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When looking back at last year and all that occurred, 2012 will be viewed as a watershed year for PCPA and many of the service systems in Pennsylvania. So much has happened, so much has changed, and so much has challenged providers and consumers never before seen in our state. In short, intellectual disabilities, behavioral health, drug and alcohol services, and children’s programs are not what they used to be. And as it stands now, it is unclear what they will become.

Throughout it all, I am proud to say that PCPA remained resolute in fulfilling its mission, supporting providers and promoting excellent services.

Here’s a brief overview of what happened.

- PCPA and PARF entered into discussions to merge into a larger, more comprehensive provider association.

- Our bylaws were changed allowing a new northwestern region to be established.

- We held our first Health Care Opportunities Summit focused on the future of health care and how providers can plan accordingly.

- PCPA released its white paper supporting the behavioral health carve-out and continuing its dedicated funding.

- Webcasting took off as the association used the Internet to reach members.

- Providers were hard hit with unprecedented cuts in mental health and the formation of a block grant pilot. PCPA advocated for full restoration as Capitol Day saw record attendance from providers, consumers, and advocacy groups voicing their outrage.

- The Office of Developmental Programs restructured payments to providers and PCPA advocated for more fiscally sound approaches.

- The Department of Drug and Alcohol officially started, marking the first time a cabinet position of this kind was established.

- Finally, the Supreme Court ruled in favor of the Accountable Care Act, paving the way for health care reform in the country.

At every turn PCPA has been there for members – identifying and tracking key events and responding effectively to push for the best outcomes. PCPA has also taken the lead to plan for the future, such as in preparing providers for health care reform, advocating for regulatory changes, and promoting a different type of outpatient service. It is a unique and wonderful association in so many ways. In particular, I have enjoyed the mutual respect among its members, the struggle to build consensus while planning and making decisions, and the strong, unwavering commitment to action when needed. It represents the best in what an association can be.

It has been an honor to serve as PCPA’s president and work with so many people dedicated to community services. I would like to express my heartfelt thanks to the Board of Directors for its advice and guidance. And I extend my deepest appreciation to committee chairs and their members for the immense amount of time and effort devoted to current events. Most importantly, I am grateful for the leadership of George Kimes and the hard work done by PCPA staff. They remain the heart and soul of the association and keep us connected to the many issues, trends, and changes that affect all people and services in Pennsylvania.

Jerry Skillings, PsyD, Horizon House
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Southwest Region Representatives
Michael Quinn, Chestnut Ridge Counseling Services, Inc.
Wendy Pardee, Community Guidance Center
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 Leisure, MHA
anne@paproviders.org

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

Membership & Marketing Coordinator
Steve Neidlinger, CAE
steve@paproviders.org

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

Executive Assistant/Office Manager
Cindy Lloyd
cindy@paproviders.org

Administrative/Fiscal Assistant
Tieanna Lloyd
tieanna@paproviders.org

Secretary/Receptionist
Kathy Morrow
kathy@paproviders.org
Executive Director’s Report

2011/12 was a challenging year for PCPA and our members. The Corbett administration moved into high gear as it continued to roll out activities and policies that created significant challenges to the full scope of human services. This has certainly been one of the most difficult years I have seen in my time with the association.

PCPA’s advocacy has always focused on efforts to collaborate and cooperate with government policy makers. This has become increasingly difficult as the current administration has moved to reduce channels of communication and become less transparent in its approach. Expanded advocacy is even more critical as we see the impacts of administration policy changes. Funding reductions were a predominant theme for many services as were efforts, often perceived as excessive, to find waste, fraud, and abuse. Numerous other departmental actions made it harder to serve consumers and PCPA stepped up advocacy efforts in response.

Our work with the legislature has continued, highlighted by the strong human service system advocacy of leaders like Rep. Gene DiGirolamo. PCPA fought hard to oppose the Human Services Block Grant that promises to devastate the behavioral health system. Legislative support was critical for the success we did have in slowing down the process.

PCPA members, driven by a sense of mission, have struggled with these challenges and worked hard to maintain programs in the communities they serve. Yet as we move into the new fiscal year, reports of program closures and service reductions are growing. The safety net is fraying.

In the midst of these struggles, there were many positive highlights for the year. The president’s letter, annual report overview, and committee reports describe the many activities. I am particularly proud of the Board of Directors. It has taken several major steps to strengthen the association and to support our advocacy efforts. Foremost among these was strong support for pursuing integration with the Pennsylvania Association of Rehabilitation Facilities (PARF). For the last several years, the board has set a strategic goal for strengthening our voice through expanded membership. As we face challenges of the future, having the combined power of two strong associations working together will enhance our advocacy and expand member services. The board provided the commitment and the resources to move forward with this incorporation.

Board leadership, especially seen in the work of the executive committee, has been exemplary and I wish to thank them. Jerry Skillings, president, has been a strong leader. He guided the board through a creative and productive strategic planning process and has kept us on track though the year. He has been a strong supporter of PCPA/PARF collaborations. The Executive Committee has repeatedly stepped up and served as examples of true leaders. They led the way with donations to our PAC. They have always made sure their agencies support activities through committee work, regional meeting involvement, and conference and technology conference attendance. Special thanks to Jon Evans, president elect; Terry McSherry, vice president; Denise Macarelli, treasurer; Tammy Marsico, secretary; and Karen Graff, immediate past president. Your leaders remain critical to the success of the association.

