



An informational newsletter compiled by the Rehabilitation and Community Providers Association for the health and human services communities

REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION

AUGUST 2016

RCPA NEWS



Registration is now open for the 2016 annual conference, *RCPA on the Move*. The conference committee is pleased to announce more than 60 workshops, five plenary sessions, and more than 21 continuing education options. Kicking off this year's conference, beginning on Tuesday, September 27, at 10:30 am, is our own State of the State Keynote with several key speakers from the Department of Human Services. Several surprises have been built in to ensure an excellent inaugural event at the *Hershey Lodge*, September 27–30.

RCPA Hires Steve Suroviec as COO and Director of IDD Division



Steve Suroviec

RCPA is pleased to announce the hiring of Steve Suroviec as Chief Operating Officer (COO) and director of the Division of Intellectual and Developmental Disabilities (IDD). As many of you know, Steve brings a wealth of experience to this position, including currently serving as special advisor to the Secretary of the PA Department of Human Services (DHS). Previously, Steve served in a number of positions critical to the human services system in the Commonwealth, including deputy secretary for the Office of Developmental Programs (ODP), executive director of the PA Office of Vocational Rehabilitation (OVR), and executive director of the Arc of Pennsylvania. This is in addition to several other state and county leadership positions and numerous key committee and board involvements over the years.

At RCPA, Steve will lead all of our IDD efforts as well as assist in some cross division initiatives and general association activities as COO. The association is very excited about Steve coming on board and he will begin his work with RCPA on August 15. Please join all of us in welcoming Steve to RCPA!

The 2016 RCPA Conference Brings You Advanced Technology

For the first time ever, RCPA is pleased to announce the launch of the RCPA Annual Conference mobile application. Saving our resources has been a goal of RCPA and the conference committee for many years. **This year, there will be limited quantities of the conference program printed; conference guests will be encouraged to go to the App Store and sign up for the mobile application after you register for the conference.** The application will highlight workshops, featured advertisers, exhibit hall activities, and offer you the opportunity to win prizes for using Facebook and Twitter, among other activities. You will be provided with a printed map for ease of maneuvering around the *Hershey Lodge* property when you register onsite.



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GOVERNMENT AFFAIRS



RCPA PAC

Calling All Golfers – RCPA PAC's Third Annual Golf Outing

Calling all golfers (and those who pretend to play golf like Jack Phillips), it's time to [register](#) for **RCPA PAC's Third Annual Golf Outing**, to be held on Tuesday, September 27 at the beautiful Hershey Country Club! Lunch will start at 11:00 am in the Weitzel Room followed by a putting contest and 1:00 pm shotgun start.

The RCPA PAC raises money and supports campaigns of state legislators who work tirelessly on issues that benefit mental health, intellectual/developmental disabilities, addictive disease treatment and services, brain injuries, medical and vocational rehabilitation, and other related human services. The funds raised through RCPA PAC can make the difference between a win and a loss on an issue or assist in making a new ally. Even if you can't be a strong contributor to RCPA PAC fundraising efforts, we all have friends and business associates who are interested in helping our allies to victory. Getting involved in RCPA PAC not only allows you to help make decisions on who the committee supports, but also helps to identify new folks who will join in our successes. Further questions may be directed to [Jack Phillips](#).



Sponsors Needed!

RCPA PAC is looking for sponsors for its third annual golf outing at the beautiful Hershey Country Club on Tuesday, September 27! There are many sponsorship levels available and we hope you will help support RCPA PAC. Please act now; sponsorships go fast!! Reserve your sponsorship [here](#). Further questions may be directed to [Jack Phillips](#).

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MEMBERS IN THE NEWS

RCPA Congratulates James F. Campbell of Hope Enterprises on Retirement

James F. Campbell, president of RCPA member Hope Enterprises Inc., has announced [he will retire](#) in spring 2017 after more than 17 years of service.

RCPA Congratulates Wendy Pardee of Skills of Central PA on Her New Position

Wendy Pardee, chief executive officer of Skills of Central PA, has accepted a position to lead Hattie Larlham, a nonprofit located in Twinsburg, Ohio. RCPA wishes Ms. Pardee the best in her new position and thanks her for the years of service in the Commonwealth.

