On December 2, nearly 100 PCPA members gathered to begin to address ever-growing concerns about the continuing viability of outpatient behavioral health services in the commonwealth. The summit resulted from the PCPA 2009/10 strategic planning process that demanded steps to address this critical issue. Goals of the summit included defining the current legal, clinical, and economic status of outpatient services; discussing barriers and threats to the delivery and viability of outpatient services; examining new or different models of providing services; and developing recommendations for a position paper.

An impressive group of presenters began the day by providing a “state of the state” of outpatient services from various perspectives. Presenters included Tom Newman, Pennsylvania Mental Health Consumers’ Association; Deputy Secretary Joan Erney, Office of Mental Health and Substance Abuse Services; and representatives from three provider agencies. In an unprecedented event in association history, top executives from all five HealthChoices behavioral health managed care organizations participated in a panel presentation. Common themes echoed throughout the presentations included the need for regulatory change and a review of reimbursement rates. Keynote presenters Dale Jarvis and Bea Dixon provided the audience with information on best fiscal and clinical practice. They emphasized that changes

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are needed from current practice in order for providers to be prepared for changes resulting from impending health care reform, including integration of primary care and behavioral health services and supports.

The day concluded with participants brainstorming recommendations to be used in the development of a PCPA position paper. Participants provided recommendations regarding clinical, financial, regulatory, and staffing/operational issues.

Feedback was overwhelmingly positive. One participant commented, “I thought today was terrific. The day was well organized and the process well planned. It was an excellent beginning for the eventual white paper recommendations.”

Copies of the summit presentations and handouts can be located on the PCPA website. PCPA thanks Horizon House, Inc.; Qualifacts; and Tsoules, Sweeney, Martin and Orr, LLC for sponsoring the event.

Provider leaders Paul DeNault, Jon Evans, and Jerry Skillings discuss current outpatient practices.

Marc Forman, CBH; Jim Gavin, CCBHO; Laverne Chicon, VBH of PA; Richard Edley, CBHNP; and Evon Bergey, Magellan join George Kimes in a panel discussion of outpatient issues during the Summit.

Susan Blue (standing) leads a break out group in discussion of financial issues related to outpatient services.

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BUSINESS MEMBER
December 2 was a good day in the history of PCPA. The first Outpatient Summit was held and nearly 100 participants joined an impressive group of presenters to consider the current and future status of outpatient services. The idea for the summit originated at the April 2009 board retreat and will be followed by several additional activities, including the development of a position paper. Many found the summit to be thought-provoking and, at times, even optimistic about the future. I found the summit, particularly presentations by Dale Jarvis, to be stimulating when conceptualizing the future of community behavioral health services for the year ahead. The process was excellent and as 2009 draws to a close and we look to 2010, the summit has triggered my thinking about the challenges and the opportunities ahead.

To be sure, there are many challenges in 2010. We are in the waning days of the Rendell administration. The lame ducks are limping and some are escaping. Secretary Richmond is heading to Washington, DC and key individuals throughout the administration are looking for their next opportunities. Departmental staff reductions, pending retirements, and inertia are limiting potential administrative activities. The legislature remains politically paralyzed. The 2009/10 budget remains unfinished and the 2010/11 picture is frightening. The state’s revenue picture, while improving, is still falling short for this year and the potential loss of stimulus funds creates a gigantic budget “hole.” Indictments and trials add to the paralysis and, as I have commented previously, unbending ideologues seem to continue to drive the legislative process.

In the midst of these challenges we must continue to look for opportunities to improve the state of our services. We must continue to develop even more effective strategies in regard to the budget in 2010. Your involvement remains critical. Legal research completed this year and the development of new public relations strategies will help, but we must have a stronger collective voice which only comes through your actions. Possibilities remain for some regulatory reform and PCPA will step up activities on this front. When the Rendell administration began, we were asked to develop recommendations for regulatory reform. Little has been done, but in the waning days of this administration there remain some opportunities to impact regressive regulations or at least to pave the way for the next administration to focus on some “easy” fixes.

Speaking of the next administration, it is an election year and the association has begun the process to keep you informed and to seek to raise industry critical issues in the election process, as well as working to impact the transition process. The selection of the next governor is critical for the future of your organization.

Activities in Washington, DC continue to pose the best opportunities for improving and enhancing services. Parity regulations will be implemented and open the door to services for many. To be sure, there will be problems as this coverage begins, but it is an opportunity for expanded services. Health care reform may be passed by the time you read this and many currently uninsured individuals will eventually have coverage. Members should be prepared to serve these individuals. At the summit Dale Jarvis presented his thoughts on medical homes as opportunities for community behavioral health organizations. With such important activities underway, our strong relationship with the National Council for Community Behavioral Healthcare is even more important and more PCPA members are joining the council. 2010 promises to be a challenging year and the association will continue to look to our members to assist in meeting those challenges and seizing opportunities. Happy New Year!

George J. Kimes, Executive Director
george@paproviders.org

This column represents my opinion, not necessarily that of the association.
Rate Setting Work Group Reorganizes

The first meeting of the PCPA reorganized Rate Setting Work Group will be held January 6 at 2:00 p.m. at the PCPA office. The recent Drug and Alcohol (D&A) Committee survey indicated the issue of fair rate setting was at the top of the list of priorities. Once the D&A Steering Committee began to address the issues, it became clear that they extended beyond drug and alcohol providers and PCPA needed the input of the Rate Setting Work Group.