The achievements of PCPA would not be possible without the excellent staff and consultants. They work diligently to support our members and many are recognized across the state as experts in their fields. They are a tremendous resource for you. Use them. We hope you find this report informative. Please reach out to us if you have any questions or if you have suggestions on how we might better serve you.

George J. Kimes, Executive Director, PCPA
Overview: Challenge and Change

2011/12 had many highlights. Among the most important is what may become one of the greatest changes in PCPA. The Board of Directors entered into a memorandum of understanding with the Pennsylvania Association of Rehabilitation Facilities (PARF). In response to changing needs of the provider community, PCPA and PARF agreed to embark on a process and path potentially leading to the merger of the two organizations by 2013. Both associations are seeking to improve operations and focus the financial and human resources necessary to enhance advocacy, education, support, policy development, networking, public information, and training for members and for the benefit of persons with mental health, intellectual disability, addictive disease, and rehabilitation service needs.

Ten PCPA and PARF representatives are working together as a Joint Operating Committee (JOC) to organize efforts in utilizing or combining resources of the two associations. The JOC will hire an experienced executive to lead the group. Upon the development and subsequent approval of a plan of merger, the executive would be expected to be engaged as the president/CEO of the new organization.

On the advocacy front, the Corbett administration has promoted numerous changes that have made the delivery of community services more difficult, resulting in many actions by PCPA. The challenges to providers have been formidable. The Office of Developmental Programs (ODP) announced a horrendous set of rates for day programs in July. Strong advocacy led to a quick withdrawal. Other ODP payment chaos continued with an erratic and illogical “revenue reconciliation” process, as well as a November rate reduction through a “rate adjustment factor.” Act 22 of 2011 allowed the Department of Public Welfare (DPW) to prepare “expedited regulations” and PCPA fought to make the process as transparent as possible, advocating strongly for regulations that support the delivery of quality services.

The Medicaid program presented many new challenges to the provision of quality care. A six prescription limit proved difficult for consumers with behavioral health issues and physical health complexities. A hurried review of benefit eligibility resulted in many people, including children, being “purged” from Medicaid rolls,
resulting in over 80,000 people being denied benefits. A strong response by the advocacy community, including PCPA, resulted in reinstatement of benefits for many. Other departmental actions have challenged services to children. Co-pay proposals, limitations on behavioral health rehabilitation services, and obstacles to effective summer camp programs have negatively impacted services to children.

These challenges resulted in increased advocacy efforts including testimony at multiple hearings, preparation of position statements, use of consultants and lobbyists to impact the administration, and direct support to members through intervention with the bureaucracy.

While active intervention marked the Corbett administration’s strategy for many departments, the Office of Mental Health and Substance Abuse Services (OMHSAS) suffered most from benign neglect. In the 20 plus months of this administration, OMHSAS has had no leadership for over 15 months, making it difficult for the association to conduct business as usual with the office. Although Acting Director Sherry Snyder was helpful, the lack of official support at the top was critical and a major factor in formulating conditions leading to the devastation of a previously strong behavioral health program.

Early in the Corbett administration, DPW Secretary Gary Alexander made many public statements about the extent of waste, fraud, and abuse in the system. Often demonizing providers, repeated and unsubstantiated claims were made about the extent of the problem. DPW began a series of provider audits designed to recover funds from potential waste, fraud, and abuse. These efforts were perceived by many as excessive. Interestingly, in a round of additional audits, PCPA was informed by DPW Executive Deputy Secretary Tim Costa that all PCPA members who were audited had no significant findings. Throughout this process, PCPA fought to correct the misperceptions while continuing to offer training and support to members experiencing this disruptive procedure.

Outside of DPW, PCPA was active in establishing a positive relationship with the new Department of Drug and Alcohol Programs (DDAP). Meetings were held with DDAP Secretary Gary Tennis and PCPA remains hopeful that the new department will operate in an inclusive and transparent manner, looking to partner with the provider community to move the system forward.

Last spring, at one of the first meetings he attended, DPW Secretary Alexander spoke at the PCPA board retreat. At that time, he indicated a strong interest in reducing burdensome regulations. The association, in response to a similar request from Estelle Richman at the beginning of the Rendell administration, prepared an extensive report on problematic regulations. Using a superb work group of members, this document was updated and PCPA, though consultant Charles Curie, presented DPW with a report and matrix detailing problematic regulations. When speaking at the PCPA board meeting in June, Executive Deputy Secretary Costa commented on the document and promised it would be seriously considered. Costa has since resigned, but the regulatory reform document must be moved forward.

With the administration’s adversarial approach to human service, and with no strong supporters within the governor’s office, it became even more important to work with legislative champions. That was best seen in the block grant battle. As a part of the 2012/13 budget proposal, the administration included the establishment of a human services block grant. PCPA led the fight challenging this approach and led the opposition to the proposed 20 percent funding cuts for behavioral health services. A Provider News executive director column titled “Shift and Shaft” was widely distributed and the PCPA lobbying team, led by Anne Leisure and Morgan Plant, worked with Rep. Gene DiGirolamo to fight this drastic change. PCPA’s Capitol Day was a resounding success as over 1,000 people turned up to oppose the cuts and the block grant. The association’s supporters in the legislature deserve thanks for their help.

Rep. Gene DiGirolamo continues his tireless work to restore proposed budget cuts.
Other important legislative affairs activities included a successful graduation for the 2011/2012 Government Relations Institute (GRI) class. Seven new graduates returned to their agencies to become effective legislative advocates. The Political Action Committee (PAC) is an effective tool to support legislators who understand and act positively on issues facing members. This was a record year in raising funds for the PAC. Led by the committement and the generosity of board members, almost $17,000 was accrued.