NEW MEMBER

FULL PROVIDER

[Erie Homes for Children and Adults, Inc.](#)
226 E 27 Street
Erie, PA 16504
Charles Walczak, CEO

FEDERAL NEWS BRIEFS

CMS Releases Proposed Rule to Reduce Backlog of Medicare Appeals

In an effort to reduce the large backlog of Medicare coverage and payment appeals, the Centers for Medicare and Medicaid Services (CMS) released a [proposed rule](#) that would revise the procedures the Department of Health and Human Services (HHS) would follow at the Administrative Law Judge (ALJ) level for appeals of payment and coverage determinations. This proposed rule covers items and services provided to Medicare beneficiaries, enrollees in Medicare Advantage and other Medicare competitive health plans, and enrollees in Medicare prescription drug plans, as well as appeals of Medicare beneficiary enrollment and entitlement determinations, and certain Medicare premium appeals. In addition, the proposed rule would revise procedures that HHS would follow at CMS and the Medicare Appeals Council levels of appeal for certain matters affecting the ALJ level. As of April 2016, the Office of Medicare Hearings and Appeals (OMHA) had over 750,000 pending appeals, while OMHA's adjudication capacity was 77,000 appeals per year, with an additional adjudication capacity of 15,000 appeals per year expected by the end of the current fiscal year. The proposed rule includes provisions to expand the pool of available OMHA adjudicators and improves the efficiency of the appeals process by streamlining the processes so less time is spent by adjudicators and parties on repetitive issues and procedural matters. The proposed rule was published in the July 5, 2016 *Federal Register*. Comments are due by Monday, August 29, 2016.

Hospital Outpatient PPS Proposed Payment Rule Released

The Centers for Medicare and Medicaid Services (CMS) published the proposed hospital outpatient prospective payment system (OPPS) payment rule for calendar year (CY) 2017 in the July 14, 2016 *Federal Register*. A key proposal in the rule is to implement Section 603 of the *Bipartisan Budget Act of 2015* (also known as the Site Neutral Payments Provision), which provides that certain hospital off-campus outpatient departments would no longer be paid under OPPS. Currently, Medicare pays for the same services at a higher rate if those services are provided in a hospital outpatient department, rather than a physician's office. This payment differential has encouraged hospitals to acquire physician offices in order to receive the higher rates. This acquisition trend and difference in payment has been highlighted as a long-standing issue of concern by congress, the Medicare Payment Advisory Commission, and the Department of Health and Human Services Office of Inspector General.

In addition, based on concerns raised by health care providers on the patient experience survey questions about pain management, CMS is proposing to remove the pain management dimension of the Hospital Consumer Assessment of Healthcare Providers and Systems survey, for purposes of the Hospital Value Based Purchasing Program. The goal is to eliminate any potential financial pressure clinicians may feel to overprescribe pain medications.

CMS has also included a provision to increase flexibility for hospitals that participate in the Medicare electronic health records (EHR) incentive program. Earlier this year, CMS conducted a review of the Medicare EHR Incentive Program for clinicians as part

Continued on page 4

Final Rule to Provide Improved Access to Information for Better Patient Care

On July 7, 2016, the Centers for Medicare and Medicaid Services (CMS) published the final rule, [Medicare Program: Expanding Uses of Medicare Data by Qualified Entities](#), which implements requirements under Section 105 of the Medicare Access and CHIP Reauthorization Act of 2015 that expands how qualified entities may use and disclose data under the qualified entity program. This rule also explains how qualified entities may create non-public analyses and provide or sell such analyses to authorized users, as well as how qualified entities may provide or sell combined data, or provide Medicare claims data alone at no cost, to certain authorized users. In addition, this rule implements certain privacy and security requirements, and imposes assessments on qualified entities if the qualified entity or the authorized user violates the terms of a data use agreement required by the qualified entity program. These regulations become effective on September 6, 2016.

HOSPITAL OUTPATIENT PPS PROPOSED PAYMENT RULE RELEASED

Continued from page 3

of the implementation of the *Medicare Access and CHIP Reauthorization Act of 2015* (MACRA), with the aim of reconsidering the program so we move closer to achieving the full potential that health information technology offers. Based on that review, CMS streamlined EHR reporting requirements under [the proposed rule to implement certain provisions of MACRA](#), to increase flexibility and support improved patient outcomes. CMS is proposing to take a similar step for hospitals participating in the Medicare EHR Incentive Program. These changes include a proposal for clinicians, hospitals, and critical access hospitals to use a 90-day EHR reporting period in 2016 (down from a full calendar year for returning participants). This increases flexibility and lowers the reporting burden for hospital providers.

