Seeds of Change
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President’s Message

As I look back, 2010/11 brought both successes and challenges to providers and to the association. Once again we owe thanks to the PCPA Investment Committee who assists in managing our portfolio. Under their guidance our financial reserves have grown and we have gained significant financial stability.

We had a successful 2010 Board Retreat, where our primary goal was to focus on health care reform and develop an action plan to influence the implementation of health care reform in Pennsylvania. Toward this end, PCPA was pleased and proud that member Alan Hartl was named by Governor Rendell to the Pennsylvania Health Care Reform Implementation Advisory Committee, the only individual representing behavioral health.

Our conference, always credited as being one of the best state association conferences in the nation, was a great success. For me the highlight was presenting the PCPA President’s Award to the Juvenile Law Center to honor its efforts to bring justice to the thousands of child victims of the largest judicial scam ever seen in this nation — the Luzerne County “cash for kids” scandal.

In March PCPA held its first Technology Conference. We were proud and happy to provide members the opportunity to expand their knowledge of health information technology, electronic health records, social media, and meaningful use — areas that impact everyday operations and the effectiveness and efficiency of our organizations.

We were challenged by the many issues that arose from the Office of Developmental Programs (ODP). PCPA took several steps to help members as they struggled to deliver services under the new fee-for-service system. In conjunction with the Mental Health/Mental Retardation Coalition, PCPA sent a letter to the Centers for Medicare and Medicaid Services (CMS) which detailed a variety of waiver direct service and supports coordination concerns related to the state’s prospective payment system.

We enhanced and strengthened our relationship with the National Council, as evidenced by our selection to participate in two important initiatives. In consultation with MTM Services and the National Council, 21 agencies participated in the Access to Care Redesign Initiative. PCPA was also selected for the Association Executives’ Learning Community. Five participants (board members and staff) are involved in a six-month series on the Patient Protection and Affordable Care Act.

We still have much to do and the task for any single provider would be overwhelming. However, united as members of PCPA, we are strong, influential, and can do great things. I have always felt that membership in PCPA affords many benefits. Some of the greatest resources I’ve gained are the relationships I’ve made and the things I’ve learned from colleagues across the commonwealth. Thank you for your commitment and participation.

Karen Graff
President, PCPA
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Kathy Yarzebinski, Family Services of Western Pennsylvania

Staff

Executive Director
George Kimes
george@paproviders.org

Deputy Director
Lynn Cooper
lynn@paproviders.org

Policy Specialists
Linda Drummond, MPA
linda@paproviders.org
Connell O’Brien, MEd
connell@paproviders.org
Betty Simmonds
betty@paproviders.org

Director of Legislative Affairs
Anne McHugh Leisure, MHA
anne@paproviders.org

Technical & Conference Services Coordinator
Kris Ericson, PhD
kris@paproviders.org

Membership & Marketing Coordinator
Steve Neidlinger
steve@paproviders.org

Director of Training and Resource Development
Jen Bankard
jen@paproviders.org

Office Manager
Cindy Lloyd
cindy@paproviders.org

Administrative/Fiscal Assistant
Tieanna Lloyd
tieanna@paproviders.org

Secretary
Kathy Morrow
A Year of Change

2010/11 was a year of change for PCPA. The Pennsylvania pattern of changing governors every eight years continued. Familiar faces departed and new faces arrived. Significant changes continue and PCPA members again are facing some of the most difficult times in recent memories. Budget cuts continue and challenges to agencies’ operations become ever greater. PCPA members, faced with ever-increasing service demands and diminishing resources, continue to amaze me as they find new ways to assist individuals and families needing mental health, intellectual/developmental disability, and substance use disorder services. I again congratulate and thank our members who continue to serve by offering high quality services.

At the same time, however, I am alarmed by the increasing reports of agencies eliminating services and the continued growth of waiting lists in many areas. PCPA’s work on defining and working to remediate what we call the “outpatient crisis” continues, but problems for these key services continue to grow. An outpatient program in the northwest region is about to close creating difficulties in continuity of care for almost 1,500 consumers. Many members who provide intellectual disability services as support coordination organizations have faced very difficult situations. Significant funding cuts may hurt these essential services. On a regular basis, I hear members taking a closer look at the possibility of closing programs and eliminating services. While always understandable from a financial point of view, the human costs of those decisions bother many of us.

While the system has struggled, the association has remained robust. Membership is strong and we exceeded dues projections for the year. Our investment committee and advisors have provided growth, allowing us to bring in outside expertise when needed. Additional public relations and communication services provided by the Bravo Group has strengthened our voice and visibility. The association was particularly fortunate to be able to contract with former SAMSHA administrator Charles Curie. Curie served as the head of Governor Corbett’s welfare transition team and has been very helpful in developing new approaches to old problems and assisting the association in understanding the importance of connections to the federal government.

