



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the MH, IDD, D&A, and rehabilitation communities

REHABILITATION & COMMUNITY PROVIDERS ASSOCIATION

DECEMBER 2013

RCPA NEWS

Regional Meeting in Erie Engages Members

Thirty representatives from member agencies gathered in Erie in November for a regional meeting. The meeting featured two breakout options; a panel discussing physical/behavioral health integration projects and a discussion of local issues affecting intellectual disability and vocational providers.

The integration panel was moderated by Glynn Chase, Community Care Behavioral Health Organization (CCBHO), and featured Dr. Penny Chapman, CCBHO; Dr. Charles Rohrbach, Medical Associates of Erie; and Dr. Jen Pasternack, Stairways Behavioral Health. Also participating was Dr. Robert Rodak, a prominent Erie family physician. RCPA thanks members for their attendance and participation and the Pennsylvania Academy of Family Physicians for its collaboration.



Glynn Chase (l to r) is joined by Drs. Penny Chapman, Charles Rohrbach, and Jen Pasternack to discuss physical/behavioral health integration.

2014 RCPA Technology Conference

RCPA Accepting Tech Conference Proposals

RCPA will host a technology conference April 8 – 9, 2014 at the Lancaster Marriott and Convention Center, Lancaster. The association seeks workshop proposals to provide executive leaders with cutting-edge information on the latest technologies to assist the provision of services and robust use of data to make decisions related to performance and outcomes.

The Call for Proposals outlines expectations for submissions. The deadline for submission is December 13 at 5:00 p.m. Proposals must be submitted electronically using the required form. Proposals received after the deadline will not

be considered. Individuals are welcome to submit multiple proposals.

The proposal selection process at RCPA is competitive. Those proposals selected stand out by inclusion of solid learning objectives, information that a participant can use to enhance professional skills or methods, and geared to a diverse and advanced audience. More information about developing strong proposals and expectations for those selected is available. Questions may be directed to Tina Miletic (tmiletic@paproviders.org or 717-364-3280).

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RCPA NEWS

NEW MEMBERS

PROVIDER MEMBER

Family Resources

Shelli Lewis, Senior Director of Human Resources
Pittsburgh

BUSINESS MEMBERS

The Fund for Health Innovation

Chip Measells, Partner
Charlottesville, VA

Orexo

Lee Marks, State Government Relations Executive
Delmar, NY

Berry Recognized by NADD



Astrid Berry, IDD services regional director, NHS Human Services, received the 2013 National Association for the Dually Diagnosed (NADD) Member of the Year award for her work on certification and accreditation programs. Ms. Berry served on the Agency/Program Accreditation committee and co-chaired the committee for the soon to be offered Specialist Certification. This program is an important, pioneering effort to improve clinical, programmatic, and policy procedures

and supports. The NADD Accreditation and Certification Programs will raise the field of dual diagnosis, improving competency and how services are delivered, resulting in a better quality of life for individuals with co-occurring intellectual disability and mental illness. RCPA extends its congratulations to Ms. Berry on this recognition.

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What We Have in Common



Simply put, the complexity and need is there, funding is not. That is what all members truly have in common.

With an organization as diverse as RCPA, people often ask what all members have in common. The most obvious answer is that all members are community-based and mission driven. We care for those individuals most in need.

However, as I continue to meet with members, something else stands out. Regardless of whether you are an inpatient or outpatient setting; residential or vocational; children or adult provider; serving those with intellectual and developmental disabilities, mental illness, or drug and alcohol problems; or a medical rehabilitation provider – members all have one other thing in common. The complexity of individuals in need of service and the intensity of service required have dramatically increased over the last decade. While the level of functioning for an individual is so challenging, the push to utilize lower levels of care and the inadequacy of funding exists across the board (regardless of payor). Simply put, the complexity and need is there, funding is not. That is what all members truly have in common.

The Pennsylvania Independent Fiscal Office (IFO) recently provided its annual projections. For fiscal year (FY) 2015, the IFO anticipates a budget deficit of \$839 million. This is less than other projections we have heard from legislators and government staff that see the deficit as high as \$1.4 billion. The tobacco settlement decision and

the reduction of Federal Medical Assistance Percentages certainly play a part in this problem. Variations in revenue assumptions also are a major factor. In any case, the IFO is assuming that the commonwealth begins FY 2015 without a beginning balance; that is, expenditures will have exceeded revenue in the current year. By contrast, we began the current fiscal year with a balance of \$541 million. What does this all mean? The pressure will again be on cuts and our collective services are always first on the chopping block. Something else our diverse divisions have in common.

In the next few weeks we will present RCPA “budget asks” to government officials. We have to be unified in our stance – there cannot be any more cuts. As the need and complexity for services increases, there is just so much that the system can handle. If this means that we begin to look at new revenue sources, then that has to be the case, but the community safety net, human services, and the rehabilitation system cannot bear the burden of all the difficult times. We will be in front of decision makers.

Richard S. Edley, PhD, President/CEO
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This column represents my opinion, not necessarily that of the association.

(Thanks to Scott Johnson, SR Wodjak and Associates, for the quick analysis of the IFO projections).

For additional information on legislative issues, contact RCPA at 717-364-3280. For copies of bills, call your local legislator, the House Document Room 717-787-5320, or visit the General Assembly's Electronic Bill Room at www.legis.state.pa.us.