Finally, CMS proposes to add new quality measures to the Hospital Outpatient Quality Reporting Program that are focused on improving patient outcomes and experience of care. Other changes in the proposed rule would enhance the outcome requirements for organ transplant programs, so that the programs may help more beneficiaries accept more grafts, while maintaining compliance with Medicare standards for patient and graft survival.

CMS estimates that the updates in the proposed rule would increase OPPS payments by 1.6 percent. Comments on the proposed rule will be accepted through Tuesday, September 6, 2016.

White Paper Outlines Vision for Repealing and Replacing Affordable Care Act

The House leadership recently released a white paper on health care, [A Better Way: Our Vision for a Confident America](#), that outlines their vision for repealing and replacing the Affordable Care Act (ACA). The plan would fully repeal the ACA's individual and employer mandates, limit the tax exclusion for employer health plans, offer consumers refundable tax credits to purchase health insurance on the individual market, while retaining popular elements of the ACA such as the provision that allows young people to stay on their parents' health plans until age 26. It also proposes changes to Medicaid and Medicare, such as increasing subsidies to Medicare Advantage plans and raising the Medicare eligibility age from 65 to 67.

STATE NEWS BRIEFS

Court Halts Physical HealthChoices Rollout

On July 20, 2016, the Commonwealth Court granted Aetna's request for an injunction regarding the Department of Human Services' (DHS) physical HealthChoices program. DHS is now [enjoined](#) from implementing and rolling out this program. As RCPA receives more information, it will be passed on to members.

Governor's Regulatory Agenda Published

Executive Order 1996-1 requires all agencies under the jurisdiction of the governor to submit for publication an agenda of regulations under development or consideration. As a result, the governor's office published its regulatory agenda in the July 9, 2016 [Pennsylvania Bulletin](#). The agenda represents the administration's present intentions regarding future regulations.

RCPA Outpatient Rehabilitation Committee Meeting on August 18

RCPA's Outpatient Rehabilitation Committee meeting is coming up on Thursday, August 18, 2016, at the RCPA office from 10:00 am – 12:00 pm. The agenda will be finalized in the next few weeks. Members are encouraged to attend or participate via webcast.

Materials From IRF Quality Reporting Training in May Now Available

The [presentation and training materials](#) from the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) provider training that took place on May 18–19, 2016 in Dallas, TX are now available and posted on the Centers for Medicare and Medicaid Services (CMS) website. The training provided assessment-based data collection instructions and updates associated with the changes in the October 1, 2016, release of the IRF Patient Assessment Instrument version 1.4, as well as other reporting requirements of the IRF QRP.

Reminder: Deadline for IRF QRP Data Submission Is August 15

Inpatient rehabilitation facility (IRF) members are reminded that the deadline for the calendar year (CY) 2016 quarter 1 (January 1 – March 31) quality reporting program (QRP) data is Monday, August 15, 2016. This includes data for the following IRF QRP measures:

- NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138);
- Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (NQF #0678);
- NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteremia Outcome Measure (NQF #1716);
- NHSN Facility-wide Inpatient Hospital-onset *Clostridium difficile* infection (CDI) Outcome Measure (NQF #1717); and
- Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680).

The IRF Patient Assessment Instrument measures must be transmitted to the Centers for Medicare and Medicaid Services through the Assessment Submission and Processing system to the Quality Improvement Evaluation System. Data for the National Healthcare Safety Network measures must be submitted to the Centers for Disease Control. IRFs that are non-compliant with the QRP reporting requirements will receive a 2 percent reduction in their annual Medicare payment update. Additional information is available on the [IRF Quality Reporting Data Submissions Deadlines](#) web page.

CMS to Host IRF QRP Provider Training in August

The Centers for Medicare and Medicaid Services (CMS) will be hosting a two-day, in-person [training event](#) on Tuesday, August 9 and Wednesday, August 10, 2016 on the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) in Chicago, IL. This event will also be accessible via streaming media (registration is not required to participate via webcast). The event is scheduled to begin at 9:00 am EDT both days. This training is for IRF providers, associations, and organizations. The objective is to provide IRFs with assessment-based data collection instructions and updates associated with the changes in the October 1, 2016, release of the IRF-Patient Assessment Instrument V 1.4 and other reporting requirements of the IRF QRP. IRF preview reports and IRF Compare will also be discussed.

