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Dear Colleagues,

When reflecting on the accomplishments of PCPA in 2008/09, I am reminded of the adage credited to Theodore Roosevelt: “Speak softly and carry a big stick, and you shall go far.” I think it’s fair to say that PCPA is known for being quietly effective, perhaps sometimes too quiet for some members’ preferences. Nonetheless, we get the necessary work done, deliver the necessary information, and communicate the critical messages to state government, all to advocate for and support more than 200 members. You, our members, are the “big stick.” Members are the lifeblood of the association and the reason PCPA can exert influence, shape decisions, and contribute in positive ways to service system improvements.

Highlights of key PCPA activities over this past year include:

■ Continued work with the Office of Mental Health and Substance Abuse Services on implementation of recovery-oriented system, co-occurring services, peer support services, and integration of physical and behavioral health.

■ Significant advocacy with the administration and the Department of Health to accomplish real change in burdensome regulations, improve access to care, and open dialogue on access to medications.

■ Ongoing communication with the Office of Developmental Programs and participation on numerous work groups to ensure that the newly developed fee-for-service system is not only responsive to individuals receiving care but contributes to financial stability for providers.

■ Creation of an Investment Committee to assist the board in meeting their fiduciary responsibilities.

■ Adding to the talented staff of the association by hiring a training and resource director, in keeping with initiatives from the Board of Directors retreat.

■ Enhancing the focus on member services through revamping the Membership Committee, developing new strategic goals, and implementing a member orientation program.

■ Engaging in ongoing dialogue with the Bureau of Autism Services and participating on work groups preparing for implementation of Act 62.

■ Working with legislators on regulatory and budget issues that affect members’ ability to serve the citizens of Pennsylvania.

PCPA provides leadership in these and countless other areas while meeting its mission to promote quality community-based services. The past year has not been without challenges, as we are forced to deal with funding and human resource limitations in agencies, and PCPA continues the battle to see that our agencies and the people we serve are high priority for government. Your renewed commitment to join PCPA in its calling is the key to our success.

I have been inspired by many of you during my term as president. I thank everyone for the time, talents, thoughtful participation, and support given to me and the association, and look forward to our continued work together.

Peg Van Schaick
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It would be hard to begin this review of 2008/09 without commenting on the challenging times we face in terms of our country’s economic crises. It has been an economically difficult year for many members and 2009/10 looks to be equally demanding. In every challenge or crisis, there are always opportunities that appear. This last year was no exception and I look to our members to continue to find ways to meet these difficulties and to share their success with others. I have always been proud of PCPA members who represent the best of the best and who always look to find ways to grow and to expand to meet the ever-increasing demands for services. Our members’ commitment to their community-created missions of service remains strong. We have been in this struggle together and together we will find ways to meet the challenges of the future.

As much of the country has turned to the federal government for remedies to the economic crisis, PCPA has also looked to strengthen advocacy efforts at the national level. This year has seen increased activity with our two national partners, the National Council for Community Behavioral Healthcare and the American Network of Community Options and Resources (ANCOR.) The CEOs of both organizations addressed the PCPA board and both associations have been very active in successfully advocating for federal relief. This partnership with our national counterparts must continue and should be even more important in the Obama administration. Please look to join either or both organizations so that our voice in Washington can be as strong as our voice in Pennsylvania.

Most associations, and indeed most nonprofit organizations, look to a Board of Directors for strategic direction and for support for activities aimed at achieving a mission. PCPA is no different and I want to express a heartfelt thanks to the board, and particularly the Executive Committee, for their hard work, their support of the association, and their personal support for me.

Under the excellent leadership of President Peggy Van Schaick, the board began this year charting a strategic plan for the association. We have strengthened our legislative efforts and have refocused energy on regulatory relief. The Membership Committee has been reconstituted and is looking to broaden our constituency base and to strengthen the “voice” of the association. The recent addition of Jennifer Bankard as our first director of training and resource development will result in expanded training opportunities and technical assistance services for members.

Much of the association’s progress is documented in the President’s Message and in the remainder of the report. It has been a good year for the association and we look forward to your continued support in the challenging times ahead of us.

George Kimes
THE YEAR WAS MARKED BY MANY SUCCESSFUL ACTIVITIES AND PROJECTS. PCPA DIRECTOR OF GOVERNMENT RELATIONS ANNE LEISURE LED THE ASSOCIATION’S EFFORTS ON THE LEGISLATIVE FRONT. JUNE WAS VERY BUSY WITH MEMBERS TRAVELING TO HARRISBURG AND WASHINGTON DC TO MEET WITH LEGISLATORS TO TELL THEIR STORIES. IN HARRISBURG OVER 350 INDIVIDUALS MET IN THE CAPITOL ROTUNDA, LISTENED TO LEGISLATORS SPEAK, AND THEN VISITED HOUSE AND SENATE MEMBERS. IN CONJUNCTION WITH THE NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE’S FEDERAL “HILL DAY,” A STRONG CONTINGENT OF MEMBERS HAD MANY SUCCESSFUL VISITS WITH NATIONAL LEGISLATORS. STRENGTHENING FEDERAL ADVOCACY BECAME EVEN MORE IMPORTANT IN THE FACE OF ECONOMIC RECESSION.

