style="list-style-type: none"> • Rick: think abt final SOC plan - pulled together various inputs from everyone to think about what goals and recommended initiatives should be. Take a few minutes to look over what's on this slide. Not surprisingly priorities are similar to enhanced FMAP spending priorities. Given that everything is important, what should we prioritize and start with? What is impactful and achievable? • Marriane Raimondo: wage and rate increases are most important to providers all around from. • : Agreed – recruitment and retention • Rick: has to do with wages, does it go beyond that? • Ben Weiner: yes we have requirement to think about workforce from standpoint of other workforces we as employers are competing with – think about contributions they make in evident way to people who are struggling in RI, but also they serve RI economically by taxes, living in RI. We just accept everyone else entitled to ongoing increases but not workforce who does work on behalf of state. State workers receive regular cost of living increases, but private agencies who do their work don't. The rate is really key. Need to recognize/acknowledge their contribution. Recruitment and retention are important but rate is huge problem, cant rent apartments. We need to say publically workforce deserves the same – wages should grow along with inflation just like a state worker. • Rick: just to add and echo that there is great awareness for agencies and payers of increase in minimum wage to bring to \$15/hour - thinking a lot about budget compression, also concepts exist to index rates to increases in min wage and othewise. Other thoughts? Anything related to alternative paths to credentialling? In chemical dependence world can qualify to be clinician absent higher education pathway by just work experience alone? • Marriane: had convo with director of an agency who said there's interest for moving from credentialing to competency – sometimes bachelors level ppl may have skills over masters level • Rick: Is that a path worth following? • Tanja: Been working with RI college in community health worker/apprenticeship program. You become good at your job from experience not education – competency is important factor in all of this

		<ul style="list-style-type: none"> • Rena Sheehan: as we progress to competencies and licensing vs credentialing – always think about as soon as someone got independent license left to go work for private practice. How do we make this serve the agencies who do the credentialing? And not lose individuals to private settings? • : They leave because of wages though – can make more in private than community setting • Rena: It depends • Ben: some people leave for wages, and also there’s more work you have to do at community agency as opposed to private practice. Maybe one thing is need to make jobs a little less overbearing. If can build the workforce, need to not put as much pressure on these people. If came up with competency solution, want to be sure to not create new problems of overengineering and overregulation. Also if we come up with a competence based system let’s be weary of just creating more regulatory pressure • Rick: we talked a little last time about partnerships with higher ed – can we flesh that out? Are there components of that to work on such as internships, etc that might help build the workforce? • Tanja: has to be as early as possible – not just for students who already know they want to do that • Rick: how to do? • Tanja: There’s been cuts in DLT funding for workforce development for youth who’s been in these settings. Maybe at a young age they’d be good to cultivate to be in this field. Need to consider those who do not have bachelors – should they have to go back to school once in apprenticeship program? That’s the only option we give them • Rick: with peer workers, have any of your agencies had strategies we could build on and use to learn from? • Tanja: I just don’t think we can afford to not try anything – can only address issues of pipeline if we try some new things • Rena: There’s value in the peer models so why wouldn’t we want to include? • Rick: I know rates and wages are super important, these are also other pieces of the puzzle. Feel free to submit written thoughts because they will be considered • Marianne: we should reconvene workgroup of providers, academics, consider what you need from us so we can continue to meet the needs. I’ve heard internships work well and need to hire from them but
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		<p>Sarah.Harrigan to Everyone (3:42 PM) https://eohhs.ri.gov/initiatives/american-rescue-plan-act/home-and-community-based-services-hcbs-enhancement marianne raimondo to Everyone (3:57 PM) does it include IDD/DD providers Sarah Harrigan: Unfortunately I need to drop for a different meeting - thank you for this great conversation. I look forward to continuing to work with you all. Tanja Kubas-Meyer to Everyone (4:05 PM) Also, what about prioritizing systems/populations? Marge Paccione to Everyone (4:07 PM) I am needing to leave for another appointment. Thanks to all for collaborating on this project. Marge Ben Weiner FSRI to Everyone (4:23 PM) I apologize I do need to run to another meeting. Thank you for these interesting discussions! Me to Everyone (4:25 PM) Needs to be paid for the sake of equity Jessica Boettger to Everyone (4:30 PM) Sorry I have to sign off for another meeting - Thanks all! Ashlee to Everyone (4:30 PM) Thank you all very much! Tanja Kubas-Meyer to Everyone (4:30 PM) Thank you for this work! marianne raimondo to Everyone (4:30 PM) can you email the slides</p>