I wish to express my thanks to members of the board of directors and, especially, members of the Executive Committee. Karen Graff, president, has been an exceptional leader. Her quiet strength and comprehensive understanding of our service areas is outstanding. She always seemed to move in the right direction at the right time. The Executive Committee has repeatedly stepped up and served as examples of true leaders, demonstrated in many ways. They led the way with donations to our PAC. They have always made sure their agencies supported activities through committee work, regional meeting involvement, and conference and Technology Conference attendance. Special thanks to the entire Executive Committee including Jerry Skillings, president elect; Terry McSherry, vice president; Jon Evans, treasurer; Denise Macarelli, secretary; and Mathew Elavumkal, immediate past president. Your leaders remain critical to the success of the association. A final word of thanks goes to our excellent staff who works hard every day to support our members. They are our most valuable asset.

George J. Kimes
Executive Director, PCPA
Overview

Transition and change in Pennsylvania government provided significant challenges and opportunities for the association and its members in 2010/11. It was a time of departures as members of the Rendell administration moved on to new positions and new names and faces appeared as the Corbett administration arrived. The legislature also saw changes as control of both chambers moved to the Republican Party. PCPA worked diligently in the first part of the year to solidify positive changes made in the eight years of the Rendell administration. During the election period, the Legislative Affairs Committee made sure various candidates were aware of key issues facing members. Following the elections, the association acted during the transition period to again present key issues to the incoming administration.

Health care reform and the implementation of the Patient Protection and Affordable Care Act (ACA) is a primary concern. PCPA maintains that successful change to achieve the triple goals of health care reform — improving health for the entire population, better care for individuals, and controlling costs — will only occur if behavioral health is an integral part of the new system. The Rendell administration moved quickly to begin the implementation of the many changes required by the ACA. Long-time PCPA leader Alan Hartl represented association positions on a key advisory committee. The Corbett administration has not yet made clear its plans regarding health care reform. The association is moving ahead with strategies to inform members of new paradigms of service and continuing to monitor and advocate for positive change.

PCPA was one of 15 associations from across the country selected by the National Council for Community Behavioral Healthcare to participate in the ACA Association Executives’ Learning Community. Building on the success of other learning communities, this new approach offers a six-month webinar and on-site consultation-based initiative to enhance PCPA’s ability to help prepare for the ACA. The association will share the learning from this project with members through establishment of a work group, training programs, and a web-based toolkit.

One of the most important changes required in the new health care ecosystem will be the capacity to integrate physical and behavioral health care. Working with key stakeholders, PCPA held a Physical Health/Behavioral Healthcare Reform Initiative.

Revenue

- Dues: 49%
- Conferences/Training: 20%
- Fees and Other Revenue/Grants: 18%
- National Council: 10%
- Investments/Interest: 3%
Health Leadership Summit in December. The impact of this summit will be extended through an online learning community, the Pennsylvania Physical Health/Behavioral Health Leadership Learning Community. The successful integration of care remains a key focus.

The support of and partnership with the National Council continues to grow. In addition to the learning community, Pennsylvania (through an application submitted by PCPA) was one of three states selected to participate in the council’s 2010 Access to Care Redesign Initiative. The project worked with providers to improve timeliness of care. Twenty-one member agencies participated. Staff time used in the access to care (intake) function was reduced by 40 percent, client time by 25 percent, and there was a 53 percent total reduction in client wait time. The savings per agency was $222,052.92. The project was a huge success and those participating worked hard and were pleased with the outcomes. The association is pursuing a project continuation for both prior and new participants.

Pennsylvania participation in the National Council’s conference in San Diego was commendable. PCPA, with the sponsorship support of Magellan Health Services, The Curie Group, and Community Services Group, held its second annual Pennsylvania reception at the event. Attendance was excellent and the high-level networking that occurred was a bonus for many members. Federal advocacy continued with success in obtaining a six-month extension of the Medical Assistance enhanced match, easing state budget problems. Member participation in the National Council Hill Day in Washington, DC promoted a strong and consistent message about the importance of federal support for behavioral health services. Community Service Group CEO Susan Blue continues on the National Council board, most recently being elected as an officer. Her involvement and support of PCPA has been a critical component in the enhancement of the relationship between state and national levels.

PCPA continued to look at new strategies for improving member services. An online member directory, online payments for meetings, and an online RSVP process were added. The frequency of regular communications like Infos and Alerts continues to grow and listserv participation approached 2,000 users. Many members report that the informative value of PCPA publications singularly justifies the cost of membership. The association began offering a weekly news digest for members that prefer shorter synopses of important issues. The newsletter, Provider News, continues to garner praise. Use of teleconferencing and webinars is growing and this year marked the first effort at “virtual” committee meetings. The PCPA benchmarking product, in partnership with Behavioral Pathways Systems, added a recovery-focused assessment. After a 10 year gap since the first salary survey, the new edition moved to an electronic format and 111 organizations submitted data that will be an invaluable aid to members. Wendy Pardee, CFO, Community Guidance Center and members of the CFO Work Group assisted in the redesign of the survey.