Through partnership with the National Council, advocacy at the federal level led to important changes which will benefit members in the years ahead. Foremost among those wins was an end to long-standing insurance discrimination against individuals with mental illness and addictions through the passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008. PCPA members worked to support other national successes including the delay of damaging Medicaid rehabilitative and case management rules. Within the last month activities in conjunction with both our national partners, the National Council and ANCOR, led to a major increase in Medicaid funding which will mitigate some of the potential negative consequences in the Pennsylvania budget.

The association continued a long-standing tradition of training agency staff in the fine points of legislative relations when the 2008 Government Relations Institute (GRI©) graduated nine members. These graduates returned to their agencies to support PCPA legislative activities. Improvements in the legislative tracking section of the PCPA web site makes it easier to follow relevant legislation.

The Pennsylvania Community Providers Political Action Committee (PCP PAC) marked its most successful year by raising the highest level of funds as a part of the Leadership Campaign. Under the urging of Alan Hartl, PCP PAC chairman, PCPA board members demonstrated leadership by breaking all records for donations to the PAC.

The association achieved another success in publishing a comprehensive position paper on pharmacotherapy. The paper offered specific recommendations that promote best practices, support recovery, provide the least restrictive level of care, and reduce unnecessary costs. National attention led to a very successful “Pharmacotherapy Summit,” bringing together national experts in a format that focused on problems that clients/consumers experience accessing needed medications and exploring potential solutions. The summit addressed the treatment of both mental health and substance use disorders and emphasized that using the right medication at the right time increases a client/consumer’s chance of recovery. The summit was co-sponsored by the National Council.

The PCPA Benchmarking initiative continued into its fourth year. Valuable data is being generated to assist agency managers to balance their operations against state and national comparison groups. New metrics and improved technology have made the program more user friendly. Special process benchmarking sessions continue to offer new ways to develop promising practices in critical areas.

Significant work continued to advance a fair rate setting process and head off rate cuts wherever possible. Meetings were held with the Office of Mental Health and Substance Abuse Services (OMHSAS) and elements
of the PCPA Rate Setting Position Paper were presented. One result was a commitment by OMHSAS to add a requirement to the contracts of HealthChoices behavioral health managed care organizations that a rate setting process be in place and an assurance that an evaluation of the process will be included in future reviews.

PCPA’s conference continues to grow and to be a valuable experience for all who attend. Following the 2008 theme, “Using Your I’s: Inspiration, Innovation, Integration,” the conference provided opportunities for guests to experience conversations, education, networking, and resources to increase their abilities to serve people with mental illness, substance use disorders, and intellectual disabilities. Exhibit Hall was expanded (and sold out) and increased sponsorships assisted in keeping the conference affordable for members. More than 200 individuals took advantage of the 16 continuing education credits available to maintain professional licenses. Total participation exceeded 600 persons. The association continues to enjoy the participation of the deputy secretaries charged with managing Pennsylvania’s state-level human services.

The association sponsored several regional meetings, bringing members together in a variety of settings. Topics included internal audits, billing processes, benchmarking, legislative activities, and children’s services. In the central region, a special session on restraint reduction provided suggestions and techniques which could be implemented by provider agencies and staff. More importantly, this meeting was PCPA’s first webinar, providing options for member participation from their locations.

This year also saw a change in the PCPA mission statement and the name of the Mental Retardation Committee when the board adopted the term “intellectual disabilities.”

In addition to the name change, the Intellectual Disabilities Committee was very active in advocating for provider relevant policies in the multiple program changes under the auspices of the Office of Developmental Programs (ODP).

Many proposed ODP changes ignore the real world demands of providers. Advocacy continued at many levels including commenting on a variety of proposed policies and bulletins and through participation in many ODP work groups. The association is particularly indebted to Susan Blue, CEO of Community Services Group, who represented providers on the Financial Implementation Advisory Team and Secretary Richman’s special financial policy work group. Participation in these groups resulted in the development of financial policies more favorable to providers, while still allowing the state to move to a statewide uniform prospective payment system. The complexities of ODP’s cost reporting system were made somewhat more tolerable through PCPA’s advocacy. The association offered several training sessions to assist providers in understanding and completing these reports.

On the mental health agenda, extensive efforts to support the movement

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PCPA members join Senator Bob Casey — third from left, back row — during Hill Day in Washington, DC.
Continued from page 5

to a recovery oriented system of care continued. The development of Peer Support Services and Certified Peer Specialists was frequently the focus of committee discussions and activities. A special presentation in September had peers and providers talking about the benefit of peers and operational issues, including organizational transformation. Feedback to OMHSAS on the financial reality of peer services continued and a bulletin allowing payment for up to 25 percent of billable service by telephone for certified peer specialists will be released shortly. PCPA was involved in developing the older adult peer specialist curriculum. Telehealth has also been a recurring theme in PCPA’s mental health work. The association held a focused Mental Health Committee meeting and provided feedback to OMHSAS on telehealth issues. In the western region, Mayview State Hospital was closed and members actively supported and participated in the closure.