Final Mental Health Parity Rule Released

The Departments of Health and Human Services, Labor, and the Treasury jointly issued the final rule on mental health parity, implementing *The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act*. The new rule offers clarity in a number of areas:

- Mental health and addiction coverage parity requirements apply to intermediate levels of care in residential or intensive outpatient settings.
- Mental health and addiction coverage parity requirements apply to geographic limits, facility-type limits, and network adequacy.
- An exception to mental health and addiction coverage parity requirements based on "clinically appropriate standards of care" was eliminated.
- Factors in determining reimbursement rates for mental health and addiction services providers can be no more stringent than those used for medical/surgical providers and must be applied comparably.

At the beginning of 2014 the Affordable Care Act will require most new small group and individual plans to cover mental health benefits, which should result in a significant increase in access to mental health and addiction services. More information can be found on the Substance Abuse and Mental Health Services Administration [web site](#). Questions and comments may be directed to [Anne Leisure](#) or [Lynn Cooper](#).

Casey Signs On to Excellence in Mental Health Act Letter

RCPA is pleased that Senator Bob Casey has signed on to Sens. Stabenow and Blunt's *Dear Colleague* letter in support of a demonstration program based on the *Excellence In Mental Health Act (S. 264)*. RCPA had asked Senator Casey to add his signature to the letter, which urged Majority Leader Reid and Minority Leader McConnell to move forward with the 10-state Medicaid demonstration project.

RCPA's request stated that while the passage of the *Excellence in Mental Health Act* would provide much needed funding to reach as many as 750,000 uninsured and low-income Americans with the most serious and persistent mental health conditions (including 100,000 returning veterans from Iraq and Afghanistan), a 10-state demonstration project was proposed in recognition of the nation's fiscal challenges. Enacting a substantial demonstration program based on the act would be a critical step forward in the ongoing battle to eliminate the stigma of mental illness and ensure that treatment is available to all those in need. RCPA suggests that members thank Senator Casey for his support of moving forward to strengthen the community mental health and addiction system.

RCPA Supports Special Needs Trust Fairness Act of 2013

US Congressmen Glenn Thompson (R-PA) and Frank Pallone (D-NJ) have introduced the bipartisan *Special Needs Trust Fairness Act of 2013, (HR 2123)*. This bill addresses the inability for a competent individual with disabilities to establish a Special Needs Trust. Special Needs Trusts allow a disabled person's assets to be held in trust and used to supplement daily living expenses and care when government benefits alone are insufficient. Under current law, a parent, grandparent, guardian, or the court must create the trust, even though the individual may have the mental capacity to do it him/herself. The current prohibition on a disabled individual to create his/her own trust places an undue burden on the individual and additional case loads in overworked courts.

RCPA has joined a number of other organizations representing individuals with disabilities in support of HR 2123 and provided Congressman Thompson with a letter of support. Further questions may be addressed to [Anne Leisure](#) or [Melissa DeHoff](#).

Maintain Access to Rehabilitation Services: Oppose 75 Percent Rule

As detailed in a November 19 *Legislative Alert*, President Obama's fiscal year 2014 proposed budget contains a provision that would re-establish the "75 Percent Rule" from the current 60 percent threshold. If enacted, this change will be extremely detrimental to inpatient rehabilitation facilities (IRFs) and restrict access to medically appropriate levels of care for vulnerable patients. If the 75 percent requirement is re-established, Medicare beneficiaries may be denied medically appropriate services and instead be forced into nursing homes for a lower intensity level of care. The American Medical Rehabilitation Providers Association continues to report that US House members have not heard from stakeholders regarding these concerns. RCPA urges members to invite legislators to rehabilitation facilities in their districts. Firsthand experience with IRFs will help convince legislators that access to medical rehabilitation should not be made more restrictive. Further questions and comments may be directed to [Anne Leisure](#) or [Melissa Dehoff](#).

Gubernatorial Candidate Schwartz Meets With RCPA

RCPA had the opportunity to spend time with Congresswoman Allyson Schwartz, who is considered one of the lead Democratic gubernatorial candidates. Association staff shared a wide range of issues affecting rehabilitation and community providers with Congresswoman Schwartz. It was apparent that, as a former social worker, she is already well versed in issues of importance to members. Congresswoman Schwartz was very interested in working with RCPA to include these issues in her human services policy platform.

RCPA plans to engage with all of the gubernatorial candidates, including Governor Corbett, to ensure that human services are a campaign focus. Members are urged to share the results of meetings with candidates that have taken place in their localities.



Anne Leisure, Richard Edley, Allyson Schwartz, and Connell O'Brien (l to r) pause following discussion during a recent visit.

HB 1504 Voted out of Senate Judiciary Committee

Legislation that provides for training first responders, including police and minor judiciary, on how to work with individuals with mental health (MH), intellectual/developmental disabilities (ID), or those who are dually diagnosed (MH/ID) has passed the House and been unanimously approved by the Senate Judiciary Committee. [HB 1504](#) was introduced by Representative Caltigirone, who included intellectual and developmental disabilities after meeting with RCPA. After passage in the House, key staff from the Senate Judiciary Committee responded to RCPA's invitation to meet with the IDD Committee to hear why members support this legislation. HB 1504 still has steps before the Senate will vote. It will likely be referred next to the Senate Appropriations Committee for additional consideration. RCPA encourages members to ask Pennsylvania Senate members to support HB 1504. Further questions may be directed to [Anne Leisure](#) or [Linda Drummond](#).