The PCPA Board of Directors continues to perform exceptionally. Challenging issue discussions, policy deliberations, guest speakers, and information sharing have highlighted meetings. Several by-laws changes were approved. The most significant resulted in the creation of a new membership region in the northwest and a separate membership category for government organizations. The Investment Committee, in conjunction with Fulton Financial Advisors, continued its diligent oversight of financial resources. An exciting board retreat, led by President Elect Jerry Skillings, focused on strengthening PCPA legislative activities.

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The PCPA conference was again successful. With participation levels picking up from the budgetary challenges of the prior year and programming of the usual high quality, post-conference evaluations were exceptional. A new addition to education offerings, the Technology Conference, was held in March. Almost 250 people attended this inaugural event focused on expanding information about new technologies. While information systems and electronic medical records were one focus, other technologies such as telepsychiatry and smart homes were demonstrated and social media applications shared. The Technology Conference was also a resounding success.

PCPA focused on providing information on how to financially benefit from the adoption and use of electronic medical records. Funds are available through Medicare or Medicaid incentives in the Health Information Technology Act. Lobbying efforts at the federal level were designed to make it even easier for agencies to access these funds.

A special salute from members providing intellectual and developmental disability (IDD) services is due to staff member Linda Drummond. Some have characterized the year of trying to work with the changes promulgated in the Office of Developmental Programs (ODP) as a year of “chaos.” Throughout the process, Ms. Drummond has made every effort to keep members apprised of changes and worked tirelessly to impact these changes. PCPA has worked alone and in coalition with other stakeholders to mitigate the potential harm created by ODP policy changes. Attorney Ruth Granfors, K&L Gates, LLP, informed members about the appeal process and PCPA has repeatedly fought for openness and transparency in rate setting. Since a significant number of member providers are supports coordination organizations, the association has focused on problems facing this critical component of the service system.

In 2009, PCPA held its first outpatient summit. In 2010, PCPA published The Collapse of Pennsylvania’s Outpatient Clinics documenting discussions highlighted at the summit, including the value of outpatient services; specific clinical, regulatory, and financial challenges; and recommendations for changes needed. It serves as the basis for continued advocacy. The association was particularly pleased that Acting Deputy Secretary, Sherry Snyder, Office of Mental Health and Substance Abuse Services (OMHSAS), convened a task force to examine the concerns generated by the paper. PCPA will continue its work to find ways to stabilize outpatient services.

The association has been fortunate to have an outstanding group of consultants assist on many projects. Morgan Plant continues her role as the contract lobbyist. The Bravo Group assists on many public relations and communications projects, resulting in increased visibility through publication of letters to editors and a series of appearances by staff on Comcast Newsmakers. Actuary John Vataha has provided invaluable assistance to rate setting initiatives. The most recent consultant addition has been Charles Curie. Curie’s history as a provider CEO, OMHSAS deputy secretary, and Substance Abuse and Mental Health Services administrator is very valuable as PCPA works to develop positive relationships with the new administration.

It is, however, the outstanding PCPA staff that work diligently to maintain services of the association. Participating in almost 100 committees, commissions, task forces, and work groups, the staff represents the provider perspective in those venues. Representing provider interests with state government continues to be a major responsibility of the association.
Award Recipients

**Guy S. Diamond**

Dr. Guy S. Diamond, director, Center for Family Intervention Science, Children’s Hospital of Pennsylvania, was honored with the 2010 Marilyn Mennis Memorial Award. Dr. Diamond is a distinguished clinician and researcher best known for his work on attachment-based family therapy for depressed and suicidal adolescents. He is also co-director of the Garrett Lee Smith Memorial Act grant to the Office of Mental Health and Substance Abuse Services. Dr. Diamond and his team worked to develop a research-based mental health screening tool for use by primary care practices, which promises to reduce youth suicide risk and promote greater collaboration between primary health care practices and community mental health providers.

**Congressman Tim Murphy**

PCPA’s 2010 Raymond R. Webb, Jr. Government Relations Award was presented to Congressman Tim Murphy. Congressman Murphy’s leadership on mental health issues over the years has always been recognized and his work on the behavioral health parity issue was of great importance to PCPA. The Health Information Technology Extension for Behavioral Health Services Act, of which Murphy is a prime sponsor, is recognized by members as providing crucial support for community providers to implement electronic health records.

**Juvenile Law Center**

Karen Graff presented the 2010 President’s Award to the Juvenile Law Center in honor of its work on the “kids for cash” scandal in Luzerne County. From 2003 – 2008, thousands of children in Luzerne County appeared, frequently without an attorney, before Juvenile Court Judge Ciavarella who was taking illegal kickbacks from juvenile detention facilities where he was sending the children. An alarmed parent prompted the Juvenile Law Center to investigate irregularities. After further investigation, the Juvenile Law Center petitioned the Pennsylvania Supreme Court. The US Attorney later filed federal criminal charges against Ciavarella who was convicted.