Non-Compliance Letters for IRF QRP

The Centers for Medicare and Medicaid Services (CMS) has provided notifications to facilities that were determined to be out of compliance with Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) requirements for calendar year 2015, which will affect their fiscal year 2017 annual payment update. Non-compliance notifications were placed into facilities' CASPER folders in QIES on July 20, 2016. Facilities that receive a letter of non-compliance may submit a request for reconsideration to CMS via email no later than 11:59 pm PST, August 19, 2016. To request a reconsideration, see the instructions in the notification letter and on the [IRF Quality Reporting Reconsideration and Exception & Extension](#) web page. This web page also lists contact information for members that have questions about their reports.

September Mental Health Committee to Be Exclusively Webcast

This year, and this year only, the schedule for committee meetings falls within weeks of our annual conference. To alleviate any conflict about whether to travel to the committee meeting or to the conference, the Mental Health Committee will be a webcast only event. To keep our members well informed and up to date on what is happening around the state, RCPA will host a Mental Health Committee webcast on Wednesday, September 14 from 10:00–11:00 am, followed immediately by the webcast of the Children's Committee from 11:00 am–12:00 pm. Watch for webcast registration information and agendas.

Certified Community Behavioral Health Clinic (CCBHC) Update

RCPA has been working with member CCBHC candidates for the last several months, providing a forum for internal discussion, offering to assist with training needs, and coordinating efforts. While the requisite site visit process has been completed, the work has not. Providers are now facing action plans and quick turnarounds, and the pressing need for additional guidance from the Department of Human Services (DHS).

To address this situation, RCPA is in the process of coordinating a meeting with DHS leadership, including Ellen DiDomenico and Dr. Dale Adair. The primary concern is related to the regulations that DHS is navigating through and potentially requiring the CCBHC candidates to follow, although the intention through the Excellence in Mental Health Act is clearly to develop a new model of care for people of the United States. The other concerns center on how to arrive at one treatment plan per person, regardless of services utilized, as well as access to crisis intervention services, considered a required service for the CCBHC. Due to the nature of crisis services in Pennsylvania, this would require a designed contracting organization relationship and providers are encouraged to acknowledge this in their revised cost reporting due to DHS soon. Again, however, additional guidance from DHS is needed in this area.

RCPA members and staff remain optimistic that with collaboration, this model can and will work. (Note: all CCBHC candidates – whether or not they are an RCPA member – are welcome to participate in RCPA/CCBHC calls by contacting [Sarah Eyster](#).)

■ IDD FOCUS

Statewide Positive Approaches and Best Practices Meeting

At the request of OMHSAS & ODP Statewide Positive Practice Leadership Steering Committee, you are Invited to the *Statewide Positive Approaches and Best Practices Meeting: Addressing Healthy and Problematic Sexual Behaviors*. Thursday, August 25, 2016, 10:00 am – 3:00 pm, lunch on your own 12:00–1:00 pm. Selinsgrove Center, 1000 Route 522, Selinsgrove, PA 17870 in the main building auditorium. No registration is required to attend.

ODP Update

- [ODP Announcement 044-16: Provider Monitoring and Qualification Process for New Providers](#). Effective July 1, 2016, the process related to provider qualifications of new providers has been revised to encompass the provider monitoring requirement. New providers are required to complete ODP's Provider Monitoring Tool for New Providers. Prior to completing this tool, a new provider shall review the Provider Monitoring Overview webcast, the Provider Monitoring Process Document, and the Provider Monitoring Tool and Guidelines for New Providers, along with all source documents referenced within the respective guidelines. New providers must also complete the Provider Qualification Application in the Home and Community Services Information System (HCSIS) as well as the Provider Qualification Documentation Record. New providers of waiver services are required to successfully complete the Provider Monitoring Tool for New Providers and Provider Qualification prior to PROMISe™ enrollment and the delivery of services.

ANCOR Responds to Shooting of Direct Support Professional in Miami



Everyday Lives Conference

Sponsored by The Pennsylvania Department of Human Services, Office of Developmental Programs, the [conference](#) features more than 60 sessions for individuals with an intellectual disability and/or autism, their family members, and the professionals who support them. The conference will be held Wednesday through Friday, September 14–16, 2016, at *Hershey Lodge*.

■ DRUG & ALCOHOL ACTION

Recipients of COEs Announced: Eight Are RCPA Members!

Governor Tom Wolf announced on July 16 that his administration was successful in securing the necessary funding for the Department of Human Services (DHS) to open 20 Centers of Excellence (COE) statewide by October 1, 2016. The COEs will offer treatment to Pennsylvanians with opioid-related substance use disorder. As RCPA previously reported, the Centers of Excellence were being created and a request for proposal had been sent out; approximately 116 proposals had been received. Dr. Dale Adair presented on the COEs at the June RCPA Drug and Alcohol Committee meeting. At that time the plans included 50 awardees.