PCPA continued to focus on health care reform and the implementation of the Patient Protection and Affordable Care Act (ACA). Again, the Corbett administration tabled all plans for change and has done little to implement any portion of the act. Even with the spring decision of the US Supreme Court to uphold major portions of the ACA, the administration has provided no indication of its intent. In spite of this PCPA, working through the Health Care Opportunities Task Force under the leadership of Alan Hartl and Stephen Christian-Michaels, continued to help members prepare for change. A series of educational meetings culminated with the Health Care Opportunities Summit. Superb presentations by national experts Dale Jarvis and Dorn Schuffman, along with an exciting panel of local experts, helped participants grasp the scope of pending change in the health care ecosystem. Several meetings of the task force have focused on developing models that promote physical and behavioral health integration. PCPA is the organizing force behind the statewide Physical Health/Behavioral Health Learning Community (PA PH/BH LC). The PA PH/BH LC is a collaboration between PCPA and key statewide associations and societies. This primary online community provides a shared forum for learning and for advancing the principles of integrated care.

Last year during the gubernatorial transition process, opposition to continuing the specialized behavioral HealthChoices program developed. Concerned about this possible move away from the carve-out model grew and PCPA actively advocated for its continuation. Staff, under the leadership of Deputy Director Lynn Cooper, worked to complete a new position paper supporting the continuation of the current behavioral HealthChoices model of managed care service delivery. The paper, Continuing the Success of Pennsylvania’s Behavioral Health Managed Care Program Controlling Cost, Improving Access, and Providing High Quality Care, was published in January. Since the early 1990s PCPA has supported the development of the model and strongly believes it should continue.

On the national front, PCPA continues to work with the National Council (NC). Susan Blue moved from the board of the NC onto the Executive Committee. Her move left a vacancy in Region III and PCPA Past President Alan Hartl was elected to fill that spot in a spring election. Attendance at the NC conference in Chicago dropped a bit from prior years, but still remained strong. PCPA staff members Connell O’Brien and Jen Bankard presented at the Chicago meeting. Their session focused on the PA PH/BH Learning Community. Joint membership in PCPA and the NC reached a new high as members took advantage of significantly reduced dues negotiated by the association.

PCPA’s two major conferences continued to be great successes. The Hats Off! conference at Seven Springs brought 646 participants together to learn and network. The second Technology Conference was likewise a popular and positively evaluated event. The latest technology trends in the field were previewed and members were able to visit major vendors in the electronic medical record marketplace in one convenient location. Additional training programs provided opportunities for members to learn via webinars and face-to-face events. The association continues to be a leader in working with the NC on the delivery of Mental Health First Aid (MHFA) programs. PCPA was a recipient of a NC grant to assist in the delivery of MHFA training. Additionally, the association was privileged to be one of only 10 national pilots of the Youth MHFA curriculum.
PCPA continued its trend of using cutting-edge technology to serve members. PCPA’s presence on Facebook began and has grown with regularity. A LinkedIn group was initiated in the spring. A new electronic registration and email notification system powered by Cvent should improve communications, as well as making registration and payment for PCPA activities easy. The association began webcasting select meetings. Webcasting is an effort to bring meetings to people, rather than requiring everyone to travel to the meeting location. PCPA will strive to balance the value of direct human interaction that occurs in face-to-face meetings with the convenience of remote participation. Both paper and online version of the association’s newsletter, Provider News, continue to receive acclaim as a highly-valued publication. PCPA’s web site remains unmatched among association electronic resources in providing excellent value to members.

Other products of value to members were produced by association staff or partners during the year. The 2011 PCPA Salary and Compensation Survey Report was published in July. The report includes sections on employment practices, benefit plans, and salary information. It was compiled to assist financial officers and agency leaders determine fair salary and compensation packages for all employee levels. The report is available at no charge for respondents that completed the survey and for purchase by those that did not. It has proven to be a superb benefit for members. The PCPA Benchmarking Initiative continued with partner Behavioral Pathways Systems. New tools including a health care reform readiness assessment and a physical/behavioral health inventory were added. For years, the association has looked to offer relief to members facing ever-increasing costs for health insurance. Discussions have moved forward and PCPA is considering development of a health insurance consortium/collaborative. A partner has been selected and work has begun with several major health insurers to develop a product for members.

PCPA remains a strong and vital organization because of the mission driven, quality oriented, and creative agencies that comprise the membership. There are difficult times ahead, but there is strength through unity.
Award Recipients

PCPA honored Philadelphia Commissioner **Arthur C. Evans, Jr., PhD**, with its 2011 President’s Award. “It was an honor to be able to recognize Arthur’s visionary leadership in transforming the Philadelphia service system,” noted Jerry Skillings, PsyD, PCPA president and vice president of behavioral health at Horizon House in presenting the award to Dr. Evans. A clinical and community psychologist, Evans arrived in Philadelphia in 2004 after serving as deputy commissioner for the Department of Mental Health and Addiction Services in Connecticut. During his tenure he also held a dual role of acting commissioner for the Philadelphia Department of Human Services (2006 – 08), addressing significant issues in child welfare services. Evans holds a faculty appointment at the University of Pennsylvania School of Medicine. He serves on the board of directors for the Institute for Research, Education and Training in Addictions, is a member of the SAMHSA Center for Substance Abuse Treatment National Advisory Council, and served on the board of directors for ACMHA: The College for Behavioral Health Leadership.