PCPA is proud of the opportunity to spotlight the work and efforts of these leaders to assure that people in need receive treatment and have the opportunity for recovery and healthy lives.
Courage, Wisdom, Heart

Take the message home
Courage, Wisdom, Heart: Take the Message Home themed the 2010 conference. October, as is tradition, found PCPA members and guests at Seven Springs Mountain Resort for conference. Filled with 60 educational workshops, two compelling plenary sessions on recovery and health care reform, networking opportunities, a vibrant Exhibit Hall with 70 vendors, gracious sponsors, and great food, PCPA had the privilege of hosting 605 people. Despite the torrents of rain outside, the resort was filled with stimulating conversation. Essential to the theme is its second part — take the message home. The Conference Committee worked to build an event that is not only renewing while in process, but that creates future differences for participants.

Guests were asked “How will the information you received here change or influence the way you work?” Hundreds responded with answers, including these:

- “Helps keep us informed to stay ahead of the curve.”
- “Provided new ideas/strategies for team building/managing employees. Increased awareness of policy in decision making.”
- “Many new and forgotten tools to aid me in my leadership role in our changing environment.”
- “Provided a vision of the future that I was not aware of.”
- “A number of the workshops and presentations introduced material/information to support our organization’s future decisions and directions regarding leadership, branding, and integration models, to name but a few. Very thought-provoking conference.”

PCPA Committee Chairpersons

Children’s Committee
Glynn M. Chase, MPA, MS, Barber National Institute
Tamara Marsico, Wesley Spectrum Services

Conference Committee
Michael Hanawalt, Family Services of Western Pennsylvania
Richard O. Lewis, Jr., Northwestern Human Services

Drug & Alcohol Committee
Michael Ratajczak, Aldie Foundation, Inc.
Gregg Y. Slocum, Valley Forge Medical Center & Hospital

Forensics Committee
William Charles Folks, LCSW, Eagleville Hospital
Gregory V. Smith, Transitional Living Centers, Inc.

Intellectual and Developmental Disabilities Committee
Debra Lawson, Community Guidance Center
Will Stennett, Family Services of Western Pennsylvania

Legislative Affairs Committee
Alan Hartl, MS, Lenape Valley Foundation, Inc.
Angelo Stamoolis, Community Counseling Center of Mercer County

Membership Committee
Cheryl Flanagan, Human Services, Inc.
Sal Santoli, Scranton Counseling Center

Mental Health Committee
Paul DeNault, MS, LPC, CAC, Northern Tier Counseling, Inc.
Kathy Yarzebinski, Family Services of Western Pennsylvania

Nominating Committee
Mathew Elavumkal, COMHAR, Inc.

Training Committee
Melissa Jones, MS/CPRP, Community Services Group
Gary Minnier, Adams-Hanover Counseling Services, Inc.
PCPA continued its commitment to increasing effectiveness in the legislative arena in a challenging economic environment. The association developed a comprehensive transition plan and worked with Department of Public Welfare Transition Team Co-chair Charlie Curie to develop ongoing relationships with the new administration.

PCPA’s budget advocacy was tasked with responding to the challenge of a $4 billion budget deficit. PCPA and coalition partners launched a campaign designed to hold Governor Corbett to his campaign promise to protect the most vulnerable. This came to fruition in the governor’s proposed budget where human services fared better than expected. After significant effort by the association and others, $22 million was restored to the proposed $27 million cut from a cap on fixed costs for group homes.

In other legislative efforts, PCPA President Karen Graff testified at the Health and Human Services Committee’s Symposium on Mental Health. Her testimony focused on the collapse of the outpatient service system in Pennsylvania and included recommendations for needed regulatory changes and noting problems with reimbursement.

Top: Alan Hartl, Lenape Valley Foundation, served as the event host.

Bottom: Rep. Mike Sturla promised his support of community services.

Hundreds of staff and persons in service at member agencies joined in for PCPA Capitol Day.
PCPA Capitol Day, which took place in May in the Capitol Rotunda, made a large impact thanks to the hard work and commitment of members. Hundreds of people participated. The highlight was the press conference led by Legislative Affairs Committee Co-chair Alan Hartl. It featured legislative supporters including Representatives Mike Sturla (D-Lancaster), Tom Murt (R-Montgomery), Pam DeLissio (D-Philadelphia), and Mark Longietti (D-Mercer). Also speaking were Penndel Mental Health Center staff Jan Noe and her daughter Sarah, who eloquently testified to the key role of community services to individuals. The event was covered by the Pennsylvania Cable Network.

An important piece of PCPA’s legislative effort is maintenance of the Pennsylvania Community Providers Political Action Committee (PAC), which supports a PCPA presence at over 60 legislative fundraisers throughout the year. Board members achieved an almost 100 percent participation rate in contributing. Fundraising activities are key to the continued success of the PAC and have raised over $15,000 in the past year, approximately $9,500 at the board retreat and $4,800 through activities at the conference.