Diana Brocious speaks to attendees gathered at the State Capitol for the unveiling of the Fetal Alcohol Spectrum Disorder Action Plan.

Much of PCPA’s work on behalf of children’s providers has involved cross-system activities. PCPA has been the leader in promoting early childhood mental health services, working on the development of training standards, expansion of consultation services, and revisions in medical necessity criteria to allow earlier interventions in behavioral and relationship issues. PCPA continues to promote community and provider awareness and service for individuals with Fetal Alcohol Spectrum Disorder. The association has worked closely with the Departments of Education and Welfare to support and expand school-related behavioral health services. The introduction and promotion of School Wide Positive Behavioral Health, an evidence-based practice that results in measurable improvements in academic and behavioral health outcomes for students, has been a focus.

Pennsylvania’s legislature passed House Bill 1150 addressing insurance coverage for children with Autism Spectrum Disorder which was signed into law as Act 62 of 2008. Private insurers are required to cover proven treatments for children and young adults beginning July 2009. The association has worked to educate members about this important new law. More recently, PCPA is taking the lead role for providers for implementing Act 62, working with the Department of Public Welfare policy office, OMHSAS, Bureau of Autism Services, the Pennsylvania Department of Insurance, the Health Law Project, and others.

Revenue*
- Dues — 58%
- Fees & Other Revenue/Grants — 22%
- Annual Conference — 15%
- Investment Income — 5%

*Excludes gain on sale of investments

Expenses
- Personnel—67%
- Annual Conference—9%
- Rent & Office—11%
- Benchmarking—3%
- Meetings, Training, Travel—4%
- Publication, Postage, Dues—3%
- Administration/Miscellaneous—2%
PCPA’s drug and alcohol advocacy had a strong focus on regulatory relief. A significant area of attention was the need for change in the drug and alcohol licensing process. With the help of a work group a position paper was developed and strong advocacy efforts followed. Some changes are already in place, positive feedback has been received about others, and more changes are believed to be imminent. In addition, work was aimed at streamlining services, advancing co-occurring services, changing the confidentiality regulations, and improving access to services through expedited enrollment.

PCPA has long advocated for administrative changes aimed at strengthening the drug and alcohol program. Of particular concern has been the underfunding in the program and inconsistency in the regulations. PCPA has recommended that the mental health and the drug and alcohol programs work closely to develop a seamless system of service delivery. While the plan for the consolidation of the Bureau of Drug and Alcohol Programs and OMHSAS proposed by the administration failed, advocacy efforts in this arena will continue.

PCPA staff continued to work diligently to maintain all services of the association. Participating in almost 100 ongoing committees, commissions, task forces, and work groups, the staff represents the provider perspective in those venues. Ongoing work in regulatory review and intervention, development of strong working relationships with administrative officials, and fostering legislative champions for our agenda comprised much of the regular activity of staff. Representing provider interests with state government continues to be a major responsibility.
Learning Opportunities
Sixty learning sessions in nine tracks provided multiple educational opportunities for members.

conference & awards

Inspiration. Innovation. Integration.

The 2008 conference provided a wealth of opportunities for guests to experience conversations, education, networking, and resources to increase their abilities to serve people with mental illness, substance use disorders, and intellectual disabilities. PCPA extends great thanks to sponsors, exhibitors, presenters, advertisers, volunteers, and attendees for making this annual event a resounding success geared toward enhancing the provider community. Bruce Kobal, Miki Hammond, and Jon Evans (bottom image, left to right) led a fireside chat on Sunday evening that shared the interplay of work among and between a person in recovery, her clinician, and employer. On Monday conference guests were hosted by Executive Director George Kimes and the Board of Directors at the Association Luncheon and Awards Recognition in Convention Hall. Kimes and President Peggy Van Schaick shared highlights of association plans, activities, and member benefits.
Association Awards

**Alan Hartl**, executive director, Lenape Valley Foundation (*top image, left*), was the 2008 recipient of the Raymond R. Webb, Jr. Government Relations Award honoring his commitment to lengthy legislative activity. Jon Evans presented the award. Hartl’s leadership in enhancing the association’s legislative footprint and PAC fundraising success has long supported PCPA and the work of members. **Michael Reber (pictured with his daughter, center image)** received the Marilyn Mennis Memorial Award for his service to children and families in Pennsylvania. Following a childhood of struggle and perseverance, Mr. Reber has triumphed and now serves as a coordinator for youth-focused projects in the commonwealth. President Peggy van Schaick presented **Dr. Richard Edley**, CEO, CBHNP, (*bottom image, right*) the PCPA President’s Award in recognition of his tenacity, persistence, creativity, and support of the community-based provider system’s efforts at transforming systems of care.