Twenty recipients were selected. RCPA is proud to announce that eight are RCPA members.

- Tadiso Incorporated, Allegheny County
- Gateway Rehabilitation Center, Allegheny County
- Pyramid Healthcare, Inc., Blair County
- Penn Foundation, Inc., Bucks County



L-R: Governor Wolf, DHS Secretary Ted Dallas, and Senator Rob Teplitz

- Pennsylvania Counseling Services – Allison Hill, Dauphin County
- TW Ponessa & Associates Counseling Services, Inc., Lancaster County
- Resources for Human Development, Inc./Montgomery County Methadone Center, Montgomery County
- Pennsylvania Counseling Services, York County

DHS is currently working with its actuaries to determine whether additional COEs can be funded by analyzing the impact they will have on the physical and behavioral health Medicaid managed care rates. RCPA congratulates the above named members on being chosen. Governor Wolf held a press conference at Pennsylvania Counseling Services, Inc. on July 18, joined by Secretary Ted Dallas of the Department of Human Services and Senator Rob Teplitz.

DDAP Plans for House Resolution Task Force

As reported in the RCPA July 1 [Info](#), the Department of Drug and Alcohol Programs (DDAP) is organizing a task force called for by House Resolution 590 of 2016. RCPA sent a response immediately requesting that the RCPA director of its Drug and Alcohol Division be included in the task force, along with the chairpersons of the Drug and Alcohol and Criminal Justice Committees. Countless other members asked to join the task force. RCPA received an immediate response which stated that only RCPA staff had been approved. Apparently, DDAP will be limiting the number of Task Force (TF) members to those identified by invitation. In an email received this morning DDAP stated the following:

"DDAP intends to be as inclusive as possible and to engage others in the process as well and there will be several opportunities for them to do so, as follows:

- By including the heads of the provider associations, we are expecting that you will be representing the voice of your constituents/members. It is our hope that you will engage your members in the process by getting their feedback outside of the TF meetings and bringing it to the TF process.
- DDAP will be engaging in an announced public comment period in which any stakeholder or private citizen who has information to lend to the process will have the opportunity to submit comment/testimony. This will allow all of your RCPA D&A members with such a desire to weigh in on the matter.
- There will be six public hearings across the state, utilizing the six District Health zones: Northeast, Northcentral, Northwest, Southeast, Southcentral, Southwest. Any member of the public, including treatment providers, will be invited to attend the hearings.

This format will allow for the most widespread input from all stakeholders and the public in general. So, while you will serve as your members' representative to the TF, everyone will have various opportunities to provide input into the effort and have a voice. Please extend our appreciation to your members who expressed a desire to be on the TF and let them know how they, too, can be engaged directly in the process. As we get specific dates for the public comment period and the hearings, we will need your help to notify those in your network (providers and individuals who may have been impacted by access issues) about these opportunities."

RCPA will work closely with members to ensure that needed input is relayed to the task force and that members are alerted to every possible opportunity to participate in public comment periods and public hearings. Contact [Lynn Cooper](#) with any questions.

House Committee Passes Special Needs Trust Bill

In mid-July, the US House Energy and Commerce Committee passed [HR 670](#), the *Special Needs Trust Fairness Act of 2015*, which enables individuals with disabilities to create their own special needs trust accounts and thereby have a savings account without losing government benefits. The bill, sponsored by Representative Glenn Thompson (R-PA), expands legislation previously passed, *Achieving a Better Life Experience Act of 2014*, which allowed only families and legal guardians to contribute to a savings account created by an individual with a disability. Interest earned is tax free. The Senate has already passed this legislation by unanimous consent.

Nominations Being Accepted for CoBI Award

Brain Injury providers are encouraged to complete and submit a [nomination form](#) for the 2016 Council on Brain Injury (CoBI) award.

RCPA logo decals available free to RCPA members.

Contact
[Sharon Militello](#)
for details.

Feds Work to Update the ASD Strategic Plan

During the month of July a federal autism advisory panel, the Interagency Autism Coordinating Committee (IACC), gathered public feedback as it prepares to update the government's priorities for addressing autism spectrum disorder (ASD) for the first time in several years. The panel, comprised of government officials and members of the autism community, is charged with creating and updating the federal government's priorities for autism research, services, and policy. The IACC was first authorized by the *Combating Autism Act of 2006* and was reauthorized under the *Autism CARES Act of 2014*. The last update to the panel's strategic plan came in 2013.