The Legislative Affairs Committee (LAC) takes a leadership role in setting legislative policy for PCPA, including working with staff to develop the association budget position, making recommendations regarding positions on relevant legislation, developing proposals for legislation, and recommending strategy. The LAC has been reconfigured and meets during the PCPA committee rotation several times a year. A steering committee meets monthly. Meetings have included state legislators, National Council, staff, and policy makers.

Legislative activity was the focus of the 2011 board retreat. The event featured a wide-ranging examination of legislative and political action and included groundwork with panels on trade association political activity and county, state, and federal issues and small group work to determine legislative goals for mental health, intellectual and developmental disabilities, drug and alcohol, children, and criminal justice. Key themes included the identification and development of legislative champions and increasing the size and effectiveness of the PAC. Issues that board members are most concerned with are regulatory reforms and financial supports of the systems.
2011 Tech Conference Highlights

In March, PCPA held its first Technology Conference. This one and one-half day event was offered in response to member need for more time with an in-depth exploration of changing technologies to improve the effectiveness and efficiency of organizations. PCPA extends thanks to the 28 exhibitors, advertisers, and sponsors whose participation and support made this event possible. The conference offered 15 educational workshops with topics ranging from electronic health records to social media to incorporating technology into recovery-oriented services. Keynote speaker Dr. Robert Kolodner, former national coordinator for health information technology for the US Department of Health and Human Services, presented Meaningful Use: A Way Station on the Road to an Integrated Learning Health Care System. Handouts remain available from the PCPA web site. Due to its success another Technology Conference will be held March 20 – 21, 2012 at the Doubletree Resort, Lancaster.

TOP: Polaris Health Directions shares information about its product with a conference attendee.

BOTTOM: Dick Engle, TenEleven Group, assists a guest with the exhibit hall game BoothTag.

Lonnie Watson, TAI, shares information about products with a group of attendees.
Children’s Services

A hallmark during the past year has been the growing commitment among members to promoting and adopting evidence-based and promising practices in all areas of child and adolescent care and treatment. From early childhood mental health to school-based behavioral health and juvenile justice interventions, members have been the state’s leaders in introducing science-based services to their communities. The Children’s Committee and its work groups have provided information and presentations about evidence-based and promising practices for trauma informed care, school-wide positive behavior intervention and support, attachment based family therapy, parent-child interaction therapy, and an array of other proven interventions. In addition, the committee has worked to identify and expand operational practices in technology, program design, training, human resource management, and business practice. The committee has established new work groups in the areas of school-based behavioral health, residential treatment, and early childhood mental health that will serve member interests and needs.

The staff, leaders, and members of the Children’s Committee have worked closely with the Departments of Public Welfare, Education, Health, and the Pennsylvania Commission on Crime and Delinquency in identifying practices that meet community needs and advocate for service and training support to introduce and expand quality services and optimal outcomes. In addition, members are increasingly engaging behavioral health managed care organizations to create local opportunities for staff training and practice development. Members and community and managed care partners are also mining “practice-based evidence” to identify practices yielding good clinical outcomes and desirable “return on investment” for continually stretched financial and staff resources.

In a great many cases, members have found that their work calls for an increasing level of cross-system collaboration, coordination, and co-location of services. The integration of behavioral health and juvenile justice services has informed and enhanced the quality of both systems. The co-location of mental health services in schools and the participation of providers in student assistance programs and school-wide positive behavior support initiatives has increased access to treatment and expanded the provider role in student services and academic success. Member commitment to quality care and community collaboration has found providers working with local pediatric practices and child care centers to find new opportunities to meet the needs of children in natural community settings.

The past year has also seen PCPA members, staff, and system partners expand visibility and involvement on the national level. PCPA and members are increasingly involved with the work of the National Council, the Substance Abuse and Mental Health Service Administration, and other national groups engaged in policy, planning, research, and practice for children and adolescents. These activities have allowed members to broadly impact trends and again discover that Pennsylvania’s community providers and system partners remain in the vanguard of innovation, practice, and commitment to children, adolescents, and families.
Drug & Alcohol

Several major initiatives crossed systems, such as the rate setting project and outpatient advocacy work, keeping the Drug and Alcohol Committee busy over the course of the year. A tremendous amount of staff time was devoted to these two initiatives.

A considerable amount of work was also devoted to methadone in response to harmful legislation and a legislative study about the Medical Assistance Transportation Program (MATP). The paper *Best Practice in Methadone Treatment* was developed and distributed. A special methadone brochure was also developed to assist with lobbying and educational efforts. PCPA worked closely with Southwest Behavioral Health Management, Inc. A work group reviewed its best practice standards and provided significant feedback. PCPA and its lobbyist continued to work with several legislators and staff regarding problematic legislation directed at methadone programs. Several meetings were held with MATP to discuss transportation problems relating to methadone clients and potential solutions.

Another initiative of the year included the new Bureau of Drug and Alcohol Programs (BDAP) data system. This new system will replace the antiquated client information system currently used. Drug and alcohol members were introduced to various elements of the new system via committee meetings, regional awareness sessions, newsletter articles, and pilot projects.