Several years ago PCPA organized a work group to address concerns expressed by members regarding financial struggles and the inability to negotiate fair rate increase. A position paper was developed and sent to state and county officials in 2007 (www.paproviders.org/Pages/HealthChoices_Archive/Rate_Setting_Position_Paper_101307.pdf) outlining the issues.

Some progress has taken place. As of July 1, 2009 all behavioral health managed care organizations (BH-MCOs) are required to have a rate setting process in place. The requirement for the BH-MCO to develop a policy for provider rate setting is on the Department of Public Welfare web site, under “HealthChoices Program Standards and Requirements.” It can be found on page 72 of the 110 page document. The requirement states:

The Primary Contractor (PC)/BH-MCO shall develop a policy and procedure for considering Provider rate setting for review and approval by OMHSAS. The policy shall include the opportunity of Providers to request a rate increase, summarize information the Provider must submit to justify a rate increase, describe the finance strategies the PC/BH-MCO may use in rate setting such as performance incentives, preferred Provider network, or other strategies. The policy will include a statement that the PC/BH-MCO shall not institute an across the board rate decrease for all Providers or a specific Provider type or group of Providers unless the PC or its BH-MCO has: (i) notified the Department of its intention to impose such an across the board rate decrease at least forty-five (45) days prior to the imposition of such a rate decrease; (ii) provided the Department with the justification for instituting such an across the board rate decrease (iii) discussed the proposed action with all affected Providers, and (iv) provided justification that such action will not adversely affect compliance with HealthChoices access and choice requirements.

Most BH-MCOs have submitted their rate setting policy and procedure to the Office of Mental Health and Substance Abuse Services. PCPA has requested a copy from each BH-MCO. As Provider News went to press, only CBHNP policies had been received. The Rate Setting Work Group will assess the progress made and develop an action plan for next steps. Members interested in being a part of the work group are encouraged to contact Lynn Cooper (lynn@paproviders.org).

Stimulus Fund Focus of CFO Work Group

The PCPA CFO Work Group met in December and had a special opportunity to learn about electronic health records (EHR) and health information technology funds available through the American Recovery and Reinvestment Act of 2009 (ARRA). The group was privileged to have a special presentation by Larry Clark, Department of Public Welfare. Clark is leading the Office of Medical Assistance Programs’ efforts to detail eligibility for the incentives available through ARRA for Medicaid providers. This was the first chance for Pennsylvania behavioral health providers to hear about the opportunities available through the Medicaid program.

Additionally, Howard Weitz, Allan Colluatt Associates, Inc., a PCPA business member, provided an overview of ARRA and grant and EHR opportunities available through stimulus funds. As a final presentation Matt Dorman, Credible Behavioral Health Software, a leading information system vendor, discussed considerations in dealing with vendors in regard to “certification” and “meaningful use.” Information on both the CFO Work Group and the presentations above are available by contacting George Kimes.
Members Among Best Places to Work

The yearly evaluation and publication of Pennsylvania’s Best Places to Work is complete and four PCPA members are among those honored. Among the honorees for large-sized employers are JEVS Human Services in Philadelphia (#10), Stairways Behavioral Health in Erie (#15), and Home Nursing Agency in Altoona (#26). The Graham Company in Philadelphia (#4) was recognized for medium-sized employers.

The awards are selected and presented by a partnership of industry and government groups. The assessment process for selecting honorees is two-part. The first is the Employer Benefits and Policy Questionnaire, which is completed by a senior primary contact at each applicant. This questionnaire captures employer policies, practices, and demographics. The second is the Employee Engagement and Satisfaction Survey, which is sent to all employees. Responses are rated according to eight focus areas: leadership and planning, corporate culture and communications, role satisfaction, work environment, relationship with supervisor, training and development, pay and benefits, and overall engagement.

PCPA congratulates these members for their considerable accomplishment. For a full list of all honorees and information on 2010 submissions, visit www.bestplacestoworkinpa.com.

Revised Peer Support Services Bulletin Issued

As of January 1, peer support services provided via telephone will be reimbursable in Medical Assistance (MA) Fee-for-Service and HealthChoices. Peer support services were added in 2006 as covered services for adults aged 18 or older who have serious mental illness and for others by exception, but excluded services provided by telephone. Providers have urged the Office of Mental Health and Substance Abuse Services (OMHSAS) to include service provided by telephone as this is an integral part of peer support. Peer support services can be provided by free-standing peer support agencies, psychiatric outpatient clinics, partial hospitalization programs, crisis intervention, resource coordination, intensive case management providers, or psychiatric rehabilitation services. Providers must be licensed, enrolled in MA, and have a letter of approval from the Department of Public Welfare. HealthChoices providers must also be credentialed. Services may be delivered directly by the provider or, with approval, through subcontract with an agency that is not enrolled. Providers must sign a Supplemental Provider Agreement and have an approved service description in order to provide peer support services.