CMS Approves Adult Autism Waiver

The Office of Developmental Programs (ODP) Bureau of Autism Services (BAS) recently released *Communication Number: BAW16-27* to announce that the ODP BAS Adult Autism Waiver Renewal has been approved by the Centers for Medicare and Medicaid Services (CMS). The waiver became effective as of July 1, 2016.

Shared Decisions and Improving ASD Services in Pediatric Care

Parents of young children diagnosed with an autism spectrum disorder (ASD) may experience significant difficulties in discussing treatment options with the child's pediatrician, according to [new research](#) from the Children's Hospital of Philadelphia's Center for Autism Research and PolicyLab. Among the barriers are problems with communication, physicians' lack of knowledge about specific ASD treatments and community resources, as well as uncertainty about the pediatrician's role in making treatment recommendations for a child with ASD. Shared decision making has been studied over recent decades as a method for improving provider-patient communication and partnership, with improvements seen in satisfaction, adherence, and health outcomes. The authors suggest that pediatric primary care practices use care coordinators and ASD care plans, create summaries of outside resources, and provide families with logs to monitor progress.

OMHSAS Draft Bulletin ABA for BSC-ASD and TSS

In early July the Office of Mental Health and Substance Abuse Services (OMHSAS) gathered provider and other stakeholder comments on a [draft bulletin](#) and related documents. The final bulletin and related forms will inform behavioral health managed care organizations and providers of the procedures for requesting applied behavioral analysis (ABA) using behavioral specialist consultant-autism spectrum disorder (BSC-ASD) and therapeutic staff support (TSS) services. The OMHSAS publications describe the minimum [qualifications needed to provide ABA](#) using BSC-ASD and TSS services, and the procedure code and modifier combinations that can be used to bill for such services when they are used by appropriately qualified individuals. The documents released by OMHSAS also included the [Attestation for BHRs Providers That Provide ABA Using BSC-ASD and TSS Services](#).

For ADHD, Is a Medication Holiday a Good Idea?

A group of clinical experts recently explored the question of whether the parents of [children who take stimulant medication for ADHD](#) should give their kids a "medication holiday" during the summer months. A drug holiday, or what clinicians call a structured treatment interruption, is a deliberate, temporary suspension of medication. Child and adolescent psychiatrist Alan Ravitz, MD, recommends against drug holidays unless there is a compelling reason for them, as data shows that children with ADHD who stick with their treatment program year-round reap better results than those who experience interruptions. However, concern continues around evidence that taking stimulant medications can affect a child's physical development. Most concerning is weight loss due to the fact that the medications suppress appetite. Overall, a parent should consider how a drug holiday would affect his/her child's well-being. Generally, hyperactive or combined types of ADHD present the strongest case for continued medication, because the behavioral problems that result from going off medication can turn a holiday into a negative and unproductive experience. Inattentive types of ADHD, on the other hand, present fewer behavioral problems. "I would never take a position of fighting with parents, because I would rather maintain the treatment alliance," Dr. Ravitz notes. "As physicians, we just do our best, because we understand some families feel very strongly about this."

The Child Mind Institute Children's Mental Health Report

Mental health disorders are the most common diseases of childhood. Of the 74.5 million children in the United States, an estimated 17.1 million have or have had a psychiatric disorder; more than the number of children with cancer, diabetes, and AIDS combined. Half of all psychiatric illness occurs before the age of 14 and 75 percent by the age of 24.

Child serving professionals know that children and adolescents with psychiatric illness are at risk for academic failure, substance abuse, and a clash with the juvenile justice system, all of which come at a tremendous cost to them, their families, and the community. This is a public health crisis that must be addressed. *The Child Mind Institute Children's Mental Health Report* brings together the most up-to-date information on child and adolescent mental health, based on findings from the most reliable and comprehensive studies. The report covers:

- The prevalence of childhood mental illness;
- The gap between illness and care;
- The cost to society of ignoring children's mental health; and
- The effectiveness of treatment.

The Child Mind Institute Children's Mental Health Report is a must-read for physical health and mental health practitioners, educators, child welfare staff, policymakers, and community leaders at the local, state, and national levels.

September Children's Committee to Be Exclusively Webcast

This year, and this year only, the schedule for committee meetings falls within weeks of our annual conference. To alleviate any conflict about whether to travel to the committee meeting or to the conference, the Children's Committee will be a webcast only event. To keep our members well informed and up to date on what is happening around the state, RCPA will host a Mental Health Committee webcast on Wednesday, September 14 from 10:00–11:00 am, followed immediately by the webcast of the Children's Committee from 11:00 am–12:00 pm. Watch for webcast registration information and agendas.