Thanks to Our Sponsors

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Autism

In 2008 the scope and complexity of the autism services provided by members reached a new and important threshold. In response, PCPA significantly expanded its involvement in autism spectrum disorder service policy development, system planning, and service delivery. PCPA worked with the state’s Bureau of Autism Services, Office of Mental Health and Substance Abuse Services, and Office of Medical Assistance Programs to launch training in new child and adult practice models, adult waiver service initiative, the pilot phase of the Adult Community Autism Program, and planning for the regional Autism Services, Education, Research and Training centers. Throughout the year PCPA provided members with vital information on developing initiatives, hosted bidder meetings, and coordinated training information. It is worth noting that nearly every community and regional autism service system initiative launched is being led by a PCPA member agency. 2008 saw the creation of “On the Autism Spectrum,” a dedicated section of Provider News to keep members informed about the field of autism services. The Bureau of Autism Services formed its advisory board, appointing a PCPA representative to maintain the collaborative working relationship between the state and providers. The end of the year also brought the beginning of state and provider efforts to implement the new and complex system of mandated autism services for children within the commercial health insurance market. Ground work was established for the expansion of adult autism services, improved service models for children and youth, the launch of new research and training centers, and the advent of children’s autism services parity in private health insurance.

The Bureau of Autism Services received approval for an adult autism waiver for individuals ages 21 and older. Services are to be community-based. PCPA held a joint meeting for members with the bureau to provide details. This waiver will use state-set rates. The Adult Community Autism Program (ACAP) has recently been approved by the Centers for Medicare and Medicaid Services. ACAP is a pilot program initially serving 200 individuals living in Dauphin, Cumberland, and Lancaster counties. Keystone Autism Services, an agency of PCPA member Keystone Human Services, is the administrator of this program.

Children

Throughout 2008 child-serving members have worked to promote promising practices in their communities. The growing recognition that children and adolescents are often served in several systems has engendered a growing wave of innovative practice, reflected in PCPA Children’s Domain goals and action. During the year members increasingly modeled promising practices and championed policy and planning initiatives that promote the growth of promising practice within and between child-serving systems.

PCPA emerged as a statewide leader in advancing early childhood mental health, working with several state program offices to advance the use of screening tools, consultation models, and the need to address the social, emotional, and behavioral health and well-being of infants and toddlers. PCPA also promoted efforts to expand professional training options and identify promising assessment and treatment practice for this population. The association collaborated with COMHAR and St. Christopher’s Hospital for Children in launching the state’s only SAMHSA-contracted assessment and treatment program for young children with a Fetal Alcohol Spectrum Disorder (FASD). PCPA is involved with the Department of Health, SAMHSA, and other stakeholders to advance promising prevention, assessment, and intervention practices for individuals with behavioral health issues related to an FASD.
PCPA continued to expand promising community behavioral health models through school based behavioral health initiatives and promotion of School Wide Positive Behavioral Support. Several dozen members have partnered with local schools to launch or expand promising practices. PCPA has also worked with members to advance a well-developed mental health services model within the state’s Juvenile Fire Setter Protocol. PCPA provided recommendations for Family Based Mental Health Services regulations that reflect the need and desire to raise that model to a promising practice. This year has also seen participation in the expanded use of trauma-informed care models and the first phase of implementation of High Fidelity Wrap Around. PCPA worked with the Child Welfare Training Program (CWTP) to expand member access to training opportunities and is now working with the Office of Children, Youth and Families and CWTP in developing performance improvement strategies to expand the use of promising practices in the child welfare and juvenile justice systems.

Drug & Alcohol

Drug and alcohol policy work focused on regulatory relief, improved access to services, and the streamlining of services where possible. A significant area of advocacy was change in the drug and alcohol licensing process. The Drug and Alcohol Committee established a work group which identified that the current licensing regulations and interpretations create barriers to good service, add unnecessary cost to programs, and create barriers to efficient/effective program management. Problems identified include the general nature of audits, the need for an appeal process, and the need for less frequent/shorter audits. A position paper was developed and meetings held with state officials. Positive feedback has been received and changes are believed to be imminent.

PCPA also advocated for a revised financial liability process. The Bureau of Drug and Alcohol Programs (BDAP) had worked for several years on new liability and abatement requirements. The requirements were eliminated in response to concerns expressed by the field. After redrafting the requirements, BDAP field-tested them in pilot agencies (several were PCPA members) before finalizing. The new process is based on federal poverty guidelines, includes the use of the Pennsylvania self-sufficiency standards developed by Pathways, and was much preferred to the original plan. Additional work will be done to address the liability process for methadone facilities.