Peer support services may be provided by telephone for up to 25 percent of the total service time provided per individual, per calendar year. A calendar year limit of 16 15-minute units per day or 3,600 units per year per individual is applicable. If contact cannot be made in person or by telephone, the service is not billable, but attempts to contact the individual must be documented. Instant messaging can be used with a person with a documented need for communication accommodation. Non-direct services, such as staff meetings and record-keeping, are not billable. Costs related to travel

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Governor’s Mid-Year Budget Briefing

Governor Rendell’s mid-year budget briefing included a projection that, based on revenue shortfalls resulting from the slow economic recovery, there will be a revenue deficit of $450 million by the end of the fiscal year. Governor Rendell also said that additional spending cuts are needed to keep the current budget in balance. The revenue shortfall for the first five months was $217 million. To address the projected shortfall, the governor has directed a freeze of $170 million, reducing state operational expenditures by approximately one percent. The state will also recoup $50 million from prior-year unspent funds and will plan to draw $230 million from a year-end surplus originally projected at $354 million. That will leave $124 million to serve as a cushion against further erosion of finances. Governor Rendell also stressed the importance of the completion of gaming legislation to provide $250 million in revenue for the General Fund.

Table Games Legislation Incomplete

The Pennsylvania House of Representatives approved legislation that authorized the addition of table games to state casinos by a vote of 103-92 after days of debate. When the bill arrived in the Senate of Pennsylvania, lawmakers removed a provision that would add one resort casino to the current two licenses and made small changes to how the local share of table games revenue would be handled in Philadelphia. The Senate approved their amended version of the legislation on a vote of 27-22. House leaders found the changes problematic and were considering voting to non-concur on the bill and creating a conference committee. Instead, both chambers have recessed and will not return until January 5.

Governor Rendell signed bills funding most of the remaining portions of the 2009/10 budget, including state-related universities and some medical centers, but cut their allocation due to the incomplete gambling legislation. Because he agreed to release the funds, the governor has said that he must have a table games bill to sign by the evening of January 8. If the bill is not complete at that point, another $250 million will be put into budgetary reserves and there is the possibility of furloughs for up to another 1,000 state employees. PCPA continues to monitor the budget status and will keep members informed. Further questions may be directed to Anne Leisure (anne@paproviders.org).

Senate Passes Veterans’ Health Bill

The US Senate approved the Caregivers and Veterans Omnibus Health Services Act of 2009. The legislation includes a provision that directs the Secretary of Veterans’ Affairs to establish a program to provide peer outreach and support services, readjustment counseling, and other mental health services to veterans of the Iraq war and their families. In areas that are not adequately served by other health facilities, the department must contract with community mental health centers to provide the services.

LAC Meets January 28

The Legislative Affairs Committee (LAC) will meet via conference call on January 28 from 2:00 – 4:00 p.m. The LAC has established a Legislative Strategy Task Force which will also meet in January to develop updated legislative goals and objectives for PCPA. Further questions may be addressed to Anne Leisure (anne@paproviders.org).
Looking Ahead to the 2010/11 State Budget

PCPA continues to focus on options for preventing the severe repercussions to Pennsylvania’s non-profits that resulted from the 2009 101-day budget impasse. A number of bills designed to prevent another impasse have been introduced and PCPA is working on analysis to determine which reforms would be most effective in assuring continued funding to community providers. The bills can all be found in PCPA’s Legislative Tracking on the web site. The latest proposal is HR 557, introduced by Rep. Glenn Grell (R-Cumberland). This resolution calls for the establishment of a commission to reform the state budget process.

PCPA and other members of the Pennsylvania Association of Nonprofit Organizations Legislative Caucus met with Rendell’s Chief of Staff Steve Crawford and Secretary of Administration Naomi Wyatt to discuss options for preventing severe repercussions to non-profits. The meeting focused on the importance of working in coalition with other affected groups for greater impact and of identifying key strategies early. A PCPA Legislative Task Force will consider this issue and other legislative priorities going forward when they meet later this month. Comments and questions may be addressed to Anne Leisure.

Dermody Elected Democratic Whip

Rep. Frank Dermody (D-Allegheny) has been elected Democratic Whip with support of 53 members of his caucus, including the Allegheny County delegation. He replaces Rep. Bill DeWeese (D-Greene) who resigned earlier this week after being charged by Attorney General Tom Corbett. Dermody currently chairs the Urban Affairs Committee and last session served as Caucus Secretary.

Health Care Reform Update

As Provider News goes to press, the US Senate is close to allowing their version of the health care reform bill to come to a vote. The compromise that would have allowed Americans age 55-64 to buy into Medicare instead of a public option has been dropped. The Congressional Budget Office has estimated that the Senate bill would reduce the deficit by $132 billion over ten years. The Senate will hold several more procedural votes, with a final vote Christmas Eve. If it passes as expected, it will be merged with the House version of the bill, voted on again, and then sent to the president to sign.

The National Council has published a side by side comparison chart of the mental health and addictions provisions of the US House of Representatives and US Senate bills that may be found in the Members Only section of the PCPA web site.

Revised Peer Support Services Bulletin Released

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cannot be billed separately. OMHSAS will review claims data and issue periodic monitoring reports for adherence to the 25 percent limitation. OMHSAS encourages providers to monitor telephone support usage through record review and internal audits. More detail can be found in OMHSAS Bulletin OMHSAS-09-07, Peer Support Services – Revised, available on the PCPA web site (www.paprotectors.org).