The **National Council for Community Behavioral Healthcare** was chosen to receive the 2011 **Raymond R. Webb, Jr. Government Relations Award for its exemplary leadership in the health care legislative arena. National Council staff worked tirelessly to spearhead legislation on behalf of adults and children with mental illnesses and addictive diseases. Its efforts on behalf of behavioral health parity and the push for recognition of behavioral health in national health care reform are critical. Additionally, the council’s work to move the **Health Information Technology Extension for Behavioral Health Services Act** forward is recognized by PCPA members as providing key support for providers to implement electronic health records. The commitment to making National Council’s Hill Day a premiere event has also provided members the opportunity to become more effective advocates on national issues.

PCPA selected **Michael D. Pennington** as recipient of the 2011 **Marilyn Mennis Memorial Award**. Pennington is director, Office of Juvenile Justice and Delinquency Prevention, Pennsylvania Commission on Crime and Delinquency (PCCD). Prior to coming to PCCD he worked as a residential treatment provider, treatment supervisor, assistant director, and program director of residential facilities in Pennsylvania. He is responsible for development of policy recommendations and the administration of federal and state funds to support programs to improve the commonwealth’s juvenile justice system and to prevent violence, delinquency, substance abuse, school dropout, and related problem behaviors among children and youth. Through his efforts, Pennsylvania has seen the introduction and expansion of several evidence-based treatment models and the continued advancement of cross-system collaboration and enlightened delinquency diversion and intervention policies and practices.
2012 Tech Conference Highlights

In March, PCPA held its second Technology Conference. This one and one-half day event was offered in response to the continued need of members to use technologies to improve the effectiveness and efficiency of organizations. PCPA extends a great deal of thanks to the 22 sponsors, exhibitors, and advertisers, whose participation and support made this event possible. The conference offered 18 educational workshops with topics ranging from electronic health records, to social media, to using technology as part of treatment. Keynote speaker Vicky Mieseler, MS, presented Healing Joplin, which described the role that technology played in the mental health response to the Joplin, MO tornado.
2011 Conference Highlights

Record Crowd Enjoys Hats Off!

PCPA celebrated Hats Off!, its 2011 conference, with a record crowd at Seven Springs Mountain Resort. Bounded by two plenary sessions and 66 educational workshops, 646 people participated in activities and learning events throughout the week. Workshops addressed nine tracks encompassing areas such as leadership, agency and business operations, clinical and policy discussions, and innovations in care.

PCPA tips its hats to the Conference Committee – co-chaired by Richard Lewis and Mike Hanawalt – for putting together a rewarding event for their peers. Presenters, exhibitors, and sponsors who helped provide a stellar experience for the Pennsylvania mental health, drug and alcohol, and intellectual disability community cannot be thanked enough. In addition to the educational events, ample opportunities existed for networking and meeting with industry partners. Exhibit Hall, two evening receptions, the PCPA awards luncheon, and the always-anticipated Seven Spring barbecue were the places to gather to share information, meet new colleagues, and unwind following educational sessions.

A special plenary on hope started the week and sessions with state-level leaders from key government offices offered opportunities for dialogue. Acting Deputy Secretary Sherry Snyder, Office of Mental Health and Substance Abuse Services, drew a large crowd. John Cox and Patty McCool, Office of Developmental Programs, updated another large group of attendees on the latest challenges in the intellectual disability system. A panel of children’s policy officials offered further opportunity for member participation. The Friday plenary on health care reform featuring Chuck Ingoglia, National Council for Community Behavioral Healthcare, and David Lloyd, MTM Services, Inc., offered both an update on the process and practical tips on changes needed to be successful in the new health care environment.

Workshops addressed nine tracks encompassing such areas as leadership, agency and business operations, clinical and policy discussions, and innovations in care.
Gateway Rehab was one of two vendors to win Best of Show honors in the Exhibit Hall.

The Conference Committee tips its hats to members, guests, sponsors, exhibitors, and presenters in October at Seven Springs.

Committee Chairpersons

**Children**
Brad Barry, Child Guidance Resource Centers
Ted Glackman, Joseph J. Peters Institute

**Conference**
Richard Lewis, NHS Human Services
Michael Hanawalt, MA, NCC, LPC, Wesley Spectrum Services

**Criminal Justice**
William Charles Folks, LCSW, Eagleville Hospital
Gregory Smith, Transitional Living Centers, Inc.

**Drug and Alcohol**
Michael Ratajczak, Aldie Foundation, Inc.
Gregg Slocum, Valley Forge Medical Center and Hospital

**Intellectual and Developmental Disabilities**
Dan Sausman, Case Management Unit
Will Stennett, Family Services of Western Pennsylvania

**Legislative Affairs**
Alan J. Hartl, MS, Lenape Valley Foundation, Inc.
Angelo Stamoolis, Community Counseling Center

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

**Mental Health**
Bob Miele, COMHAR
Kathy Yarzebinski, Family Services of Western Pennsylvania

**Nominating**
Karen Graff, Penndel Mental Health Center

**Training**
Melissa Jones, MS/CPRP, Community Services Group
Gary Minnier, Adams-Hanover Counseling Services, Inc.
Legislative Affairs

PCPA continued its commitment to increasing the association’s visibility and effectiveness in the legislative arena in one of the most challenging economic and political environments experienced in its history. The governor-proposed budget combined seven county human services programs into a block grant and cut it by 20 percent. In recognition of this threat, PCPA took a lead role in opposition to the block grant and the cuts, working closely with legislative human services champion Rep. Gene DiGirolamo and other stakeholders. Intense advocacy was successful in preventing a full-scale block grant from being implemented and in mitigating the proposed cut to 10 percent. Budget advocacy also resulted in good news concerning the Intellectual Disability Waiver appropriation, with a total funding increase of $135 million.