Senate Resolution Proposes International Day of Disabilities

Senator Tina Tartaglione has introduced [SR 269](#), a resolution asking Pennsylvania to officially join a United Nations resolution to declare December 3 as "International Day of Persons with Disabilities." In introducing the resolution, Sen. Tartaglione noted that almost 15 percent of the world's population lives with a disability. The International Day of Persons with Disabilities is an annual day of observance aimed at promoting accessibility and removing barriers for those with disabilities. It provides an opportunity to raise awareness with the goal of full and equal enjoyment of human rights and participation in society by disabled residents.

STATE NEWS BRIEFS

Report Details State Spending Trends

On November 21, the National Association of State Budget Officers released a report detailing state spending trends. The [State Expenditure Report](#) includes data from actual fiscal year (FY) 2011, actual FY 2012, and estimated FY 2013, while breaking down spending by general funds, other state funds, federal funds, and bonds. The report also examines seven categories of state spending: elementary and secondary education, higher education, public assistance, Medicaid, corrections, transportation, and "all other."

LEGISLATIVE AFFAIRS

IFO Economic Projections Confirm Negative Outlook

The Independent Fiscal Office (IFO) has released [Pennsylvania's Economic & Budget Outlook: Fiscal Years 2013-14 to 2018-19](#). The report generally confirms the negative outlook [being projected](#) by the Governor's Budget Office and senior staff from the Senate and House Appropriations Committees. The structural deficit has multiple causes including increased pension obligations, the reduction of Pennsylvania's annual share of the tobacco master settlement agreement by \$180 million, and other mandated program spending increases. The most recent impact was release by the Center for Medicare and Medicaid Services of updated Federal Medical Assistance Percentages (FMAP) rates. Pennsylvania's FMAP has decreased by 1.74 percent, decreasing the commonwealth's return by approximately \$300 million.

The structural deficit projected by the IFO report is \$839 million, a lower number than the \$1.4 billion being reported by the Governor's Budget Office and Appropriations staff. The discrepancy may be due to the IFO not including the FMAP and tobacco settlement decreases since both are being challenged.

If rehabilitation and community providers are to make any gains in the budget being developed, it will be crucial for legislators to look seriously at ways to enhance state revenues. RCPA urges members to start the conversation with the General Assembly by advocating for increasing state revenues to better serve all Pennsylvanians, including those in need of human services. Further questions may be directed to Anne Leisure.

MEDICAL REHABILITATION

Site Neutral Payment Modeling Between SNFs and IRH/Us

At its November 2013 meeting, the Medicare Payment Advisory Commission (MedPAC) held a session entitled, "[Rationalizing Medicare's payments for post-acute care](#)." During the session, MedPAC staff outlined challenges associated with paying for services for Medicare beneficiaries through separate payment systems for long-term care hospitals, skilled nursing facilities (SNFs), inpatient rehabilitation hospitals and units (IRH/Us), and home health, including the inability to determine what setting of care (and therefore level of payment) may be most appropriate. As a result, the commissioners elected to embark on a process to determine how to more effectively use the Continuity Assessment Record and Evaluation (CARE) Tool and the development of a prospective payment system that could encompass two or more post-acute care (PAC) settings. MedPAC staff will attempt to model site neutral payment between SNFs and IRH/Us for joint replacements, hip fractures, and strokes in 2014. Under the model, payments for these conditions would essentially be a modified SNF payment.

Guidance on State Survey and Certification Program Issued

On October 25, the Centers for Medicare & Medicaid Services released [Survey & Certification \(S&C\): 14-04-ALL, Questions + Answers for State Recovery After the Federal Government Shutdown](#). It includes answers to questions received from states and providers regarding the manner in which survey and certification activities should accommodate the effects of the federal government shutdown that took place October 1 – 16.

Novitas Updates Web Site Operational Difficulties

As Novitas Solutions updates and revises its web site, operational difficulties continue to be encountered. As a result, Novitas continues to update information on its site regarding the temporary operational difficulties by posting information to [Pardon Our Dust As We Set Up Our New Internet](#). The information includes difficulties encountered, a status on possible resolutions, and which issues have been resolved.

IOM Report Released on Concussions in Youth Sports

On October 30, the Institute of Medicine (IOM) released *Sports Related Concussion in Youth: Improving the Science, Changing the Culture*, which finds that while there are existing studies that provide useful information, much remains unknown about the extent of concussions in youth, and how to diagnose, manage, and prevent concussions. The IOM and the National Research Council formed an expert committee to review the science of sports-related concussions in youth from elementary school through young adulthood and in military personnel and their dependents. The report recommends actions that can be taken by a range of audiences, including research funding agencies, legislatures, state and school superintendents and athletic directors, military organizations, equipment manufacturers, and youth who participate in sports and their parents. These actions are designed to improve what is known about concussions and to reduce their occurrence. In support, WHYY Public Media's *Radio Times* interviewed Kristy Arbogast, director of engineering, Center for Injury Research and Prevention and Sports Medicine Pediatrician Matthew Grady, both from the Children's Hospital of Philadelphia, to discuss the report and the dangers of concussions in young athletes.

BIAA Offers Anger Management Webinar

The Brain Injury Association of America (BIAA) will host *Anger Management – A Caregiver's Seminar Series Live Webinar* on December 5, 3:00 – 4:00 p.m. The webinar will focus on the impact of brain injury on anger and irritability; discuss approaches to anger management that focus on changing the person, compared to those that focus on changing the environment; and discuss a new approach to anger self-management for people with brain injury that is currently being tested.