Peer Support Coalition Seeks Members

Individuals who provide peer support services to help others to recover from mental illnesses or co-occurring disorders are eligible to join the Pennsylvania Peer Support Coalition. Members must identify themselves as consumers, survivors, peers, or individuals in recovery from mental illness. Membership is not restricted to certified peer specialists. There is no membership fee. Benefits include email alerts on issues related to peer support, an electronic newsletter issued twice per year, technical assistance on topics related to peer support, and opportunities to serve in coalition leadership. Contact Peer Support Coalition Coordinator Nicole Darr (nicole@pmhca.org or 717-564-4930) for more information.
PCPA Comments on PHIX Plan

As previously shared, the Governor’s Office of Health Care Reform is developing the Pennsylvania Health Information Exchange (PHIX) Strategic Plan to present to the Centers for Medicare and Medicaid Services and to guide development and implementation of PHIX. PCPA submitted comments on the draft plan, strongly recommending inclusion of representatives of the behavioral health provider community on the PHIX Advisory Council and on the governing body that will be developed. The PHIX must circumvent financial and regulatory barriers that have delayed behavioral health adoption of electronic health records (EHR). Involvement of behavioral health providers in PHIX should be encouraged with support for adoption of EHR and participation in exchanges. Providers must be involved in developing operational strategies to address super-protected information (such as information regarding mental health and substance use and abuse). PCPA looks forward to ongoing participation as the strategic plan is finalized and implementation begins.

New Start Date for ICO Program

The Integrated Care Options (ICO) program developed by the Departments of Aging and Long Term Living to serve Medicare and Medicaid dual eligible older adults will now begin January 1, 2011. The program will start in Allegheny, Beaver, Fayette, Greene, Washington, and Westmoreland counties with both health care services and long-term living services included. The original implementation plan began health care services in July 2010 and long-term living services in January 2011. Pennsylvania will contract with Medicare Advantage Special Needs Plans (SNPs) to provide Medicare and Medicaid services in the six counties. The delay will allow coordination of the new program with calendar year contracts that the Centers for Medicare and Medicaid Services (CMS) holds with SNPs. The delay will also allow a readiness review of all aspects of the program prior to implementation. The Offices of Aging and Long Term Living plan to post issues, recommendations, and responses from work groups held in 2009 and an updated ICO program design overview to the Department of Public Welfare web site (http://www.dpw.state.pa.us/about/oltl/snp/) by January 1. They will work with SNPs to finalize draft agreements and the draft ICO waiver application. After review by stakeholders, the drafts will be submitted to CMS in late January for review and approval. A draft operations manual will be developed and the implementation process will begin. Stakeholders will meet monthly in the southwest to provide input. Quality management, information systems, training, marketing and enrollment activity, and process issues related to risk assessment and care management will be addressed. Stakeholders statewide will be included in quarterly conference calls and will receive regular email updates. Eventual statewide expansion of ICO is anticipated.

AlertPA Launched

An emergency notification system that can send text and email alerts and other information to users was recently launched in Pennsylvania. AlertPA delivers emergency and weather alerts, Amber alerts, health notifications, consumer product recalls, and other updates by email or text to email accounts, cell phones, smart phones, and pagers. The Department of Corrections will use AlertPA to notify as many individuals as possible in the event of a prison emergency in addition to sirens, whistles, and the automated telephone system currently used. Individuals can learn more about AlertPA and register to receive notifications at https://alert.pa.gov/index.php?CCheck=1.
HIPAA 5010 a Go


Hundreds of Ways to Participate

By Susan Blue

Due to its strong relationship, PCPA and the National Council for Community Behavioral Healthcare have initiated programs to encourage members to participate in both groups. Through significantly discounted membership dues and registration to the National Council conference, PCPA has seen its membership in the National Council triple over the past three years. This participation has produced fruit, including significant legislative victories.

National Council’s legislative accomplishments have proven that through members’ participation we can make a difference in the federal landscape. But National Council offers numerous membership benefits, and encourages its members to take advantage of any of the following:

▸ Publications such as the National Council Magazine (a general exposition of trends and topics) and The Journal of Behavioral Health and Research (a clinical peer-reviewed multidisciplinary journal) are available to senior management of National Council members.

▸ Timely communication including the Public Policy Update and Addiction News Now, keeps members aware and prepared through online contacts.

▸ Events such as the National Council Conference in March, Hill Day, and regular webinars, provide education on topics to grow your agency and opportunities to network and have your voice heard.

▸ Resources like the JOBank and the National Council Store provide you with a library of wherewithal to recruit personnel and expand your learning of the field.

▸ Membership listservs allow you to have questions answered and share experiences with peers across the country.

▸ Community programs like Mental Health First Aid and Project Helping Hands provide members with an opportunity to display the importance of what we do locally.

Not all active participation requires members to take time away from the office. If you feel there are obstacles preventing your agency from fully achieving its mission, perhaps one of these National Council programs can help you negotiate those obstacles. I encourage you to contact Kara Sweeney (karas@thenationalcouncil.org or 301-984-6200) to learn more about how you can make use of your National Council membership.

PCPA members are eligible to receive a significant discount on National Council dues. Members interested in National Council membership should contact PCPA Membership and Marketing Coordinator Steve Neidlinger, at 717-364-3280 or steve@paproviders.org.
Our common future is badly served when the eloquence of our attack on the other fellow exceeds the energy with which we cooperate with them.

— Clarence Francis

Apply for the PFR/Northeast ATTC Leadership Institute

The Partners for Recovery (PFR)/Northeast ATTC Leadership Institute is an intense six-month leadership preparation program designed to cultivate the development of future leaders in the addiction field. It provides professional development through a combination of evidenced-based training seminars, distance learning, and completion of a real-time, real-life project. Each participant partners with a mentor who offers expertise that is vital to facilitating the development of future leaders. The program requires commitment from the participant, the agency sponsoring the candidate, and the mentor. The experience is intense and includes a thorough assessment of the participant’s leadership and management interests, values, and skills through a standardized assessment and feedback process.