A third area of focus was the need for expedited enrollment for drug and alcohol clients in HealthChoices. PCPA worked with the Office of Mental Health and Substance Abuse Services (OMHSAS) and the Office of Income Maintenance to improve enrollment, identifying potential solutions. PCPA continued its commitment to identify a more secure source of funding for substance use disorder treatment. Significant time was devoted to the development of a proposal aimed at funding to support the Dedicated Alcohol Tax Initiative. Although the grant was not secured, the association will continue its goal to advance the Drug and Alcohol Treatment and Prevention Fund/Dedicated Alcohol Tax Initiative to begin to close the addiction treatment gap.

Advocacy related to the Drug and Alcohol Licensing’s application of its regulations to the electronic medical record (EMR) was undertaken as members had been cited because they do not have EMR systems in place that satisfied the division’s interpretation of the regulation requiring “a locked storage container.” The application of this outdated regulation to the EMR interfered with its use. After significant efforts, the Department of Health took a more positive and proactive approach to promote the adoption of the EMR.

PCPA advocated that BDAP postpone moving ahead with their data systems plans and work with OMHSAS to examine the possibilities of a more seamless process, which was undertaken. PCPA supported the collaboration given
work being done to advance co-occurring services. Education continued to advance co-occurring services. Staff and members participated in the Integrated Treatment Services Workgroup and other activities to promote the expansion of these services. A tremendous amount of effort was devoted to needed changes to current confidentiality regulations. PCPA will continue to advocate for the changes to Chapter 255.5(b).

Support continued for the amendment of the Medical Assistance Drug and Alcohol Outpatient Clinic Payment regulations, with the association continuing its advocacy for the ability to provide mental health and substance use services on the same day, access to both a psychiatric and physical evaluation yearly, increased ambulatory detoxification visits, and increased medication management visits. The changes also include allowing clients to receive services while residing in shelters and collateral family counseling.

PCPA advocated that the Division of Drug and Alcohol Program Licensure accept web-based training toward training requirements. Meetings occurred with BDAP and some consideration was being given before BDAP ran into unanticipated system delays and, given funding shortages, other avenues were pursued. PCPA met with numerous state officials outlining concerns. Those meetings, coupled with other efforts, resulted in the Department of Health issuing a Licensing Alert to allow online training to be counted toward the drug and alcohol licensing training requirements.

**Intellectual Disability**

The American Association on Intellectual and Developmental Disabilities, along with the National Association for the Dually Diagnosed, renamed the terminology of mental retardation to intellectual disability; a national trend adopted by PCPA. This new term has the same definition as mental retardation and does not include other disabilities. The 2008 conference included Dialogue with ODP: Up to the Minute Information. Speakers were Office of Developmental Programs (ODP) staff including Bureau Chief Jeff Petraco.

The system change from program funding to a statewide prospective payment system has been the emphasis of this year’s advocacy and networking with ODP. The development of a uniform, statewide service system is generated by requirements of the Centers for Medicare and Medicaid Services (CMS) which provides waiver funding. Providers will be required to submit a uniform cost report for services delivered which will be used to determine providers’ rates for upcoming fiscal years. PCPA representatives have been actively involved in the development of these reports and the accompanying financial policies. Financial policies being developed include Capital Assets and Depreciation, Residential Habilitation, Revenue Reconciliation, Rate Adjustment Factor, and Margins.

To provide fee-for-service and cost report development technical assistance to PCPA members several trainings were coordinated to assist direct service and supports coordination providers. Transitioning to fee-for-service and developing direct service rates were offered to direct service providers. A supports coordination organization cost reports teleconference assisted in the use of the cost reports.

The state’s recently approved Consolidated and Person/Family Directed Supports Waivers funding have led to the need to revise service definitions to comply with guidelines. Supports coordination is now considered a waiver service; changing the existing funding structure for these agencies. PCPA members have met to address numerous concerns and issues with this system change and a subcommittee of the Intellectual Disability Committee will be established to further address issues. The issues have been shared with ODP and the association will continue to advocate with the state throughout this transition.

CMS’ waiver coordinator and financial analysts were guests at an Intellectual Disability Committee meeting to share information regarding their role in reviewing state waiver applications and criteria used to review applications. Addressed were levels of care criteria which include state assurance, individuals’ plan of care, provider qualifications, consumers’ health and welfare, administrative responsibility, and financial accountability.

PCPA members and staff participated on a variety of state-level meetings including ODP’s Provider Profile, Planning Advisory Committee, Independent Monitoring for Quality, ICF/MR Task Force, Quality Improvement Employment and Communications, Participant Directed Services, Regulations Revisions, Statewide Positive
Practices, DPW Stakeholder’s Planning Team, and DPW Money Follows the Person. New for 2008 were the DPW Brain Injury work groups and the House Resolution 159 Joint State Government Commission addressing the intellectual disability waiting list. The finalized House Resolution report was sent to the legislature and governor with five recommendations to adequately fund the existing system and move individuals into appropriate community living services.

**Legislative Affairs**

PCPA continued its commitment to increasing the association’s effectiveness in the legislative arena. State budget advocacy, as part of the MH/MR Coalition, resulted in a one percent cost-of-living adjustment (COLA) in a very challenging budget environment that saw many other groups experiencing cuts without any COLA. A major victory shared with National Council was the historic passage of federal parity legislation calling for equitable insurance coverage for mental health and addiction disorders. This achievement led to parity being included in the Medicare and SCHIP program.