Nagele Testifies on TBI Act

Brain Injury Association of America Board of Directors and RCPA member Dr. Drew Nagele testified at the House Subcommittee on Health hearing (chaired by Rep. Pitts), "Examining Public Health Legislation to Help Local Communities," on November 20. The hearing included reauthorization of the Traumatic Brain Injury (TBI) act, HR 1098, with six other public health bills in the hearing.

Audit Findings of DPW Mismanaged Home Care Services Released

The Department of the Auditor General released a performance audit report, *Department of Public Welfare's Oversight of Financial Management Services Providers*, that contains results of a performance audit of the Department of Public Welfare (DPW) regarding financial management services (FMS). Findings include the failure of DPW to adequately monitor former FMS providers and allowing their noncompliance with program requirements to continue; that DPW mismanaged the FMS transition and ignored various red flags; and that DPW allowed some former FMS providers to pay an hourly wage rate to direct care workers greater than the allowable maximum Medicaid rate for years. The report includes seven recommendations to address identified deficiencies.

OLTL Issues Statewide Waiting List Guidelines

On November 5, the Office of Long-Term Living (OLTL) issued its waiting list bulletin, *Statewide Waiting List Guidelines for Office of Long-Term Living Medicaid Waivers and the Act 150 Program*, that outlines the responsibilities of enrolling agencies (Independent Enrollment Brokers and Area Agencies on Aging that perform enrollment functions) and service coordinators. The bulletin contains the required procedures to place individuals on waiting lists, make updates, and the process that OLTL will use to remove individuals from waiting lists. Also available is the *OBRA Program Waiting List Tracking Form* to be used by enrolling agencies and submitted by OLTL when waiting lists go into place and by service coordinators to provide OLTL with changes in the status of individuals on waiting lists.

Effects of Environmental Enrichment for TBI Patients

Scientists Discover Environmental Enrichment for TBI Patients May Counter Shrinkage in the Brain, was published in *News Fix* on November 18. The article highlights how scientists for the first time have found that in people with chronic moderate to severe traumatic brain injury (TBI), shrinkage in the brain may be countered by participating in environmental enrichment, such as increased physical, social, and cognitive stimulation.

ODP Sheltered Workshops Meeting

On November 1, Office of Developmental Programs (ODP) Deputy Secretary Lokuta met with executives from sheltered workshops for a conversation on the future of employment services and identifying business practices. Discussion included where we are now, where we can go, and how to get there. This group will continue to meet to address issues specific to sheltered workshops, prevocational supports, and community employment options for individuals. Discussions indicated that looking at the future, the system needs to address:

- Person's choice,
- Individuals served based on needs,
- Expand business community acceptance of individuals with disabilities,
- Create incentives for employers to offer integrated employment,
- Use sheltered workshops as a step to community employment for those capable,
- Support services for transition from school to training to employment,
- Better state interdepartmental coordination, and
- Better funding to support transition to community integrated employment, including transportation.

Best Practices Document to Be Developed

During the RCPA conference roundtable on vocational rehabilitation, it was determined that a "Best Practices in Vocational Rehabilitation for Persons with Intellectual and Developmental Disabilities (IDD)" document would be developed and shared with the Office of Developmental Programs (ODP). The document will include:

- Proactive recommendations to Office of Developmental Programs (ODP) specific to sheltered workshops;
- An overview of sheltered workshops services/supports;
- IDD functional levels served;
- How workshops determine the person's skills and interest levels;
- How workshops have expanded with community businesses and contracts;
- What other types of services work centers offer (socialization, community inclusion activities, etc.) for lower-functioning individuals unable to transition to community employment that allow the person to be where they have friends, feel accepted, offer families the feeling of safety with day-long activities, and include transportation; and
- Types of trainings ODP and the Office of Vocational Rehabilitation need to offer to job coaches and supported employment programs.

Program-specific information will also be included. Member input is needed to address the following:

- Positive success stories of transition to employment.
- How many individuals are served in the workshop by funding stream? What are the numbers of transitions to community employment and the types of employment?
- What new vocational services do you offer that other vocational providers do not?
- Have you purchased a business? If so, is the workforce exclusively disabled workers or a mix? What is the ratio?
- How have you marketed your program/services in a new way to attract businesses?
- What have you done to increase referrals and from whom?
- Have you changed how you describe the program to parents, counties, and the state? How have you changed this?
- What new work products have you produced that have improved your reputation and business success?

Please share information and recommendations with [Linda Drummond](#).

Center of Excellence to Evaluate CIT

Members of the Center of Excellence were recently awarded a grant from the Pennsylvania Commission on Crime and Delinquency to conduct an evaluation of the effectiveness of Crisis Intervention Teams (CITs) in multiple counties throughout Pennsylvania. The rationale for this evaluation stems from a need expressed by many county stakeholders who indicate that while CIT is being adopted in communities, it is still unclear if the investment of time and resources into CIT is paying off. Nearly all agree that educating police officers to the nuances of mental disorders is a valuable enterprise, but the question remains if and how that knowledge can be translated into effective intervention. In other words, does CIT alter officer behavior during encounters with individuals with mental illness? Information derived from the evaluation provides an opportunity for Pennsylvania to take a national leadership role in shaping the future of CIT in the commonwealth and beyond state borders. The evaluation project began in October and will continue through September 2015.