Participants attend a five-day immersion training session that provides valuable knowledge about the theory and practice of leadership and management. Participants work with their mentor to develop a confidential, individualized plan to address leadership development objectives and prepare an individualized leadership project to be completed before graduation. This experiential learning gives participants practice in the real world, most often at their own agency, and enhances their growth as leaders. At graduation they share the results of their project and are awarded a formal certificate of proficiency.

Over the past five years this program has proven extremely valuable to participants. Many have received promotions in their agencies. Some have remained in their current positions, but have radically changed their leadership styles. Others have moved on to positions of greater responsibility in the addiction field. Make plans this year to apply to the Leadership Institute. For information and an application, access the Institute for Research, Training and Education in Addictions web site, www.ireta.org. Program openings fill quickly. Since this program is offered by the Northeast ATTC it is open to addiction professionals in New York and Pennsylvania. Historically, New Yorkers have taken advantage of this opportunity in far greater numbers than Pennsylvanians. The better we prepare leaders in the addiction field here, the brighter the future for all the addiction prevention, intervention, treatment, and recovery programs across the commonwealth.
Compassion Fatigue

The November 2009 Central Regional Meeting addressed Assisting Helping Professionals in Understanding Compassion Fatigue with Dara Bergel-Bourassa, PhD, director of gerontology, Department of Social Work, Shippensburg University presenting. Compassion fatigue is a relatively new concept, also known as Secondary Traumatic Stress Disorder, and many professionals and direct care staff are susceptible. Symptoms are normal displays of chronic stress due to the natural behaviors and emotions resulting from daily care giving, especially for individuals that have been traumatized or in difficult living situations. A copy of Dr. Bourassa’s presentation is available from Linda Drummond (linda@paproviders.org). To learn more about compassion fatigue access www.compassionfatigue.org.

Essential Learning’s Chuck Tepper, a PCPA endorsed vendor and the meeting sponsor, overviewed learning resources available to agencies to provide web-based trainings to staff. Numerous studies have shown that e-learning minimizes time away from work and is an effective and efficient learning option. Essential Learning offers online learning, staff compliance training, and continuing education. Information is available at www.essentiallearning.com.

Money Follows the Person

Pennsylvania’s Money Follows the Person grant works with the Offices of Long Term Living (OTL), Developmental Programs (ODP), Mental Health Substance Abuse Services (OMHSAS), and the Department of Aging to transition individuals from institutional facilities into community living. There have been 72 individuals enrolled in the program since July 1. Data highlights include:

- ODP is planning to transition eight individuals during the first half of 2010,
- OMHSAS has identified four individuals from Wernersville State Hospital and 15 from Allentown State Hospital that are eligible for transition; and
- OLT had 376 transitions for the over-60 population and 48 transitions for the under-60 population since July 1.

The state’s Money Follows the Person video, which is part of the Nursing Home Transition video, is available at www.ltltrainingpa.org/resources/index.cfm.

ODEP Resources

The US Department of Labor Office of Disability Employment Policy (ODEP) works to increase employment opportunities for individuals with disabilities. The agency offers access to training, education, employment supports, assistive technology, integrated employment, entrepreneurial development, and small-business opportunities. It builds partnerships with employers and state and local agencies to increase awareness of the benefits of hiring those with disabilities. ODEP has a web site (www.disability.gov) which offers social media tools and information from 22 federal agencies on disability-related programs and services.

Emergency Preparedness Paper

The Pennsylvania Developmental Disabilities Council has issued a position paper, Emergency Preparedness and Response for People with Disabilities, which is available at www.paddc.org. The council feels appropriate and effective management of emergencies of all types across the life cycle of disasters is essential for people with disabilities, their families, and support systems. Information is included regarding communications, system and government responsibilities, and inclusion of the individual in disaster planning.
Prospective Payment System Bulletin

The Office of Developmental Programs has released bulletin #00-09-08, Prospective Payment System for the Consolidated and Person/Family Directed Support Waivers and Targeted Services Management for Individuals with Mental Retardation. The bulletin provides information on the rate-setting methodologies used to develop the payment rates for community-based services funded by the waivers (including Supports Coordination) and for Targeted Services Management for individuals eligible for Medical Assistance but not enrolled in a waiver. The effective date of the bulletin was July 1, 2009. A copy of the bulletin and attachments are available at www.dpw.state.pa or from Linda Drummond (linda@paproviders.org).

Direct Workforce Resources

The National Clearinghouse on the Direct Care Workforce is an online library to assist those seeking solutions to the direct care staffing crisis in long-term care. The clearinghouse includes research and government reports, issue briefs, fact sheets, and information on topics such as recruitment, career advancement, workplace culture, and caregiving practices. It also offers a free weekly online newsletter, Quality Care/Quality Jobs (www.directcareclearinghouse.org).

Kaiser Information Available

The Kaiser Family Foundation is focusing on research and communications programs addressing health care issues facing the nation. The foundation develops a variety of non-partisan information with information and analysis for policymakers, the media, health care communities, and the public. Several new documents available for download at www.kff.org include:

- Medicaid Benefits Online Database with data up to October 2008 addressing benefits, eligibility, co-payments, and payment rules for each state (http://medicaidbenefits.kff.org);
- Advancing Access to Medicaid Home and Community-Based Services highlights strategies to address financing, administration, and community workforce challenges; and
- Efforts in States to Promote Medicaid Community-Based Services and Supports summarizes lessons in offering more of these services from states at the forefront of the effort.