In other legislative efforts, PCPA worked to prevent the renewal of Act 22 of 2011, legislation that gave the Department of Public Welfare unprecedented authority to promulgate regulations outside of the normal regulatory process. PCPA’s ongoing communication with legislators regarding negative outcomes was successful, as the General Assembly chose not to renew it. Members provided effective testimony in a number of Senate and House legislative hearings focused on a variety of issues, including the impact of the Office of Developmental Program’s fiscal policies. PCPA, on behalf of the Behavioral Health, Intellectual Disability, and Autism Coalition, also created an online petition opposing the block grant and funding cuts which reached its goal of 5,000 signatures and was shared with the General Assembly.

More than 1,000 attended the rally during PCPA Capitol Day.
The Criminal Justice Committee experienced several meeting cancellations during the year, but still managed to get important work done regarding reentry issues with colleagues from the Pennsylvania Commission on Crime and Delinquency, the Department of Corrections (DOC), and Second Chance Ministries. One significant development included news from the DOC that they will finally provide photo identification to every offender leaving an institution. PCPA has advocated for this action for a very long time. This much-needed development will help improve access to services.

A highlight of the year is PCPA Capitol Day. Thanks to the hard work and commitment of members and Capitol Day partners (Mental Health Association of Southeastern Pennsylvania and the National Alliance on Mental Illness Southwestern Pennsylvania), over 1,000 attendees covered the Capitol steps. Speakers included PCPA Legislative Affairs Committee Co-chair Alan Hartl, Majority Chair of the House Human Services Committee Gene DiGirolamo (R- Bucks), Minority Chair of the Senate Appropriations Committee Vincent Hughes (D-Philadelphia), House ID Caucus Leader Tom Murt (R-Montgomery), Minority House Policy Chair Mike Sturla (D-Lancaster) and up-and-coming human services champion Rep. Pam DeLissio (D-Philadelphia). Other speakers were mental health advocate Joseph Rodgers, Community Legal Services attorney Michael Froehlich, and Executive Director of the Housing Alliance of Pennsylvania Liz Hersh.

PCPA continued its award winning Government Relations Institute©, a member education program designed to make participants familiar with public policy issues and develop advocacy skills with local legislators. The 2011/12 GRI launched in December with seven participants from across the state. In an effort to more fully share the accomplishments of GRI© participants with PCPA members, project reports were presented at the PCPA committee meeting most related to the project.
Children’s Services

For children’s providers, the year has been one of measuring how many steps forward and back the service systems have experienced. Growing economic constraints, expanded regulatory oversight, state leadership changes and accompanying constrained communications have impeded members from focus on their mission and passion – high-quality essential services for children and youth. The silver lining has been the ability of members, staff, and key colleagues and stakeholders to come together to support and inform one other and seek solutions to each challenge. Thousands of children, adolescents, and their families rely on skilled and compassionate staff at member agencies who provide mental health, substance use disorder treatment, rehabilitation, child welfare, juvenile justice, and special education services.

2011/12 began with major reductions in child mental health service funding. Twenty million dollars were cut from residential treatment services while another $20 million were eliminated from Behavioral Health Rehabilitative Services that were designed to reduce the demand for residential and inpatient treatment. More challenges developed as thousands of children were dropped from the Medicaid rolls, counties reduced transportation for Medicaid programs, restrictive regulatory interpretation impacted Summer Therapeutic Activity Programs, and the state developed plans to levy co-payments on some child and adolescent mental health and pediatric services. In the face of such challenges, PCPA and its members worked to advance the objectives of sustaining and enhancing child and adolescent policy, planning, and practice. While fiscal and regulatory collaboration in many areas has become more challenging, PCPA’s work with child-serving health and mental health practitioners, special education, early care and education, and advocacy organizations has grown stronger.

While the greatest challenges have been in the areas of economic and governmental policies, PCPA has seen success in several key areas:

- Pediatric and primary care collaboration and co-location of child mental health services;
- Early childhood mental health awareness and service expansion efforts;
- School-based on-site behavioral health services, partnerships, and positive behavior supports; and
- Continued efforts to identify, promote, and adopt promising practices and trauma-informed approaches to child resiliency and recovery.

Finally, any report on this year and the lives of children would be incomplete without noting Pennsylvania’s tragic experiences with child abuse and PCPA’s role in improving the ability to protect children, work to heal victims, and educate the community. PCPA and its members can take pride in continuing collaboration with advocates, the media, and families to move beyond headlines to provide critical information about recovery and resiliency.
Drug & Alcohol

It was an exciting and busy year for drug and alcohol services in Pennsylvania. The most significant development was the creation of the Department of Drug and Alcohol Programs. Much work went into meeting with state officials before the department was in place and afterwards with Secretary Gary Tennis and Deputy Secretary Kim Bowman. PCPA emphasized that as the department is developed a number of considerations must be made such as supporting the full continuum of care and medication-assisted treatment, co-occurring services, and keeping administrative costs as low as possible.

Another major development required numerous meetings and training sessions. The Bureau of Drug and Alcohol Programs has worked for a number of years to develop a new data system. It was implemented in July. The new system is called STAR – Strengthening Treatment and Recovery. The primary reason for STAR is to bring Pennsylvania into compliance with federal and state requirements and to replace the antiquated Client Information System.