Medicare Same Day Billing

The Centers for Medicare and Medicaid Services (CMS) recently released [new guidance on same day billing in Medicare](#). The guidance strengthens support for integrated primary and behavioral health care because Medicare Part B pays for reasonable and necessary integrated health care services when they are furnished on the same day, to the same patient, by the same professional or a different professional. In the guidance CMS states, "Integration...is an approach to health care that can better address the needs of all individuals, including those with mental health and substance use conditions." The agency provides specific guidance on same day billing for mental health, which applies also to addiction treatment.

Health care providers that integrate primary and behavioral health services understand that same day billing is vital to providing the most cost effective and efficient care for people living with mental illnesses and addictions.

INPUT NEEDED

Mental Health Outpatient Regulations

On October 21, the statewide Outpatient Task Force met and outlined the process for a major review and revision of outpatient regulations. A small group will review the regulations and report to the larger task force and other stakeholders as the process unfolds. These meetings will begin soon and RCPA is in need of member input. Significant issues that will be addressed include psychiatric hours and the use of psychiatrists, the use of nurse practitioners, the requirement regarding treatment plan signage, psychiatric supervision, and medication management.

RCPA members of the outpatient task force believe it would be helpful to get statements from the psychiatrists, physician assistants, and certified registered nurse practitioners on the front lines of clinics related to what they feel is a waste of valuable time and/or things they would like to see changed related to the outdated regulations. They may also want to comment on roadblocks to the ability to provide care. RCPA mental health program CEOs and executive directors are requested to obtain these statements and send them to [Lynn Cooper](#). [Sample statements](#) are available.

*You
cannot
change
what you
refuse to
confront.*

— Unknown

Aging/ID Update

Policy Specialist Linda Drummond is a member of the Pennsylvania Aging/Intellectual Disability (ID) Committee that coordinates the annual Building Bridges Aging/ID conference and disseminates grants to county intellectual disability and aging departments to develop cross-systems trainings and cooperation. Drummond presented testimony and recommendations to this committee in August and, on behalf of RCPA, submitted written recommendations specific to serving those with intellectual and developmental disabilities with Alzheimer's or dementia. A copy of those recommendations is available from Ms. Drummond. Information provided included the number of individuals with ID currently served, noting that 27,000 are age 30 or older. Individuals with Down's syndrome can present with Alzheimer's and dementia as early as their late 30s or 40s. Up to 25 percent of those with Down's over age 35 show signs and symptoms of Alzheimer's or dementia, which makes these conditions three – five times greater than in the general population. Specialized services are needed, requiring increased funding for programs to provide specially trained staff, home modifications, and assistive technology.

The Aging/ID Committee issued notification to county Departments of Aging and Intellectual Disabilities that funding is available for the development of cross-system county teams. Requests for funding for each Aging/ID County Team Project are due by December 20 to [Amy Comarnitsky](#). A copy of the county team proposal guidelines is available from [Linda Drummond](#).

RCPA Futures Comments

The Office of Developmental Programs (ODP) Futures Planning initiative provided the opportunity for stakeholders to offer suggestions and recommendations related to eight short-term goals developed by the planning committee. RCPA CEO Richard Edley and Policy Specialist Linda Drummond are members of this committee. Recommendations RCPA offered were focused on streamlining the system to make access to services and supports provided in the community more easily available. These supports also need to include a full spectrum of services addressing individualized needs of a very diverse population with a variety of disabilities. RCPA made the following recommendations:

- Need to continue a full spectrum of services, including work centers, with supports based on the individual assessment, Individual Support Plan (ISP) development, and reviews.
- Clarification is needed regarding the roles of county/administrative entities and regional ODP offices since the system changed several years ago. There is still much confusion from location to location.
- There needs to be a better process of paying residential providers to cover costs while still allowing individuals flexibility in life with vacations, visits home, etc. The vacancy factor can create financial distress for residential providers when individuals are out of homes and the provider cannot bill. Actual costs to the provider are only minimally reduced by these absences. Due to revenue losses of persons with high medical needs or those who are very mobile, some residential providers may not agree to serve them, limiting the person's choice of providers.
- The process to determine a person's eligibility for services needs to be changed to allow more expedient approval and entry into services. The current process has become so stringent that it can take weeks or months, even if there is an opening. School districts purge records so testing done before age 22 is not available. A functional assessment is simple to complete, but getting the report completed by a licensed psychologist can be a lengthy process.
- Supports Coordination (SC) is a positive part of the ODP system and needs to continue with emphasis on SC being conflict free, even if the state moves to a managed care system. SC is the foundation of ODP's assurances to the Centers for Medicare and Medicaid Services for waivers.
- SC policies need to be streamlined to allow more interaction with consumers and less time on paperwork, including streamlining ISP requirements. This would require a comprehensive review of day-to-day incremental administrative duties and compliance requirements. It should result in a reduction in the complexity of SC processes, but increase customer service provided by ODP.

DDTT Services to Begin in Allegheny County

NHS Human Services has been selected to implement the Dual Diagnosis Treatment Team (DDTT) in Allegheny County. DDTT addresses continuity of care for adults with co-occurring serious behavioral health issues and developmental disabilities by employing a community-based, team-delivered approach using principles of applied behavioral analysis, functional behavioral analysis, positive behavioral supports, and cross-systems integration. The team is comprised of a program director, psychiatrist, behavior specialist, psychiatric nurse, service coordinator, pharmacist, and administrative support. The team's primary focus is on crisis intervention, hospital diversion, and community stabilization achieved through the delivery of integrated case management, medication modification/management, behavioral assessment, development of behavioral support plans, and providing training/technical assistance. The NHS Allegheny DDTT will begin services in January 2014.