ODP Bulletin Update

Revised, new, and draft bulletins are in development by the Office of Developmental Programs. Final bulletins may be accessed at www.dpw.state.pa.us. Final and draft bulletins are also accessible at www.temple.edu/thetrainingpartnership. Those soon to be released as final are:

- Established Fees for Community Mental Retardation Base Program,
- Quality Management Strategy,
- Provider/Vendor Requirements Matrix,
- Educational Portions of Non-Educational Residential Placement,
- Procedures for Surrogate Health Care Decision Making, and
- Recording Information on Targets in Incidents of Individual to Individual Abuse in HCSIS.

Bulletins scheduled to be released as draft for public comment include:

- Delivery of Waiver-funded Supports Coordination Services,
- Individual Support Plan Manual,
- Service Definitions Clarification 2010/11 FY,
- Employment First Practices,
- Vacancy Management, and
- Statewide Needs Assessment Clarification for Individuals in Waivers.
ODP Planning Advisory Committee Update

The December 2009 Office of Developmental Programs’ (ODP) Planning Advisory Committee included a presentation by the Bureau of Autism Services on the Pennsylvania Autism Census Report. Deputy Secretary Casey provided an update on recommendations for service definition clarifications or changes, the current state budget with a small waiting list initiative, and concerns regarding the 2010/11 Pennsylvania budget. Providers with recommendations on service definitions which need to be clarified or changed should submit these to David Kauffman (dakauffman@state.pa.us). The Centers for Medicare and Medicaid Services will need to approve any changes before they can be implemented.

The FY 2009/10 budget for ODP includes a waiting list initiative which will fund 275 individuals plus 500 graduating from special education. The FY 2010/11 budget will depend on state revenues and may be impacted by the elimination on December 31 of the enhanced Federal Medical Assistance Percentage Match (FMAP) on waiver dollars.

HCQU Resources Available

The Office of Developmental Programs’ Health Care Quality Units (HCQUs) serve as the entities responsible to county mental retardation programs for the overall health status of persons receiving services. The HCQUs provide training and assistance to individuals, families, service providers, and county staff. Information on local HCQUs is available from www.dpw.state.pa.us. Nurses and behavioral health professionals are available to:

- Be part of Individualized Support Plan meetings,
- Assist in easing the emergency room visit and hospital admittance or discharge process,
- Be part of the Positive Practice Resource Team,
- Conduct record reviews and consumer needs assessment,
- Review behavior support plans,
- Review provider policies and procedures as they relate to health care,
- Provide educational programs on more than 100 physical and behavioral health topics, and
- Offer access to more than 65 web-based educational programs.

IDD Committee

PCPA’s January Intellectual and Developmental Disabilities Committee will feature several informative presentations. A one-hour joint session with the Mental Health Committee will include a presentation from the state’s Positive Practices Resource Teams (PPRT) with an emphasis on the dually diagnosed. PPRT Team Leaders Ellen Wagner, Office of Developmental Programs, and Gretchen Hathaway, Office of Mental Health Substance Abuse Services, will provide case-specific examples of specialized supports being developed for this population. The second session will feature NHS Human Services Regional Clinical Specialist Robin VanEerden presenting and leading discussion on sensory impairments and the impact on the individual’s behavior. Members are encouraged to bring questions.

Olmstead Update

The National Disability Rights Network has issued a report, A Decade of Little Progress: Implementing Olmstead: Evaluating Federal Agency Impact After 10 Years, available at www.ndrn.org. In 1999 the US Supreme Court determined that it was a violation of the civil rights of Americans with disabilities to be institutionalized to receive necessary supports and services if these services were more appropriately provided in the community. This report looks at the progress or lack of progress made on reduction of institutional care over the past 10 years.

In 2001, President Bush signed Executive Order 13217 requiring all federal agencies to evaluate their policies, regulations, and programs to determine revisions to improve the availability of community-based services. In 2009, President Obama announced the “Year of Community Living,” which was hoped to be a sign of federal commitment to ending unnecessary institutionalization. Data over the past 10 years shows only a modest 10 percent nationwide reduction of institutionalization for persons with intellectual disabilities. The US Department of Justice indicates several new lawsuits have been filed based on Olmstead and the Americans with Disabilities Act. These include Connecticut Protection and Advocacy v. State of Connecticut; ARC of Virginia v. Timothy Kaine; and Disability Advocates, Inc. of New York v. David Paterson, et al. Information is available at www.ada.gov/briefs/ adabrief.htm.
ACAP Eligibility
The Bureau of Autism Services offers an innovative model of autism services called the Adult Community Autism Program (ACAP). This program is accepting individuals in Lancaster, Cumberland, Dauphin, and Chester counties. To request an application contact 866-539-7689, and select “Option 3” or email ra-acap@state.pa.us. Some of the eligibility requirements include that individuals must be 21 or older, eligible for Medical Assistance, have a diagnosis of Autism Spectrum Disorder, and require an Intermediate Care Facility level-of-care.