The Medical Assistance Transportation Program continued to need PCPA advocacy, especially as it relates to methadone services and children’s services. Expedited enrollment in Medical Assistance, problems with commercial insurance, various licensing problems, and work on numerous buprenorphine and methadone issues continued to be important priorities.

Of significant note, the Office of Mental Health and Substance Abuse Services held a special session focused on methadone best practice. Behavioral health managed care organizations, oversight bodies, and single county authorities were invited to participate. Glen Cooper, New Directions, and Lynn Cooper, PCPA, presented an overview of the association position paper Best Practices in Methadone Treatment. It emphasizes that support should be given to the further implementation of methadone standards to improve the overall quality of methadone treatment statewide.

In June Drug and Alcohol Committee members discussed the need for regulatory reform with Secretary Tennis. He encouraged members to begin work and report problems identified. Two work groups have been formed, the first reviewing general drug and alcohol regulations and the second reviewing staffing regulations. Amy Shanahan, Western Psychiatric Institute and Clinic of UPMC, leads the general regulations work group and Shelly Askew Floyd, Pyramid Healthcare, Inc., the staffing regulations work group.
If the year had a theme for Member Services, it would be that if you can’t come to PCPA, PCPA will come to you. By making services available to remote participants, the association continued its strategic goal of increasing its voice and visibility. For the first time, PCPA provided hybrid committee meetings for both live and remote participants. By using a webcasting platform, remote participants can hear and see presenters and interact via chat without the time and expense of travel. The first webcasts provided PCPA the opportunity to continue to improve the remote experience and webcasting has been warmly accepted by many members that had travel budgets restricted.

Because of the distance to Harrisburg or Pittsburgh, PCPA members in the northwest part of Pennsylvania found it difficult to participate. In response, PCPA created a fifth region, splitting the Western region into the Northwest and Southwest. PCPA continued its annual goal of regular meetings in all five regions.

PCPA has the responsibility to reach out to a new generation of employees. To do so, the association enlarged its social media presence through the Facebook and LinkedIn platforms and networks. Facebook allows PCPA to publicize events and communications while distributing news articles battling the negative stigma associated with individuals in service. LinkedIn creates a discussion platform for PCPA member professionals, allowing them to share best practices and similar experiences.

OMHSAS Acting Deputy Secretary Sherry Snyder provided updates regarding systemic and administrative changes to members during a special session at the PCPA conference in October.

Major themes for 2011/12 were budget constraints; fraud, waste, and abuse; Affordable Care Act implementation; increasing use of technology; Office of Mental Health and Substance Abuse Services (OMHSAS) leadership; and continuation of HealthChoices. A Department of Public Welfare (DPW) budget reduction of $400 million for “waste, fraud, and abuse” was instituted. A pilot program of audits completed by June 2012 was intended to find waste and fraud and enable recoupment of funds, but instead found minimal errors among PCPA members. OMHSAS continued focus on fraud, waste, and abuse, with requirements for behavioral health managed care organizations (BH-MCOs) to submit policies and procedures. OMHSAS, the Bureau of Program Integrity, and the BH-MCOs began a series of regional training programs for compliance. Use of provider self-audits is encouraged as providers are more closely scrutinized and greater emphasis is placed on compliance.

The Pennsylvania Department of Insurance held Health Insurance Exchange Forums across Pennsylvania. PCPA reminded the department that an array of behavioral health services must be included in the insurance products available at parity with physical health coverage. The department announced that a Health Insurance Exchange would be developed for Pennsylvania.
The Department of Insurance received a planning grant, although little public evidence of planning was available. PCPA began working in coalition with the Pennsylvania Health Access Network and others advocating for a Pennsylvania Health Insurance Exchange and a reasonable essential health benefits package that includes an array of behavioral health services offered at parity with physical health services.

Use of technology has increased. Medicare and Medical Assistance (MA) Electronic Health Record Incentive Program initiatives have encouraged providers to develop electronic record systems, even though behavioral health providers are not eligible. Practitioners within agencies have assigned the benefit to agencies to assist in system improvements. Transition to HIPAA version 5010 was effective January 1. Electronic prescribing initiatives for Medicare and MA continued. Even MA bulletins are now distributed electronically.

OMHSAS has floundered with delays in establishing leadership. Blaine Smith was appointed as OMHSAS deputy secretary in mid-November. His departure in late May left a void that has not been filled.

The Department of Public Welfare (DPW) expressed interest in revising requirements that add costs without adding value. PCPA presented DPW with a regulatory reform narrative and matrix of recommended changes. DPW has not moved forward with many recommendations, although work continues on the Outpatient Task Force examining short- and long-term solutions to the problem of ongoing viability of outpatient behavioral health services. Suggestions for alternative payment arrangements, coding changes to accommodate essential care coordination functions, regulatory changes, and system redesign are all under consideration. MA bulletin *Consultations Performed Using Telemedicine* that encourages the use of telepsychiatry was issued. Guidance was issued through *Mental Health Targeted Case Management (TCM) Documentation Requirements*. Providers continue to wait for guidance related to travel and targeted case management. OMHSAS and the Office of Developmental Programs have formed a partnership to develop resources and competencies to better serve individuals with co-occurring mental health and intellectual disability issues.