RCPA Meets With BHSL Director Jones

At the end of October Director Ron Melusky, Bureau of Human Services Licensing (BHSL), became acting director at the Bureau of Program Integrity. Matt Jones became the BHSL acting director. Policy Specialist Linda Drummond and Intellectual and Developmental Disabilities Committee Co-chair Dan Sausman, CMU, met with Jones to address provider issues related to licensing inspections and differences in regulations and policy interpretations. The bureau plans to revise some of the regulations affected by licensing such as Chapters 6400, 6500, and 2600. RCPA noted coordination between the various offices which fund services affected by licensing is needed, such as when addressing Office of Developmental Programs Incident Management and Certified Investigation policies. This would provide more consistency and reduce some of the duplication. RCPA offered to develop work groups in cooperation with the bureau to start the regulations and licensing review process. These drafts would then be available through the bureau for stakeholder input.

Adult Protective Services is part of BHSL. RCPA has been an active member of the work group developing regulations for this new service. Those draft regulations will be disseminated in the near future for public comment. The interaction between BHSL and Adult Protective Services will include looking at regulatory violations leading to an abuse report and measuring compliance with regulations.

Adult Protective Services RFP Released

The Department of Public Welfare has released the [Request for Proposal](#) for a vendor to implement Adult Protective Services. The new program will be responsible for implementation of Act 70 of 2010 to develop a statewide system of protective services for adults with disabilities between the ages of 18 – 59. This project will investigate any allegations of abuse, neglect, exploitation, or abandonment of adults with disabilities. It will include provision of necessary services for those found to be victims of these abuses. Agencies applying by the January 6, 2014 deadline must be conflict-free and independent of any direct service or community-based services.

ODP UPDATES

The Office of Developmental Programs has released the following information.

- **Announcement #094-13:** Outcome Statements 2013 SC and SC Supervisor and AE Required Training. Also available for professional staff development for providers.
- **Announcement #095-13:** Lifesharing in Pennsylvania Video Now Available.
- **Announcement #096-13:** Year 6 Desk Review Procedures and Cost Report Submission Deadline.
- **Announcement #097-13:** Person Centered Thinking Training for Administrative Entity Staff. Training is being held at 12 locations across the state from November 2013 through May 2014.
- **Announcement #098-13:** ODP HCSIS Services and Supports Directory Reminder. Waiver providers need to sign up in HCSIS by December 31 for services they anticipate delivering in 2014/15.

SELN Report

The Office of Developmental Programs (ODP) released its report on the State Employment Leadership Network (SELN) assessment of the employment service delivery system. The information gathering process included internal assessment of all ODP policies, practices, and contractual methodology. Surveys were sent and focus group meetings held with individuals, families, and stakeholders across the state. The *SELN Findings and Observations Report* summarizes the results of this process and will be used to develop a work plan to improve integrated employment outcomes for persons with disabilities. Stakeholder input may be shared as this work plan is developed. Access to these documents will be available under [Futures Planning Key Documents](#).

■ DRUG & ALCOHOL ACTION

D&A Regulation Review: Work Begins Again, Much to Be Done

RCPA staff and a group of members have been reviewing drug and alcohol (D&A) regulations line-by-line and providing detailed feedback to the Department of Drug and Alcohol Programs for needed changes. RCPA was informed that the general regulations, Chapter 709, are making their way through the process and should be out in final form by summer 2014. The next regulations to be reviewed are listed below. RCPA work groups will be organized. Members interested in being a part of any one of these work groups should contact [Lynn Cooper](#).

Chapter 157. Drug and Alcohol Services

- §§157.21 – 157.25 – Inpatient Hospital Activities – Detoxification
- §§ 157.41 – 157.44 – Inpatient Hospital Activities – Treatment and Rehabilitation

Chapter 711. Standards for Certification of Treatment Activities Which Are a Part of a Health Care Facility

- §§ 711.41 – 711.45 – Subchapter C – Standards for Intake Evaluation and Referral Activities
- §§ 711.51 – 711.58 – Subchapter D – Standards for Inpatient Nonhospital Activities – Residential Treatment and Rehabilitation
- §§ 711.61 – 711.67 – Subchapter E – Standards for Inpatient Nonhospital Activities – Short-Term Detoxification
- §§ 711.71 -711.77 – Subchapter F – Standards for Inpatient Nonhospital Activities – Transitional Living Facilities (TLFs)
- §§ 711.81 – 711.88 – Subchapter G – Standards for Partial Hospitalization Activities
- §§ 711.91 – 711.98 – Subchapter H – Standards for Outpatient Activities

Chapter 709. Standards for Licensure of Freestanding Treatment Activities

- §§ 709.41 – 709.44 – Subchapter D – Standards for Intake, Evaluation and Referral Activities
- §§ 709.51 – 709.54 – Subchapter E – Standards for Inpatient Nonhospital Activities – Residential Treatment and Rehabilitation
- §§ 709. 61 – 709.64 – Subchapter F – Standards for Inpatient Nonhospital Activities – Short Term Detoxification
- §§ 709.71 – 709.74 – Subchapter G – Standards for Inpatient Nonhospital Activities – Transitional Living Facilities (TLFs)
- §§ 709.81 – 709.84 – Subchapter H – Standards for Partial Hospitalization Activities
- §§ 709.91 – 709.94 – Subchapter I – Standards for Outpatient Activities
- §§ 709.121 – 709.123 – Subchapter K – Standards for Inpatient Hospital Drug and Alcohol Activities Offered in Free-Standing Psychiatric Hospitals

SOC Model to Expand in Pennsylvania

The Pennsylvania System of Care (SOC) Partnership has announced plans for funding a minimum of 13 counties to join the SOC expansion across the commonwealth. SOC leaders held a series of webinars to inform counties about this opportunity and is now meeting with county leaders. On December 4, members of the SOC Partnership leadership team will attend the RCPA Children's Committee meeting to present the expanded model, their vision for expanding across the commonwealth, and to discuss the role of community providers in this initiative.