Promising Practice in Autism Treatment
A recent study funded by the National Institute of Mental Health (NIMH) found that treatment that includes medication and a structured training program for parents reduces serious behavioral problems in children with autism and related conditions. The study was published in the December 2009 issue of the Journal of the American Academy of Child and Adolescent Psychiatry. Previous studies had shown that the antipsychotic medication risperidone (Risperdal) reduced such behavior problems as tantrums, aggression, and self-injury in children with autism. However, most children's symptoms returned when the medication was discontinued. NIMH Director Thomas R. Insel noted that “This study shows promise of a more effective treatment protocol that could improve life for children with autism and their families.”

In the study, medication plus a parent training program that actively involves parents in managing their children’s severely disruptive and noncompliant behavior were used in combination. Parents were taught to modify their child’s behavior and learned to enhance their child’s daily living skills. The 24-week, three-site trial included 124 children ages four to 13 with pervasive developmental disorders (PDD) accompanied by tantrums, aggression, and self-injury. “The combination group was able to achieve its gains with a lower dose of medication. Plus, it appeared that the benefits of added behavioral treatment increased over time, a strong signal that actively including parents in the treatment of children with PDD could only benefit families,” said author Michael Aman, PhD. The report is available at http://www.nimh.nih.gov/science-news/2009/parent-training-complements-medication-for-treating-behavioral-problems-in-children-with-pervasive-developmental-disorders.shtml.

Intervention for Toddlers Improves Developmental Outcomes
Current guidelines by the American Academy of Pediatrics recommend screening children for autism spectrum disorder (ASD) by age 18 months. However, no randomized clinical trials of intensive interventions for this age group had been conducted. To address this gap researchers at the University of Washington randomly assigned 48 children, ages 18-30 months, to one of two intervention groups: Early Start Denver Model (ESDM), a comprehensive, developmental behavioral intervention designed for toddlers with ASD as young as 12 months old. ESDM combines aspects of applied behavioral analysis with developmental and relationship-based approaches.

Assess and Monitor (A/M), the comparison group intervention in which parents received recommendations on ASD interventions for their children, as well as referrals to local community providers of the interventions. A/M represents typical community-based care.

Over the two-year study period, children in the ESDM group consistently improved on measures of communication skills. They also showed improvements in motor skills, daily living skills, and other adaptive behaviors. The study’s findings suggest that ESDM can help children with ASD achieve better. The researchers noted that parents’ use of ESDM strategies at home may have been key to this intervention’s effectiveness.
New Secretary Is a Children’s Person
With the resignation of Estelle Richman came the announcement that Harriet Dichter will be the new secretary for the Department of Public Welfare. Dichter has previously served as deputy secretary, Office of Children, Youth and Families and, most recently, the Office of Child Development and Early Learning (OCDEL). OCDEL was created by Governor Rendell as part of a new initiative linking the Departments of Education and Public Welfare to bolster early education and care for Pennsylvania children. As the head of that office, Ms. Dichter led state efforts to raise the priority level for early learning. Throughout her career Dichter has led successful efforts to increase and improve service systems in maternal and child health, early learning, youth development, after-school programs, health insurance, and public benefit programs. She is an author of *Financing Child Care in the United States: An Expanded Catalogue of Current Strategies*. Dichter received her undergraduate degree at Yale and her law degree at the University of Pennsylvania.

The State of Child Welfare
Pennsylvania Partnerships for Children recently released its first *State of Child Welfare* report, which examines and quantifies the performance of Pennsylvania’s child welfare system. This publication presents a series of data indicators highlighting key decision-making points in child welfare practice and programming. It also contains a collection of public policy recommendations aimed at improving the outcomes of children and families that are served by this system. *2009 State of Child Welfare* also includes county specific reports that can be obtained at www.porchlightproject.org/reports_and_media_sow09.shtml. This and other information related to Pennsylvania’s child welfare system is available on the Porch Light Project web site at www.porchlightproject.org.

Physical Health/Mental Health Collaboration
PCPA and the Pennsylvania Chapter of the Academy of Pediatrics have joined to work on solutions to problems related to the physical health/mental health silos. PCPA, as a participant in the Office of Mental Health and Substance Abuse Service’s youth suicide prevention effort, has the opportunity to also work with the Pennsylvania Chapter of the Academy of Family Physicians (PAAFP). One benefit of this relationship is access to some of the training offered by these groups, including an adolescent depression webinar sponsored by PAAFP that is now a free continuing medical education webcast. This webcast is supported by the Department of Public Welfare and is part of a statewide effort aimed at preventing youth suicide. The webinar is presented by David Brent, MD, academic chief, Division of Child & Adolescent Psychiatry at Western Psychiatric Institute and Clinic at the University of Pittsburgh School of Medicine. The webinar can be accessed at http://www.pafp.com/pafpcom.aspx?id=162.

Leadership Change at OCDEL
With Governor Rendell’s nomination of Harriet Dichter to secretary of the Department of Public Welfare came the announcement by the Departments of Public Welfare and Education that Todd Klunk has been appointed as acting deputy secretary of the Office of Child Development and Early Learning (OCDEL). Klunk currently serves as director of finance and administration for OCDEL. He will lead state efforts to bolster early education and care for children and overseeing planning, program, policy development, and implementation for a total investment of $1.3 billion. PCPA members and staff have worked actively and collaboratively with Deputy Secretary Dichter and OCDEL and look forward to continued partnership with the newly appointed secretary and deputy secretary.