Communication with members was enhanced by two additions to the Legislative Affairs page on the PCPA website. A new and improved legislative tracking feature updated daily highlights the progress and status of relevant bills and, in addition to a short description of the bill, includes a listing of all companion legislation and legislative history. The page is also linked to the Pennsylvania Legislative Bill Room so complete text of the legislation and further information can be accessed. A second addition is the “PCPA Zipsticker.” This feature provides both district and Harrisburg office contact information for state legislators along with their photograph. Members may also email their legislator from the Zipsticker page. This enhancement to the web site more readily enables members to become familiar with and communicate with state legislators.

In May PCPA welcomed a new class of participants to the Government Relations Institute (GRI®). The GRI program is designed to enable participants to acquire knowledge of public policy issues and use this knowledge through practical assignments. Class sessions addressed legislative advocacy, lobbying for non-profits, the state budget, the regulatory process, coalition building, federal advocacy, the role of the governor’s policy office, and legislative reform. Class activities included a personalized tour of the Pennsylvania Capitol by PCPA Lobbyist Morgan Plant, which culminated in meetings with Lieutenant Governor Catherine Baker Knoll and Senator Pat Vance, attendance at a Pennsylvania Women’s Campaign Fund candidate mixer, and dinner with several freshmen legislators and Representative Dan Frankel. The class also completed work on individual projects that were presented at the end of the course.

A legislative highlight of the year is PCPA Capitol Day, which took place in June in the Capitol Rotunda. Almost 350 attendees blanketed the State Capitol as they visited legislators, communicating the importance of funding community mental health, intellectual disability, and drug and alcohol services. Participants focused on PCPA’s 2008 budget position, including the need for a COLA in the state budget, COLA legislation (House Bill 2241 and Senate Bill 1373), and Drug and Alcohol Dedicated Funding legislation (House Bill 1032 and Senate Bill 870). The event culminated with the midday legislative press conference in the Capitol Rotunda. Legislators speaking in support of PCPA issues included Representatives Barbara McIlvaine Smith, Katie True, and Kathy Manderino, Senator Pat Vance, and Speaker of the House Dennis O’Brien. Every legislator was visited, either by a constituent or by members of the GRI class. The event was covered on the Pennsylvania Cable Network and reported on both by the Pennsylvania Legislative Services and the Harrisburg Patriot-News.
Mental Health

A major focus for 2008 was Peer Support Services. The Mental Health Committee provided feedback throughout the year to the Office of Mental Health and Substance Abuse Services (OMHSAS) on certified peer specialist services and other models for the provision of peer support. Representation on the Peer Support Services Recommendation 3 Task Force to address training needs ensured that provider concerns about training options, content and scheduling, and practical applicability were noted.

PCPA continued efforts to improve access to behavioral health services for older adults and others who receive Medicare benefits, helping to develop and disseminate the Older Adult Behavioral Health Resource Manual. PCPA participated in Department of Aging State Plan Forums to convey the importance of addressing the behavioral health service needs of older adults. Through its involvement with the Behavioral Health and Aging Coalition, PCPA supported the development of Behavioral Health Connection to provide counseling and direct assistance to individuals who cannot access Medicare services. The Mental Health Committee continues to monitor Medicare issues, including the transition to the Jurisdiction 12 Medicare Administrative Contractor. Passage of the Medicare Improvements for Patients and Providers Act of 2008 will phase out high co-payments that present a significant barrier to seeking behavioral health services.

The Second Annual Suicide Prevention Conference in September reached across the spectrum from children to older adults, to education, corrections, and veterans’ services. PCPA sits on the planning work group. In furthering efforts to promote and support public psychiatry, the association is involved with the Pennsylvania Psychiatric Leadership Council and facilitated a presentation by Dr. Paul Lefkovitz, Behavioral Pathway Systems, on the benchmarking project to this group. There was great interest in the use of metrics to assess business practices and to establish benchmarks for needed supports and services.

In February PCPA commented on the Centers for Medicare and Medicaid Services Interim Final Rule with Comment on Medicaid Case Management. The association also submitted comments on state rules to expand the role of the certified registered nurse practitioner and provided feedback to OMHSAS on guidance for telepsychia-

try services, revision of the assertive community treatment bulletin, and revision of the Medicaid peer support services bulletin.

PCPA represented providers on several behavioral health Pay-for-Performance (P4P) work groups. The P4P Initiative began in January 2008, with incentives awarded to counties based on achievement of goals related to six indicators. Work groups met to identify two developmental indicators related to co-occurring and residential treatment facility services to pilot in 2008. Indicators were recommended, but the initiative was stopped due to budgetary constraints. PCPA participated in several Brain Injury Recovery Task Force work groups, bringing a provider perspective to improve education of professionals and coordinate physical/behavioral health access.