A Department of Drug and Alcohol was created through legislation. While members are divided on the creation of the new department, concerns about using scarce treatment dollars for increased administration was shared by all.

Buprenorphine access issues were also a priority. PCPA continued significant involvement with the statewide buprenorphine work group. The association advocated for and received final approval by the Office of Medical Assistance Programs for buprenorphine film to be used without fail first policies with pill-form buprenorphine.

Continued efforts were made to improve the drug and alcohol licensing and regulatory processes. Staff addressed various administrative/regulatory requests from members. Expedited enrollment in Health-Choices remained a priority and involved work with the Office of Mental Health and Substance Abuse Services to assist members. In addition, PCPA worked with Office of Income Maintenance to encourage the ability to scan documents for Medical Assistance eligibility determination.

*Dan Miller and Joseph Gallucci, BDAP, provide an overview of the new treatment data system under development.*
Forensics

The Forensics Committee continued its tradition of connecting with officials from the criminal justice system during the year. In addition, presentations were provided by Community Legal Services and housing experts. Attention was given to new Department of Corrections security requirements for community corrections facilities and reentry issues. PCPA is part of the newly created Mental Health/Criminal Justice Statewide Advisory Committee and the Criminal Justice Advisory Committee for Veterans. The association was pleased to play a vital role in the development of a drug and alcohol/criminal justice conference in April funded by the Pennsylvania Commission on Crime and Delinquency. A highlight of the year was a productive meeting with new Secretary of Corrections John Wetzel.

Over the past year the Child and Adolescent Forensic Subcommittee has continued to advocate for county models for diverting adolescents with special needs away from the juvenile justice system and into programs and services that address mental health, substance use, and cognitive function needs. PCPA staff and members continued to work with the Juvenile Court Judges Commission, the Pennsylvania Commission on Crime and Delinquency, and the Department of Public Welfare to advance a new juvenile justice system strategy founded on evidence-based assessment and intervention models.
Mental Health

PCPA focused extensively during 2010/11 on implementation of health care reform and the Patient Protection and Affordable Care Act. Behavioral health providers were represented on the Commonwealth Health Care Reform Implementation Advisory Committee, which spent much of its time in discussion of health insurance exchanges and made multiple recommendations.

A key component of health care reform is coordination of behavioral and physical health care services. The Mental Health and Children’s Committees met jointly to overview and discuss health care reform, parity, use of information technology including electronic health records, and behavioral health/physical health coordination and integration of care and services. PCPA endeavored to add models to an inventory coordinated by the Office of Mental Health and Substance Abuse Services (OMHSAS) Physical Health/Behavioral Health Think Tank.

The Pennsylvania Physical Health/Behavioral Health Leadership Learning Community brought practitioners of behavioral and physical health together; discussed access and quality, communications, payment issues, and workforce development and made recommendations; and agreed to work together to develop a collaborative effort working across all age groups.

PCPA has worked on issues related to use of technology in behavioral health. Executive Director George Kimes participated on a Medical Assistance Advisory Committee work group on information technology. The work group provided input for the Department of Public Welfare Electronic Health Record (EHR) Incentive Program and the Pennsylvania Health Information Exchange. PCPA continues to seek clarification on requirements for telehealth/telepsychiatry. Information about conversion to HIPAA version 5010 and ePrescribing initiatives for Medicare and Medicaid has also been disseminated to members.

Another aspect of reform addressed is prevention and reporting of fraud, waste, and abuse. The Bureau of Program Integrity discussed the voluminous federal requirements for prevention, identification, audit, and reporting of fraud, waste, and abuse, and penalties that may accrue. Federal guidance is not yet complete. In addition, state requirements also need clarification and change. Periodic issues related to facility/program licensure were addressed by OMHSAS representatives during Mental Health Committee meetings. In addition to these discussions, providers have identified multiple regulations and policies of concern that create barriers to effective operations, add unnecessary costs,
and establish requirements that are outdated as care and treatment has evolved. PCPA has begun to compile these to add to a previous list of problematic regulations which will be presented to the Secretary of Public Welfare in 2011/12.

PCPA participated on a work group to develop draft regulations for psychiatric rehabilitation services (PRS) with the state. Additionally, the association was integrally involved in development of recommendations for crisis intervention services transformation and changes in outpatient services. PCPA provided input and monitored the closure of Allentown State Hospital and provided comment on draft bulletins on assisted outpatient treatment and on nondiscrimination and guidelines for affirmative environments and clinically appropriate services for lesbian, gay, bisexual, transgender, questioning, and intersex people. The Mental Health and Intellectual and Developmental Disabilities Committees met to learn more about the work of Positive Practices Resource Team for dually diagnosed individuals and to continue to provide recommendations. PCPA participated on the County Plans Guidelines Work Group to help make county mental health Plans more effective and continues involvement with prevention efforts of the Adult and Older Adult Suicide Prevention Coalition.

Matt McGeorge presents on Medicare changes.