PCPA Recognizes FASD Pediatric Partners
The 2009 Marilyn Mennis Memorial Award recognized COMHAR and the Philadelphia Fetal Alcohol Spectrum Disorder Initiative. A key component in that initiative has been COMHAR’s partnership with the pediatricians and staff of Center City Pediatrics and the Center for Children with Special Needs at St. Christopher’s Hospital for Children. At a recent COMHAR event George Kimes, PCPA executive director, presented these two practice groups with special recognition awards for their leadership and commitment to serving their communities through partnerships with COMHAR.
Child Welfare Training Opportunities for Providers

The University of Pittsburgh School of Social Work, in collaboration with the Department of Public Welfare, offers a rich curriculum of free training opportunities through the Child Welfare Training Program (CWTP). In addition to workshops related to child welfare and working with families and systems, CWTP provides a range of workshops and webinars on child development, mental health, and substance abuse services. In recent years CWTP has greatly expanded access to workshops. The January-June training calendar is available at www.pacwcbt.pitt.edu. To register for any of the available trainings call the registration hotline at 877-297-2488 or access www.cwtpreg.pitt.edu.

Family Based Providers Focus on Training Needs

More than 20 Family Based Mental Health Services (FBMHS) directors and staff from across the state gathered to discuss approaches for improving uniformity and quality of the training, supervision, and continuing staff development in FBMHS programs. The group compared experiences within their programs and discussed ways to address both practical issues of time and travel along with the goal of sustaining the quality and skill level of program supervisors and staff. The work group was joined by staff from the Office of Mental Health and Substance Abuse Services (OMHSAS) Children’s Bureau that has been meeting with consultants and training providers to achieve goals similar to those of the service providers. PCPA members and OMHSAS staff agreed to plan for an extended joint meeting that would focus on FBMHS training needs and approaches. Look for a FBMHS work group meeting announcement later this month.

Early Childhood Mental Health Providers to Meet

The PCPA Early Childhood Mental Health Work Group will meet at PCPA on January 19 from 10:00 a.m. – 12:00 p.m., just prior to the Children’s Committee meeting. The meeting focus is to begin to review the recommendations of the state Early Childhood Mental Health Advisory Committee and consider the PCPA position on those recommendations. The Offices of Mental Health and Substance Abuse Services and Child Development and Early Learning will also be participating in discussing the advisory committee recommendations to the state. Members interested in participating in this work group in person or by conference call should contact Connell O’Brien (connell@paproviders.org).
No Prone Restraint and Crisis Management

The Department of Public Welfare has published the regulatory policy clarification that will ban the use of prone restraints in child and adolescent programs licensed under Chapter 3800. This includes all residential service and treatment programs. This clarification will take effect in June. The department has worked closely with service and training providers to allow the system to prepare to meet this enhanced level of safe behavioral crisis management. During this period the department has also promoted collaboration across program offices, with the Department of Education, and with provider groups to place Pennsylvania in the forefront of behavioral crisis prevention, trauma informed care, and safe intervention practices.

Outpatient Summit Next Steps

As noted elsewhere in this issue, presenters at the PCPA Outpatient Summit highlighted many of the challenges to providing ambulatory behavioral health services. Projected demand for community-based services, changes in service purchasing structures, co-location of pediatric and mental health services, and expansion of evidence-based models all seem to be part of what providers should include in their planning. The January Children’s Committee meeting will include a report on the summit and an opportunity to begin to explore implications for child and adolescent behavioral health care.

Adolescent Forensic Subcommittee Updates

The Adolescent Forensic Subcommittee recently held discussions with Michael Pennington, Pennsylvania Commission on Crime and Delinquency, and Keith Snyder, Juvenile Court Judges Commission (JCJC). Mr. Pennington shared the impact of the state budget cuts that included a 63 percent reduction in funding for evidence-based initiatives and violence reduction projects and reviewed recently issued requests for proposals. The subcommittee also discussed strategies for identifying initiatives that could be promoted for the next budget cycle and in considering PCPA support for candidates seeking election. Pennington also noted that the Center for Evidence-Based Practices was developing a set of tools to be available early in 2010 for providers to use in designing and promoting promising practices. Mr. Snyder reviewed several relatively active initiatives and publications from JCJC including position statements regarding family involvement in juvenile justice and mental health/juvenile justice collaboration. He discussed the status of the model diversion policy and new screening tools being piloted in juvenile probation and other settings. The next meeting is January 26.
## J A N U A R Y  2 0 1 0

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<tr>
<th>Date</th>
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<tr>
<td><strong>Wednesday, January 13</strong></td>
<td>10:00 a.m. – 3:00 p.m.</td>
<td>Conference Committee PCPA</td>
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<td><strong>Tuesday, January 19</strong></td>
<td>9:30 a.m. – 12:00 p.m.</td>
<td>Mental Health Committee</td>
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<td>12:00 – 1:00 p.m.</td>
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<td>1:00 – 4:00 p.m.</td>
<td>Drug &amp; Alcohol Committee</td>
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<td>3:00 – 6:00 p.m.</td>
<td>Children’s Committee</td>
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<td>10:00 a.m. – 2:00 p.m.</td>
<td>Board Meeting Central Pennsylvania College Conference Center</td>
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<td><strong>Tuesday, January 26</strong></td>
<td>10:00 a.m. – 12:00 p.m.</td>
<td>Child &amp; Adolescent Forensic Subcommittee PCPA</td>
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<td>1:00 – 4:00 p.m.</td>
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<td>Legislative Affairs Committee Teleconference</td>
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