PCPA continues to provide input to OMHSAS on the need for integrated data reporting systems that do not require duplication of effort. The same system should be used across a variety of provider types to minimize compatibility issues and improve efficiency and safety. Systems need to produce information on outcomes so that informed decisions can be made about the most effective use of diminishing resources. PCPA worked with the Disability Voting Coalition of Pennsylvania to disseminate information about voting rights.
Member Services

PCPA's 2008/09 membership efforts concentrated primarily on increasing and facilitating member participation in association activities. This was led by the newly-reformed Membership Committee, recreated in late 2008. The committee was formed with a select number of participants in order to accomplish a more ambitious set of goals, including expanding PCPA's membership base through greater agency outreach and increasing the association’s public profile.

PCPA changed its mass email communications to Constant Contact, an email marketing service, in February.

In addition to facilitating mailing list expansion, Constant Contact allows PCPA to avoid spammer laws and slower online service due to increased Internet traffic. In the eleven months since implementation, mailing lists have expanded by over 400.

In an attempt to reach a broader base of members and to reduce member travel requirements, PCPA has utilized an online meeting service. Through this technology, employees of member agencies can view presentations remotely and listen via audio conference. The December Central Region Meeting was PCPA's first large-scale use of this technology and it will be used in the future to increase event participation.

Provider Members

Achievement Center, Inc.
Adams-Hanover Counseling Services, Inc.
Addiction Medicine and Health Advocates, Inc.
Aldie Foundation, Inc.
The Alliance for Infants and Toddlers, Inc.
Alternative Community Resource Program, Inc.
ARC Manor
The Arc of Centre County
Barber National Institute
Behavioral Health Services of Wyoming Valley
Cambria County Mental Health Program
Carbon Lehigh Intermediate Unit #21
Case Management Unit
Catholic Social Services
Cen-Clear Child Services, Inc.
The Center for Autism

Center for Community Resources, Inc.
Centerville Clinics, Inc.
Central Montgomery Mental Health/Mental Retardation Center
Chartiers Mental Health and Retardation Center, Inc.
Chestnut Ridge Counseling Services, Inc.
Child Guidance Resource Centers
Children's Behavioral Health Services, Inc.
Children's Center for Treatment & Education d/b/a Beacon Light
Children's Crisis Treatment Center
Children's Service Center of Wyoming Valley, Inc.
COMHAR, Inc.
Community Counseling Center of Mercer County
Community Education Centers, Inc.
Community Guidance Center
Community Services Group
The Consortium, Inc.
Craig Academy
Creative Health Services, Inc.
Diakon Lutheran Social Ministries
Dickinson Mental Health Center
Drug and Alcohol Treatment Services, Inc.
Eagleville Hospital/Riverside Care, Inc.
Elwyn, Inc.
Erie County Care Management, Inc.*
Evergreen Elm, Inc.
Excella Health Behavioral Health - Westmoreland
Family Care for Children & Youth, Inc.
Family Counseling Center of Armstrong County
Family Guidance Center
Family Resources
## Provider Members

- Family Services of Western Pennsylvania
- Family Links
- Firetree, Ltd.
- Friendship House
- Gateway Rehabilitation Center
- Greene County Human Services Program
- Haven House
- Hedwig House, Inc.
- Hoffman Homes, Inc.
- Home Nursing Agency Community Services
- Human Services Administration Organization (HSAO)
- Human Services Center
- Human Services, Inc.
- Intercommunity Action, Inc.
- Irene Stacy Community Mental Health Center
- JEVS/ACT
- Jewish Family & Children’s Service
- Jewish Residential Services
- Keystone Center
- Keystone Rural Health Center
- Keystone Service Systems, Inc.
- Lehigh Valley Hospital & Health Network - Psychiatry
- Lenape Valley Foundation, Inc.
- The Lodge, Inc. of Pennsylvania
- Lourdesmont - Good Shepherd Youth & Family Services
- Mercer County Behavioral Health Commission, Inc.*
- Mercy Behavioral Health
- Milestone Centers, Inc.
- Mon Yough Community Services, Inc.
- National Mentor Healthcare, Inc., d/b/a PA Mentor
- New Directions Treatment Services
- Northeast Community Center for Mental Health/
  Mental Retardation
- Northeast Counseling Services
- NorthEast Treatment Centers
- Northern Tier Counseling, Inc.
- Northwest Tri-County Intermediate Unit*
- Northwestern Human Services, Inc.
- Nulton Diagnostic and Treatment Center, P.C.*
- Outside In
- Pace School Partial Hospitalization Program
- Parents League for Emotional Adjustment
- Penn Foundation
- Penndel Mental Health Center
- Pennsylvania Counseling Services, Inc.
- Philadelphia Health Management Corporation
- Philadelphia Mental Health Center*