PA Keeps Slipping in Care for Kids

For the second year in a row, Pennsylvania has dropped in the national rankings for overall child well-being, falling to 18th in the country, according to the *2016 KIDS COUNT® Data Book* issued by the Annie E. Casey Foundation. The Commonwealth's ranking worsened from 17th last year and 16th two years ago. "Our gradual fall in rankings in recent years reflects Pennsylvania's failure to prioritize investments in our kids," said Pennsylvania Partnerships for Children President and CEO Joan Benso. "We need stronger investments in critical areas like child care, evidence-based home visiting programs, high-quality pre-K and K–12 education, starting with the 2016/17 state budget and continuing in the years ahead to turn this around and begin moving up in the national rankings." [Learn more](#) about the *KIDS COUNT® Data Book* and how Pennsylvania can improve its ranking.

County Planning for the Needs Based Plan and Budget

In late spring the Office of Children, Youth and Families (OCYF) presented a Needs Based Plan and Budget webinar to county children and youth administrators. OCYF recorded the webinar for county leaders that were not able to attend these events. While these presentations were designed for county leaders, they may provide helpful insight for private providers who will be working in collaboration with their county administrators to identify local capacity and service needs, as well as the costs that may be reflected in the needs based budget development process.

- [2016-06-29 OCYF Needs Based Plan and Budget Training Part One](#)
- [2016-06-29 OCYF Needs Based Plan and Budget Training Part Two](#)

Focus on Suicide Prevention

On August 30, the Children's Bureau of the Office of Mental Health and Substance Abuse Services (OMHSAS), in partnership with the Garrett Lee Smith Suicide Prevention Grant staff, OMHSAS Field Office staff, RCPA, and Pennsylvania Council of Children, Youth and Family Services, will host a suicide prevention initiative for residential treatment providers. This event has been developed to discuss the most recent tools and techniques in suicide prevention as well as a train-the-trainer opportunity in "question, persuade, and refer" for staff development. The initiative will also include a presentation on BH-Works and attachment-based family therapy (ABFT). BH-Works is a proven web-based system for integrating behavioral health screening, triage, and prevention services. ABFT is an evidence-based practice that focuses on adolescent depression and suicide risk reduction. BH-Works and ABFT have been presented to RCPA members at our conferences and committee meetings over the years and are being used in practice by several member organizations.

BHRS Regulations Work Group Update

In June, the Department of Human Services (DHS) Behavioral Health Rehabilitation Service (BHRS) Regulations Work Group completed a series of conference calls with RCPA members and other providers, managed care representatives, and advocacy groups. DHS has been working throughout the month of July to put together a document based on your feedback and ideas for review and comment by work group members in early August. [Meeting notes](#) provided by the Office of Mental Health and Substance Abuse Services and the Bureau of Autism Services from the several work group conference calls are available.

AAP Updates Youth Suicide Guidance

The American Academy of Pediatrics (AAP) has updated guidelines for screening patients for suicidal thoughts, identifying risk factors for suicide, and assisting at-risk young people. This is in response to data that shows that suicide has replaced homicide as the second leading cause of death for individuals aged 15 to 19 years. The new report replaces AAP's 2007 report on suicide and suicide attempts in adolescents. The [updated document](#), which highlights stress from bullying and "pathological" use of the Internet, appeared in *Pediatrics*. The AAP recommends that pediatricians routinely ask patients if they think about self-harm, screen for other risk factors, and refer at-risk patients for mental health evaluation and possible treatment, including use of antidepressants. The report notes that while twice as many females attempt suicide as males, the males are three times as likely to complete suicide because they choose more reliable methods, such as guns.

September Brings FASD Awareness Day and Month

Birth defects that include behavioral, emotional, learning, addiction, and general health impairments related to prenatal alcohol exposure are diagnosed in approximately 1% of all US newborns. Fetal alcohol spectrum disorder (FASD) affects more children than autism, and the number of new cases each year is greater than the cases of muscular dystrophy, spina bifida, and Down syndrome combined. The Department of Drug and Alcohol Programs (DDAP) supports a variety of initiatives to raise awareness about FASD. The department encourages the single county authorities (SCAs) and their providers to conduct educational and awareness activities in their communities, for FASD awareness month and throughout the year. DDAP also provides the SCAs with links to free resources to support this initiative.