PCPA has worked with the Department of Public Welfare and the Pennsylvania Insurance Department to support providers in implementing the Autism Insurance Act. Efforts continued to address operational questions, rate and authorization issues, and influence the state’s process for creating a professional licensing process for behavioral specialists. PCPA increased efforts to collaborate with the state’s Autism Service, Education, Research and Treatment centers to support their mission of informing and collaborating with community providers of autism intervention services.

The Bureau of Autism Services (BAS) provided updates on its adult services at Intellectual and Developmental Disabilities Committee meetings. The adult autism waiver currently serves 243 individuals. Updated information is shared with members through Provider News and association Infos. PCPA and members attended the Pennsylvania Autism Training Conference sponsored by BAS. The first day was dedicated to autism waiver providers discussing person centered planning and supports coordinator concerns regarding their roles in this waiver.
Intellectual/Developmental Disabilities

Direct Support Professionals Recognition Week was celebrated in September 2010. At PCPA’s request Governor Rendell issued a proclamation. This special initiative encouraged providers to recognize the dedicated staff assisting individuals with physical, developmental, and intellectual disabilities.

The state’s intellectual disability system continues transition regarding funding of direct service and supports coordination agencies. Starting in 2008 the Office of Developmental Programs (ODP) developed a prospective payment system. Providers and associations have offered recommendations regarding the need for relevant fiscal and program policies and regulations. However, with the change in the state’s administration in January 2011, most of these initiatives have been terminated.

PCPA, in cooperation with the Intellectual Disability and Autism Coalition (IDA), contacted the Centers for Medicare and Medicaid Services (CMS) for guidance and waiver requirement interpretation. Meetings focused on discussion and resolution regarding outlier rate adjustments, rate adjustment factors, and unbundling fee schedules, among other topics. In March, PCPA received official notification from CMS regarding the inability of ODP to implement retroactive rate adjustments for services included in service plans that are authorized and delivered, regardless of the state’s financial resources. Provider rates should be determined in advance of providing services and not reduced once the service is authorized and delivered.

The Intellectual and Developmental Disabilities Committee’s meetings have included a variety of speakers and topics. Topics addressed included the need for ODP transparency, communications, and moving away from a cost reimbursement system; the Bureau of Financial Operations review of provider audit requirements and waiver compliance standards; private intermediate care facility conversion to waiver-funded community homes; and surrogate health care decision making.

The Supports Coordination Organization (SCO) Subcommittee meets as needed to address changes to responsibilities and funding. Topics this year have included required trainings, cost settlement for targeted service management, non-billable travel and impact on finances, and SCO provider monitoring pilots.

PCPA’s advocacy on systems and issues is implemented through involvement with state-level committees and work groups with ODP including the Planning Advisory Committee, Employment Committee, Communications Work Group, Independent Monitoring for Quality Management Committee, Statewide Positive Practices Resource Team Advisory Committee, Intermediate Care Facilities Task Force, and the Provider Monitoring Work Group. Additional work groups were implemented with various departments to develop recommendations for the 2011 transition to a new state administration.

The White House Disability Policy Office has held monthly sessions with the Special Assistant to the President for Disability Policy and stakeholders across the nation. PCPA has participated and addressed such topics as enforcing the Americans with Disabilities Act and the Olmstead decision, autism awareness and initiatives, an executive order on employment of individuals with disabilities, and reauthorization of the workforce investment act.
Member Services

It has been a strategic goal of PCPA to strengthen its voice and visibility and it strived to achieve that goal in 2010/11. By gaining greater participation by all levels of staff from member agencies and enlisting the support of the public-at-large through a focused media campaign, PCPA continued its responsibility as the voice of community providers in Pennsylvania.

With assistance from the Bravo Group, PCPA had more than 15 articles published in newspapers and media outlets across the state. Most were related to the state budget and the importance of community services. PCPA also responded positively to several articles through letters to the editor. Executive Director George Kimes and Children’s Policy Specialist Connell O’Brien were featured on Comcast Newsmakers, a local public affairs segment that appears regularly on local broadcasts.

PCPA strives to achieve greater participation from all levels of agency management. Considering the difficulties of travel, many programs were brought to members in order to facilitate participation. Fulfilling its commitment to more regional meetings, two educational sessions were held in each region on topics such as preventing fraud, waste, and abuse; philosophies to work smarter; and ethics. A separate region was created for northwestern Pennsylvania in order to bring greater membership benefit to those agencies. In February, PCPA held its inaugural Virtual Committee Day, which allowed members to hear from state officials through web and phone conferencing. Over 100 member representatives participated.

To assist members in making smart human resource decisions, PCPA undertook a salary survey. With the guidance of the CFO Work Group, PCPA amended its 2001 survey to reflect the modern HealthChoices marketplace. Survey data was collected from February – April and released to respondents in June.