## Provider Members

- Philhaven
- Pressley Ridge
- Pyramid Healthcare, Inc.
- The Rankin Christian Center
- The Reading Hospital Center for Mental Health
- The ReDCo Group
- Regional Counseling Center, Inc.
- Renewal Treatment, Inc.
- Residential Recovery Services, Inc.
- Safe Harbor Behavioral Health
- Salisbury Behavioral Health, Inc.
  - d/b/a Milestones Community Healthcare, Inc.
- Sarah A. Reed Children’s Center
- Scranton Counseling Center
- Shawnee Academy
- Silver Springs - Martin Luther School
- Southwest Behavioral Care, Inc.
  - d/b/a SPHS Behavioral Health
- St. John Vianney Center
- Stairways Behavioral Health
- Step By Step
- Tadiso, Inc.
- Threshold Rehabilitation Services, Inc.
- Transitional Living Centers, Inc.
- Trehab Center, Inc.
- Tri-County Human Services Center, Inc.
- Turtle Creek Valley MH/MR, Inc.
- UHS of Pennsylvania, Inc. d/b/a Roxbury
- Unity Family Services, Inc.
- UPMC Beaver Valley
- UPMC Behavioral Health
- UPMC Braddock
- UPMC Horizon
- UPMC McKeesport
- UPMC Northwest
- UPMC Southside Hospital
- Valley Forge Medical Center & Hospital
- Viaquest Behavioral Health of Pennsylvania
- The Wedge Medical Center
- Wesley Spectrum Services
- Western PA Psych Care*
- Western Psychiatric Institute & Clinic
- Westmoreland Casemanagement and Supports, Inc.
- Westmoreland Community Action
- Wordsworth
- Wyoming Valley Alcohol and Drug Services, Inc.
- Youth Advocate Programs, Inc.
Associate Members

The Advocacy Alliance
Allegheny County Department of Human Services
Allegheny HealthChoices
Appalachia Intermediate Unit #8
Beaver County Behavioral Health
Berks County MH/MR Program
Blair County MH/MR/D&A
Bucks County Mental Health/
   Mental Retardation Department
Cameron/Elk MH/MR Program
Chester County Department of MH/MR
Community Behavioral HealthCare Network of PA
   (CBHNP)
Community Care Behavioral Health Organization
Conference of Allegheny Providers
Council on Chemical Abuse
Delaware County Department of Human Services
Drexel University: Behavioral Healthcare Education
Family Training & Advocacy Center (FTAC)*
Fayette County MH/MR
Institute for Research, Education, and Training
   in Addictions (IRETA)
Lackawanna-Susquehanna Mental Health/
   Mental Retardation Program
Luzerne-Wyoming Counties MH/MR Program
Magellan Behavioral Health of Pennsylvania
McKean County Department of Human Services
Mental Health America in Westmoreland County
Mental Health Association of Southeastern Pennsylvania
Montgomery County Department of Behavioral Health
   and Developmental Disabilities
NAMI Southwestern PA*
National Council for Community Behavioral Healthcare
Northeast Behavioral Health Care Consortium
Philadelphia Alliance of Specialized Agencies
Philadelphia Coalition of Community MH/MR Centers, Inc
Philadelphia Department of Behavioral Health and
   MR Services
Schuylkill County MH/MR/D&A Program Office
Southwest Behavioral Health Management, Inc.
Staunton Farm Foundation
Value Behavioral Health of PA
Venango County Human Services
Westmoreland County MH/MR Program

Business Members

Allan Collautt Associates, Inc.
Allied Insurance Brokers, Inc.*
Askesis Development Group, Inc.
ATX Communications
Axion of PA, LLC d/b/a Axion Healthcare Solutions
Barbara Granger Consulting Services*
Behavioral Pathway Systems
Bristol-Myers Squibb Company
Brown & Brown of Lehigh Valley
Butler Woodcrafters, Inc.
CBY Systems, Inc.
Cephalon, Inc.
Community Resource Associates/Midnight Sun Computing
Core Solutions
Credible Behavioral Healthcare Software
Dataquest
Delta-T Group
Eli Lilly and Company
Essential Learning
First Nonprofit Companies
Furniture Concepts
Kelley & Murphy
Kirkpatrick & Lockhart Preston Gates Ellis LLP
MBH Management LLC
McBee Associates
NSM Insurance Group*
Open Minds
Ortho McNeil Janssen Pharmaceutical Services
The Phillips Group
Post & Schell, PC
PsyTech Solutions, Inc.*
Qualifacts Systems, Inc.
Reckitt Benckiser Pharmaceuticals
Staffing Plus, Inc.
Stanalonis & Associates, LLC
Synergy Behavioral Healthcare
This End Up Furniture Co., Inc.
Tidgewell Associates, Inc.
Tsoules, Sweeney, Martin & Orr, LLC
Uni/Care Systems, Inc.
Unlimited Staffing Solutions, Inc.

*Indicates new member in 2008/09
The Pennsylvania Community Providers Association promotes a community-based, responsive and viable system of agencies providing quality services for individuals receiving mental health, intellectual disabilities, addictive disease and other related human services.