Health Care Workgroup Formed

This fall the Department of Public Welfare (DPW) created a Health Care Workgroup to explore the development of models and approaches for improving the health care of children, adolescents, and transition-age youth in the child welfare system. Members include state leaders from key departments, pediatric and behavioral health care leaders, and child advocates. Three subgroups have been formed that will focus on standards for universal electronic records, quality and access to care, and transition to adult health care systems. RCPA will continue to represent members and report on plans and actions of the workgroup.

Attachment-Based Family Therapy Is Evidence-based

The National Registry of Evidence-based Programs and Practices (NREPP) has listed [Attachment-Based Family Therapy](#) (ABFT) as one of the national models of evidence-based therapy. It is included in the Substance Abuse and Mental Health Services Administration NREPP. ABFT is a treatment for adolescents ages 12 – 18 designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety. The model is based on an interpersonal theory of depression, which proposes that the quality of family relationships may precipitate, exacerbate, or prevent depression and suicidal ideation. Developers have presented this model to RCPA members, many of whom would like to provide ABFT in a sustainable cost management and utilization basis in their communities.

Treat Gun Violence as a Public Health Problem

It is one year ago that the nation was shaken by tragic events at Sandy Hook School in Newtown, CT. According to a resolution passed by the Pennsylvania Medical Society, "...gun violence is a significant public health problem and research should be conducted to better understand its sources and causes from a medical perspective so that it can be properly addressed." Bruce A. MacLeod, MD, medical society president and a practicing emergency medicine physician in Pittsburgh noted "...unfortunately, gun violence claims 30,000 lives per year and injures many more across the country." The Pennsylvania Medical Society is urging politicians and the public to support research that looks at the incidence and prevalence of gun violence as well as its sources and causes. "With more information, particularly from a public health point of view, we might be able to reduce deaths and injury caused by gun violence without disrupting the rights of gun owners and the intent of the Second Amendment," Dr. MacLeod concluded.

Resources for Children Experiencing Homelessness

Hundreds of young children and their families in Pennsylvania struggle with the psychological, physical, and developmental impact of homelessness. PA Key, the Office of Child Development and Early Learning (OCDEL), and Early Intervention Technical Assistance (EITA) leaders have developed and released a webinar – [Young Children and their Families Experiencing Homelessness](#). The webinar focuses on the challenges of homelessness for young children and the laws and regulations that outline responsibility in addressing this population. It describes existing OCDEL programs and offer resources to help alleviate barriers families experiencing homelessness face. The presentation is approximately 25 minutes. In addition, the webinar contains a resource list to better connect children and families in the community. RCPA members that have or serve as an additional resource are encouraged to contact [Andrea Algatt](#) to be added to the resource list. The resource list will be updated as additional resources are identified.

OMHSAS and PDE Receive Safe Schools Grant

The Office of Mental Health and Substance Abuse Services (OMHSAS) has been awarded a federal Safe Schools/Healthy Students (SS/HS) grant. The Department of Public Welfare worked closely with the Pennsylvania Department of Education (PDE) in developing the proposal and the two agencies will share responsibility for implementing the grant. The basis for commitment to the SS/HS model is the growing realization among education, behavioral health, juvenile justice officials, and youth and families, of the need to join forces to address the most difficult challenges for schools and communities. This will be a four-year project with over \$2 million per year in federal funding. The grant will develop exemplary safe and supportive schools and communities in three local education agencies and, ultimately, throughout Pennsylvania. The planning process will identify ways to decrease bullying, youth violence, and criminal behavior, as well as promote healthy development, social and emotional learning, and academic achievement of all students. The initiative will facilitate creation of a model for a comprehensive, multi-tiered framework that brings together service agencies, community resources, schools, and families.

Youth Suicide Prevention in Primary Care: The Pennsylvania Model

Three years ago, the Office of Mental Health and Substance Abuse Services obtained a federal Garrett Lee Smith grant to conduct a systems change project focused on suicide prevention in primary care for youth (ages 14 – 24). The project began in Lackawanna, Luzerne, and Schuylkill counties and had five central aims:

- Develop a broad **stakeholder's taskforce**,
- Develop and provide training to medical staff about **suicide risk assessment** and related mental health concerns,
- Implement a **web-based screening tool** that is completed and scored in the primary care office during a patient's visit,
- Develop procedures for **partnering** medical providers with local mental health providers, and
- Develop training programs for local mental health providers to increase skill sets in **empirically supported treatments** for youth suicide (e.g. CBT and family therapy).