Training

The past year has seen continued growth in trainings offered, both face-to-face and web-based. Several face-to-face trainings were held in conjunction with regional meetings. Topics included:

- Provider Incentives Under the HITECH Act and Meaningful Use Requirements
- Team Solutions
- Mental Health First Aid
- Building Constructive Staff/Family Relationships
- Managing Care for Older Adults with Intellectual and Developmental Disabilities
- Behavior Management Principles for Older Adults with Intellectual Disabilities and Dementia
- Facilitating Cultural Change within an Organization: Common Issues and Challenges
- Recognizing Stigma and its Effect on Peer Specialist Integration Within an Agency
- Supporting Peer Specialists: What Types of Supervision and Management Work?, and
- Prevention, Detection, and Reporting of Fraud, Waste, and Abuse of Medicaid Resources.

Two significant additions to training offerings included an arrangement with Drexel University Behavioral Healthcare Education to co-sponsor continuing education credits for all PCPA trainings and the ability to register online.

Steve Nevada, DJ Dunlap, and Don Stiffler provided an ethics workshop during the March Central Region meeting.

Mark Phillis presents on exempt employee status during a PCPA training.
### Provider Members

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<tr>
<th>Provider Name</th>
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<td>Achievement Center, Inc.</td>
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<td>Adams-Hanover Counseling Services, Inc.</td>
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<td>Addiction Medicine and Health Advocates, Inc.</td>
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<td>Aldie Foundation, Inc.</td>
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<td>Alliance Health Wraparound, Inc.-Allegheny County*</td>
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<td>The Alliance for Infants and Toddlers, Inc.</td>
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<td>Allied Services Behavioral Health Services</td>
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<td>Alternative Community Resource Program, Inc.</td>
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<td>Berks Counseling Center, Inc.*</td>
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<td>Brooke Glen Behavioral Health Hospital*</td>
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<td>Youth Advocate Programs, Inc.</td>
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*New Member in 2010*
Government Members
Allegheny County Department of Human Services
Beaver County Behavioral Health
Berks County MH/MR Program
Blair County MH/MR
Bucks County Department of Mental Health/Developmental Programs
Cameron/Elk MH/MR Program
Carbon-Monroe-Pike MH/MR Program*
Chester County Department of MH/IDD
Delaware County Department of Human Services
Erie County MH/MR*
Fayette County Behavioral Health Administration
Greene County Human Services Program
Lackawanna-Susquehanna Behavioral Health/ID/Early Intervention Program
Luzerne-Wyoming Counties MH/MR Program
McKean County Department of Human Services
Mercer County Behavioral Health Commission, Inc.
Montgomery County Department of Behavioral Health/Developmental Disabilities
Philadelphia Department of Behavioral Health and MR Services
Schuykill County MH/MR/D&A Program Office
Venango County Human Services
Westmoreland County MH/MR Program

Associate Members
The Advocacy Alliance
Allegheny HealthChoices
Appalachia Intermediate Unit #8
Blair Health Choices*
Capital Area Behavioral Health Collaborative, Inc.
Community Behavioral HealthCare Network of Pennsylvania
Community Care Behavioral Health Council on Chemical Abuse
Drexel University: Behavioral Healthcare Education
Family Training & Advocacy Center
Institute for Research, Education, and Training in Addictions
Magellan Behavioral Health of Pennsylvania
Mental Health America of Westmoreland County
Mental Health Association of Southeastern Pennsylvania
NAMI Southwestern Pennsylvania
National Council for Community Behavioral Healthcare
Northeast Behavioral Health Care Consortium Office of Child Development, University of Pittsburgh*

Business Members
Allied Insurance Brokers, Inc.
Anasazi Software, Inc.
Askesis Development Group, Inc.
AZTAC
Barbara Granger Consulting Services
Bee, Bergvall and Co, PC
Behavioral Pathway Systems
Bristol-Myers Squibb Company
Broadview Networks
Brown & Brown of Lehigh Valley
Butler Woodcrafters, Inc.
CBY Systems, Inc.
Center for Family Based Training, LLC
Core Solutions
Credible Behavioral Healthcare Software
Dataquest
Delta-T Group
The Echo Group
Eli Lilly and Company
Essential Learning
First Nonprofit Companies
Furniture Concepts
InSight Telepsychiatry, LLC
K&L Gates, LLP
Kelley & Murphy
Netsmart Technologies, Inc.
NSM Insurance Group
Ortho McNeil Janssen Pharmaceutical Services
ParenteBeard, LLC
Post & Schell, PC
PsyTech Solutions, Inc.
Qualifacts Systems, Inc.
Reckitt Benckiser Pharmaceuticals
Sequest
Sierra w/o Wires, Inc.
Sigmund Software, LLC
Staffing Plus, Inc.
Stanalonis & Associates, LLC
Susquehanna Consulting & Financial Group
Systems Imaging, Inc.
This End Up Furniture Co., Inc.
Tidgewell Associates, Inc.
Tricore Integrated Employer Solutions
Tsoules, Sweeney, Martin & Orr, LLC
UNI/CARE Systems, Inc.