**Autism**

Like other areas of intellectual disability and behavioral health, autism funding, policy, and services during the year brought new challenges to providers, consumers, and families. 2011/12 saw the Bureau of Autism Services publish and promote a groundbreaking Pennsylvania system needs survey, but also saw state resources and supports for autism interventions and options diminished by fiscal policies and shifting priorities. The three regional Autism Service, Education, Resource, and Training Centers, anchored by PCPA members, continued to generate critical information. As state leaders reduced engagement with providers, consumers, and families the work groups, committees, and advisory boards that had been addressing autism service delivery challenges and issues were dissolved. PCPA continues to work collaboratively with key leaders at the state to find ways to influence policy and advance provider and consumer priorities. Members are working with county and managed care leaders to address the growing needs faced by individuals with autism, even with diminished resources.
Ten members provided mini-testimony during the meeting, including Joel Goldberg, Quality Progressions; Deb Lawson, Community Guidance Center; and Dan Sausman, Case Management Unit for Dauphin County.

2011/12 was exceptionally active regarding legislative advocacy and media outreach for the intellectual and developmental disabilities system in Pennsylvania. The governor and administration have taken sweeping steps to make changes to the system funded through the Office of Developmental Programs (ODP). This started with the decision to move Supports Coordination Organizations (SCO) payments from the cost-based prospective payment system to a state set fee-schedule. Many SCOs experienced funding cuts up to 28 percent. ODP also implemented a negative six percent Rate Adjustment Factor to all cost-based direct services. This created the need for PCPA to develop and implement numerous resources to assist members in educating local legislators and the public regarding the true impact of these changes.

In cooperation with the Intellectual Disability and Autism Coalition, PCPA coordinated parent, supports coordination, and direct service provider testimony to the House of Representatives Human Services Committee. They addressed how the Individual Support Plan becomes the prescriptive requirement for supports, concerns when parents are no longer be able to care for their child and funding for community supports may not be available, and the impact of ODP rate cuts on the individual’s services. As time drew near for passage of the state budget, PCPA again provided testimony focused on ODP moving all waiver funding, except residential eligible and transportation trip, to a state-set fee schedule. PCPA advocated for a payment policy that recognizes differences among people served and related costs. ODP proposes using “average” rates to pay service providers. However, individuals receiving services do not live “in the average.” They have highly diverse needs and require a variety of services and supports.

PCPA’s Intellectual and Developmental Disabilities and Legislative Affairs Committees provided an opportunity for members to present comments to Senator Lloyd Smucker, Appropriations Committee; House Human Services Committee Legislative Analyst Elizabeth Yarnell; and Rep. Thomas Murt’s staff, Bill Dixon, regarding ODP rate cuts, proposed 2012/13 budget changes, and the impact on the intellectual disability system. Issues shared included staff layoffs, benefit cuts, salary freezes, risk on quality of services, and possible program closures.

Direct Support Professionals Recognition Week was celebrated September 11-18. At PCPA’s request Governor Corbett issued a state proclamation to celebrate the dedicated work of direct support workers. PCPA provided members with copies of the proclamation, request for county designation, and a press release for the media.

A Workforce Development Toolkit was developed providing a variety of state and national resources addressing issues of recruitment and retention of direct support professionals and hiring individuals with disabilities. The toolkit includes information such as online resources, surveys, credentialing and apprenticeship programs, and state and national efforts to recognize our direct support staff. It is accessible at www.paproviders.org.

ODP and the Office of Mental Health and Substance Abuse Services have developed a joint initiative addressing dual diagnoses. This partnership addresses models of support and services for persons with intellectual disabilities, autism, and mental health issues. Curricula are under development.
Training

The past year has seen continued growth in training offerings by the association. Training topics offered included Mental Health First Aid (MHFA), Audit and Compliance Issues for Providers, Legislative Advocacy, Meaningful Use: A Call to Action to all Behavioral Health Professionals, and Introduction to Cloud Computing.


PCPA plays a leadership role in the learning community by maintaining the email communication and online platform through the Social Network of Care and hosting regular webinars. Webinar topics this year included:

- Integrated Health For Youth Using a Developmental Approach;
- Integration, Co-Location, Collaboration or Fragmentation: Toward an Understanding of Ideas and Moving Toward Integrated Care;
- Pennsylvania Medical Home Initiative;
- Overview of Mental Health First Aid;
- Nurse Practitioners: Clinical Excellence for Physical and Mental Health;
- Reverse Co-location: Integrating Primary Care into a Behavioral Health Setting; and
- Working Through Confidentiality Issues.

Participants work on a group exercise during MHFA training in May.
Members

Italics indicate new members.

Provider Members

Achievement Center, Inc.
Adams-Hanover Counseling Services, Inc.
Addiction Medicine and Health Advocates, Inc.
Aldie Foundation
The Alliance for Infants and Toddlers, Inc.
Alliance Health Wraparound, Inc.
  – Allegheny County
Allied Services Behavioral Health Division
Alternative Community Resource Program, Inc.
ARC Manor
The Arc of Centre County
Barber National Institute
Beacon Light Behavioral Health Services
Behavioral Health Services of Wyoming Valley
Berk’s Counseling Center, Inc.
Brooke Glen Behavioral Health Hospital
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 Crisis Treatment Center
Children’s Service Center of Wyoming Valley, Inc.
Clarion Psychiatric Center
Clinical Outcomes Group, Inc.
COMHAR, Inc.
Community Counseling Center of Mercer County
Community Education Centers, Inc.
Community Guidance Center
Community Services Group
Creative Health Services, Inc.
Deerfield Behavioral Health, Inc.
Diakon Lutheran Social Ministries