Pennsylvania has learned a great deal about the barriers and facilitators of integrating mental health into medical settings. The project's initial network of 10 large and small medical practices screened nearly 1,100 adolescents and identified over 165 youth at risk for suicide. Pennsylvania has expanded the grant to medical practices in Allegheny, Berks, Bucks, Chester, Delaware, Montgomery, Philadelphia, and Westmoreland counties. Other counties will be considered as resources allow. This expansion will also promote better integration with the Medical Home program of the Pennsylvania Chapter of the American Academy of Pediatrics. The next phase of this integrated initiative calls for local project coordinators to help start-up and then be available by phone and for site visits as needed. Specific resources provided include training, web-based screening tools, and support for the development of linkages between primary care and mental health providers

PPC Capital Watch for Children

The Pennsylvania Partnership for Children (PPC) finds that "despite Pennsylvania's longstanding goal of providing universal coverage for all documented children, about 148,000 children in the commonwealth, or about 1 in 20, still lack health insurance," according to the latest *State of Children's Health Care* report released by PPC. PPC, a champion for the creation and expansion of the Pennsylvania's Children's Health Insurance Program (CHIP), also reports on Governor Corbett's October 16 signing of legislation that preserves CHIP and eliminates a six-month waiting period for enrollment. To read more about the many areas of advocacy in education, early childhood, child welfare, and health care in which PPC is engaged see [Capital Watch for Children](#).

Building Bridges Between RTF and Community Services

Across the US, services and supports for youth with behavioral health challenges and their families are delivered in a variety of environments that include both residential and community-based settings. Children and families often move between different services and supports as needs change. Yet in some communities, transitions between residential interventions and community services and supports are not well coordinated among human service professionals, educators, and other youth- and family-serving providers. The Substance Abuse and Mental Health Services Administration Building Bridges Initiative (BBI) promotes full partnerships between all involved with youth and families. BBI also supports the use of promising, best, and evidence-based and informed practices to achieve sustained positive outcomes for youth and families touched by residential and community programs. BBI produces [publicly available resources](#) to help implement principles outlined in the Joint Resolution. These resources include:

- Tip sheets for families and youth to help make informed choices about residential care,
- A handbook to support organizations in hiring and supporting youth peer advocates,
- Guides for successfully engaging families and youth in their own care,
- Tools for evaluating current practices across BBI system principles,
- A tip sheet for developing and sustaining successful Youth Advisory Councils,
- A variety of webinars on topic areas relevant to residential and community providers, and
- Guidelines for cultural and linguistic competence in residential programs.

RCPA, in conjunction with the National Council for Behavioral Health, participated in the formation of the Building Bridges Initiative and was the first state association to endorse the BBI joint resolution in 2006.

Call for More Tools for Safety

Senator Charles Schumer is asking the US Department of Justice (DOJ) to offer grant money to local law enforcement agencies to distribute tracking devices to parents who would like the technology to help find their children if they go missing. The senator's proposal comes after a 14-year-old boy with autism left his New York City school. Wandering is a relatively common issue for those with autism. Tracking devices are one of many tools that families have turned to in an effort to keep children safe. With the tracking technology, a small locating device is often worn as a bracelet or attached to a child's shoe or belt loop. If the individual goes missing, a caregiver can contact the company providing the device to pinpoint the child's location. Senator Schumer said DOJ offers similar funding to provide tracking technology for those affected by Alzheimer's disease. "DOJ already funds these devices for individuals with Alzheimer's and they should do the same for children with autism spectrum disorder," said Schumer, who stressed that any such program should be strictly voluntary. "Funding this program will help put school systems and parents of children and teens with autism at ease knowing where their children are," he said.

Autism Signs Spotted in First Months of Life

Researchers found that autism could be detected in infants as young as two months by tracking eye movements. Between the ages of 2 – 24 months, children who were later diagnosed with autism looked less and less at other people's eyes compared to children who did not develop the disorder. The new finding comes from research published in *Nature* that looked at 110 children from birth. More than half of the children were considered to be at high-risk for autism because they had a sibling on the spectrum. The other children were deemed low-risk since they did not have any first, second, or third degree relatives with autism. The study found a steady decline in attention to other people's eyes in infants later diagnosed with autism. Differences in eye contact between babies who later developed autism and those that did not began between two and six months, continuing as the children became toddlers. By age two, the children with autism focused on another person's eyes about half as much as typically-developing children. "Autism isn't usually diagnosed until after age 2, when delays in a child's social behavior and language skills become apparent. This study shows that children exhibit clear signs of autism at a much younger age," said Thomas Insel, National Institute of Mental Health.



DECEMBER

Tuesday, December 3	12:00 – 1:00 p.m.	Pediatric Dysphagia Outcomes Tool <i>International Pediatric Rehabilitation Collaborative Webinar</i>
Tuesday, December 3	1:00 – 4:00 p.m.	Drug & Alcohol Committee <i>Best Western Premier Conference Center</i>
Wednesday, December 4	9:30 a.m. – 12:00 p.m. 1:00 – 4:00 p.m.	Mental Health Committee Children's Committee <i>Best Western Premier Conference Center</i>
Wednesday, December 4	1:00 – 4:00 p.m.	Criminal Justice Committee <i>Pennsylvania Medical Society – Penn Grant Centre</i>
Thursday, December 5	9:30 a.m. – 12:30 p.m. 1:00 – 4:00 p.m. 1:00 – 4:00 p.m.	Intellectual and Developmental Disabilities Committee Supports Coordination Organization Subcommittee Vocational Rehabilitation Subcommittee <i>Best Western Premier Conference Center</i>

JANUARY

Wednesday, January 8	10:00 a.m. – 12:30 p.m.	Brain Injury Committee <i>RCPA Conference Room – Front St</i>
Wednesday, January 22	10:00 a.m. – 12:30 p.m.	Human Resources Committee <i>RCPA Conference Room – E Park Dr</i>