Chief Quality Improvement and Compliance Officer



COMMUNITY
SERVICES GROUP

CSG is searching for a creative, innovative, dynamic, customer centric and tech savvy professional to join our executive leadership team as our Chief Quality Improvement and Compliance Officer. This position will develop and monitor controls to ensure compliance and maintain reporting systems. It ensures that systems are in place to measure, evaluate and improve quality across programs, services and operations. It will champion CSG's ethics and integrity in all clinical and business activities.

This position can be based in Lancaster, Dauphin or York County. A complete Medical Insurance & Benefits Package is available for those who qualify!

For details or to apply, please visit
www.csg.jobs and search under Lancaster County.

EOE



Renewal, Inc.

**Safety • Diversity • Leadership • Teamwork • Innovation
Empowerment • Professionalism**

Renewal, Inc., a leader in community corrections, is a private, nonprofit organization providing alternative housing, re-entry, and community corrections services to male and female re-entrants in the county, state, and federal criminal justice systems. In addition, Renewal, Inc. also offers a wide range of drug and alcohol, detoxification, and mental health treatment services. The mission of Renewal, Inc. is "Dedicated to the renewal of individuals in the criminal justice system and to their return to society as responsible citizens."

Renewal, Inc. is currently hiring for the position of

Program Director

Definition

This full-time position is responsible for the management of all Work Release services (county, state, and federal), the Parole Violator Unit, and all Intake Services. The program director is responsible for the execution of the agency's mission and philosophy in the Work Release programs. The individual in this role is responsible to ensure that all services are managed; that all Work Release re-entrants are receiving the required contracted services; and that appropriate reporting and communication occurs with stakeholders. The responsibility for quality assurance standards, accreditation/regulatory compliance, and achieving program and re-entrant outcome goals falls under this position.

Eligibility Requirements

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. A demonstrated understanding of Cognitive Behavioral Interventions as they are applied with the forensic population is required.

Education and/or Experience

Master's degree in social work, psychology, counseling, or business and ten (10) years experience are required for this position. A minimum of five (5) years management experience required.

Experience and knowledge in the criminal justice system is preferred for this position. The individual in this role must have the ability to lead an integrated team of managers, supervisors, case managers, and associate staff.

Visit our website, www.renewalinc.com, to apply.

Equal Opportunity Employer/Minorities/Female/Protected Veteran/
Individuals with Disabilities

■ CALENDAR *

*Events subject to change; members will be notified of any developments

AUGUST		
Tuesday, August 2	12:00 pm – 1:00 pm	IPRC Webinar Fostering Cultural Sensitivity
Tuesday, August 9	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, August 16	12:00 pm – 1:00 pm	Webinar What has Health Reform Done for the Behavioral Health Communities?
Tuesday, August 16	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Thursday, August 18	10:00 am – 12:30 pm	Outpatient Rehabilitation Committee <i>RCPA Conference Room</i>
Wednesday, August 24	10:00 am – 12:30 pm	Human Resources Committee <i>Penn Grant Centre</i>
SEPTEMBER		
Thursday, September 8	10:00 am – 12:30 pm	Medical Rehabilitation Committee <i>RCPA Conference Room</i>
Tuesday, September 13	12:00 pm – 1:00 pm	IPRC Advocacy, Education & Membership Committee <i>Conference Call</i>
Tuesday, September 13	1:00 pm – 4:00 pm	Drug & Alcohol Committee <i>Penn Grant Centre</i>
Wednesday, September 14	10:00 am – 11:00 am	Mental Health Committee <i>Webcast Only</i>
	11:00 am – 12:00 pm	Children's Committee <i>Webcast Only</i>
	1:00 pm – 4:00 pm	Criminal Justice Committee <i>Penn Grant Centre</i>
Thursday, September 15	10:00 am – 12:00 pm	Supports Coordination Organization Subcommittee
	10:00 am – 12:00 pm	Vocational Rehabilitation Subcommittee
	12:30 pm – 4:00 pm	Intellectual/Developmental Disabilities Committee <i>Penn Grant Centre</i>
Tuesday, September 20	12:15 pm – 1:00 pm	IPRC Outcomes & Best Practices Committee <i>Conference Call</i>
Wednesday, September 21	10:00 am – 2:00 pm	Brain Injury Committee <i>Penn Grant Centre</i>
Tuesday–Friday September 27 – 30		2016 RCPA Conference <i>Hershey Lodge</i> <i>325 University Drive</i> <i>Hershey, PA 17033</i>