Dickinson Center, Inc.
Drug and Alcohol Treatment Services, Inc.
Eagleville Hospital
Edison Court, Inc.
Elwyn, Inc.
Empowering People in the Community, Inc.
Erie County Care Management, Inc.
Evergreen Elm, Inc.
Exela Health Behavioral Health – Westmoreland
Fairmount Behavioral Health System
Family Behavioral Resources, Inc.
Family Counseling Center of Armstrong County
Family Enrichment Center, PC
Family Guidance Center
Family Services of NW PA
Family Services of Western Pennsylvania
Familylinks
Firetree, Ltd.
Foundations Behavioral Health
Friends Hospital
Friendship House
Gateway Rehabilitation Center
Harborcreek Youth Services
Haven Behavioral Health Services
Hispanic American Organization
Hoffman Homes, Inc.
Home Nursing Agency Community Services
Horizon House, Inc.
The Horsham Clinic
Human Services Administration Organization
Human Services Center
Human Services, Inc.
Intercommunity Action, Inc.
Irene Stacy Community Mental Health Center
JEVS/ACT
Jewish Residential Services
Keystone Center
Keystone Service Systems, Inc.
Lehigh Valley Health Network - Psychiatry
Lenape Valley Foundation, Inc.
The Lodge Life Services
Lourdesmont - Good Shepherd Youth & Family Services
The Meadows Psychiatric Center
Mercy Behavioral Health
Milestone Centers, Inc.
Minsec, Inc.
Mon Yough Community Services, Inc.
National Mentor Healthcare, LLC,
d/b/a Pennsylvania MENTOR
New Directions Treatment Services
NHS Human Services, Inc.
Northeast Community Center for Mental Health/ Mental Retardation
Northeast Community Mental Health Center, Inc.
NorthEast Counseling Services
NorthEast Treatment Centers
Northern Tier Counseling, Inc.
Northwest Tri-County Intermediate Unit
Pace School Partial Hospitalization Program
Penn Foundation
Pennsylvania Counseling Services, Inc.
People In Need
Philadelphia Mental Health Center
Philhaven
Pinnacle Treatment Centers, Inc.
Plea
Pressley Ridge
Primary Health Network
Public Health Management Corporation
Pyramid Healthcare, Inc.
Quality Progressions
Rankin Christian Center
The Reading Hospital Center for Mental Health
The ReDCo Group
Regional Counseling Center, Inc.
Renewal, Inc.
Roxbury Treatment Center
Safe Harbor Behavioral Health
SafeGuards Specialized Foster Care
Salisbury Behavioral Health, Inc. d/b/a New Story
Sarah A. Reed Children’s Center
Scranton Counseling Center
Silver Springs - Martin Luther School
Southwest Behavioral Care, Inc.
Staunton Farm Foundation
St John Vianney Center
Step By Step
Tadiso, Inc.
Transitional Living Centers, Inc.
Turtle Creek Valley MH/MR, Inc.
UPMC Beaver Valley
UPMC Behavioral Health
UPMC Horizon
UPMC McKeensport
UPMC Northwest
Valley Forge Medical Center & Hospital
The Watson Institute Friendship Academy
Wesley Spectrum Services
Western Psychiatric Institute and Clinic of UPMC
Westmoreland Casemanagement and Supports, Inc.
Wordsworth
Youth Advocate Programs, Inc.

**Associate Members**

The Advocacy Alliance
Allegheny HealthChoices, Inc.
Appalachia Intermediate Unit #8
Blair County Behavioral Health
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 and 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
National Alliance on Mental Illness Southwestern Pennsylvania
National Council for Community Behavioral Healthcare
Northeast Behavioral Health Care Consortium
Office of Child Development, University of Pittsburgh
OptumHealth
Philadelphia Alliance of Specialized Agencies
Philadelphia Coalition of Community MH/MR Centers, Inc.
Southwest Behavioral Health Management, Inc.
Staunton Farm Foundation
Value Behavioral Health of Pennsylvania

**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 Mental Health and Development Services
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 Intellectual Disability Services
Schuykill County MH/MR/D&A Program Office
Venango County Human Services
Westmoreland County MH/MR Program

**Business Members**

Alkermes
Askesis Development Group, Inc.
AZTAC
Bee, Bergvall and Co., PC
Behavioral Pathways Systems
BRB Consulting, Inc.
Bristol-Myers Squibb Company
Broadview Networks
Brown and Brown of Lehigh Valley
Butler Woodcrafters, Inc.
CBY Systems, Inc.
Center for Family Based Training, LLC
Core Solutions
Credible Behavioral Healthcare Software
The Echo Group
Essential Learning
First Nonprofit Companies
Foothold Technology
Furniture Concepts
The Graham Company
Hulse/QM
InSight Telepsychiatry, LLC
Janssen Pharmaceuticals, Inc.
K&L Gates LLP
Kelley & Murphy
Lilly USA, LLC
Netsmart Technologies, Inc.
Open Minds
Osterhout Disability Law
Qualifacts Systems, Inc.
Rhoads & Sinon, LLP
Sequest
Sierra w/o Wires, Inc.
Sigmund Software, LLC
Staffing Plus, Inc.
Stanalonis & Associates, LLC
Susquehanna Consulting and Financial Group
Systems Imaging, Inc.
This End Up Furniture Co., Inc.
Tidgewell Associates, Inc.
Tricore Integrated Employer Solutions
Tsoules, Sweeney, Martin and Orr, LLC