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PMHCA Assures Consumers that "Obamacare" is Available - For Now

President-elect Donald Trump has vowed to repeal the Affordable Care Act (aka Obamacare), and has appointed anti-Obamacare officials to his administration. As Vision goes to press, Trump is vowing to "repeal and replace" the ACA within the first weeks of his administration. This process will play out in the Congress where Republicans hold a majority in the House and Senate. Below are excerpts from PMHCA's statement on these threats to affordable, accessible health coverage:

While we cannot say for certain what will happen in coming years, we believe that the outcome of the 2016 election doesn't hold immediate changes in Obamacare or the Health Insurance Marketplace coverage (www.healthcare.gov/). Americans can continue to use Marketplace health insurance and take advantage of its benefits.

- Enrolling in 2017 coverage: The outcome of the 2016 presidential election does not affect the ability to enroll in affordable Marketplace coverage. Nor does it affect the plans that are available and the savings people are eligible for. Open enrollment for 2017 ends on January 31, 2017.
- Medicaid, Medicare, and CHIP will not end if the ACA is repealed or replaced, although changes may be seen under the new administration.

Getting help

The Navigators are here to help you with any questions you may have about the Marketplace, the application, and more. There is no charge for this service.

Navigators can be reached at 1-855-274-5626 (toll free). Language interpreter services are available. The TTY number at www.healthcare.gov for people who are deaf or hearing impaired is 1-877-962-5593. ●



Health insurance navigators from across the state plan enrollment strategies.

Back row: Tom McHugh, John Konopki, Ellen Schellenberger, Lynn Keltz, Jennifer Grybosky, Elaina Ingalls

Front row: Laurie Barnett Levine, Margaret Leone, Deb Hodges Hull

Navigators not in photo: Garth Champaign, Lainie Stinner, Sue Walther (photographer)

VISION

is a publication of

**Pennsylvania Mental Health
Consumers' Association (PMHCA)**

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Our Mission — PMHCA is a statewide membership organization representative of the individual and collective expression of people who have recovered or are recovering from mental illness. Our purpose is to promote and support recovery through advocacy and education to eliminate stigma and discrimination.

While *VISION* is the official newsletter of the Pennsylvania Mental Health Consumers' Association, it may contain articles and opinions from outside sources. These materials do not necessarily represent the views of PMHCA, its officers, and Board of Directors. Medical information is of a general nature and does not constitute professional advice.

Additional information about many *VISION* articles is available at our website at www.pmhca.org. If you do not have Internet access, contact the PMHCA office for assistance.

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Medicaid Expansion Reduces State's Uninsured Rate

Recent data from the U.S. Census Bureau is good news for Pennsylvania. A media release from the Governor's office noted that "The state's overall uninsured rate has dropped to 6.4 percent – well below the national average of 9.1 percent and 15th lowest in the US. The commonwealth saw a large drop in adults ages 18 to 64, regardless of income, from 11.7 percent in 2014 down to 8.7 percent in 2015."

Since the Governor's April 2015 expansion of Medicaid eligibility, more than 670,000 adults ages 18 to 64 (under the 138 percent federal poverty level) who did not previously have access to health care are now covered. Governor Wolf was enthusiastic in his response to the Census figures, stating "I am thrilled to see the success of this expansion. Because of the expansion of Medicaid, hundreds of thousands of people have a brighter future and better potential health outcomes. We are excited to enroll even more Pennsylvanians in our next outreach efforts."

Dennis Marion, Deputy Secretary of the Office of Mental Health and Substance Abuse Services, pointed out that people getting insurance through Governor Wolf's Medicaid expansion are taking advantage of available mental health and drug and alcohol services. Other positive results of Medicaid expansion include:

- The percentage of uninsured Pennsylvania children under age 19 decreased from 4.9 percent to 3.7 percent between 2014 and 2015. Pennsylvania's coverage is significantly better than the 2015 national average of 5.3 percent.
- During 2015, nearly 63,000 of the newly-eligible Medicaid recipients accessed drug and alcohol treatment, the single largest expansion of drug treatment in one year in the state's history.
- Most of those initiating drug and alcohol treatment did so within the first two months of expansion, showing the strong need for these services. ●

LIHEAP Available for Winter Heating Bills

The Low-Income Home Energy Assistance Program (LIHEAP) helps low-income Pennsylvanians pay for home heating bills during the winter months. Available to both renters and homeowners, LIHEAP grants are available until March 31, 2017. The support comes in the form of a grant that is paid directly to an individual's utility company or home heating fuel provider.

Online applications can be completed by visiting www.compass.state.pa.us. Paper applications are available through local county assistance offices, or can be downloaded from the Department of Human Services website at www.dhs.pa.gov.

Tips on keeping warm throughout the winter and saving money on utility costs, is available at www.energysavers.gov. ●

2017 Will Be a Busy Year

Every day, week, and year brings changes to our lives. As we look ahead to 2017, what do we see?

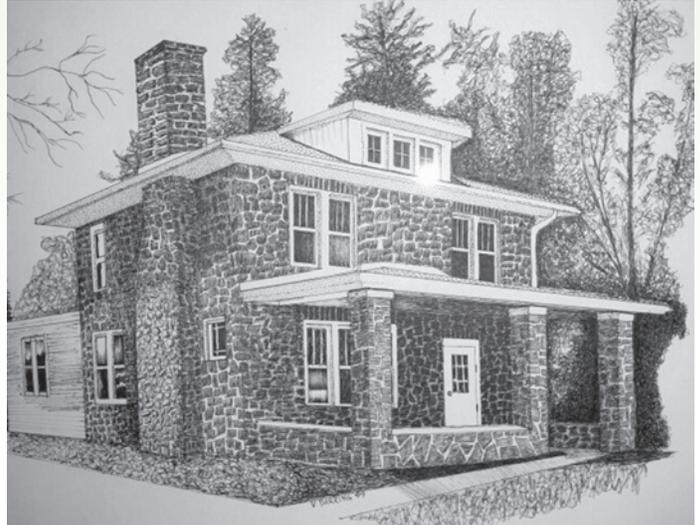
The new administration in Washington D.C. brings perspectives on policies and people that are very different than those of the Obama administration. PMHCA will collaborate with other advocacy organizations to examine the news (or tweets!) coming out of Washington that may affect people with mental health and substance use disorder needs. Policies, laws, and issues that we need to watch include

- The Affordable Care Act
- Possible attempts to “reform” Medicare
- The new 21st Century Cures Act that became law in December and included “the Murphy bill”, which we opposed
- Plans to reduce or increase federal tax rates
- The growing intolerance of differences among people that was intensified during the 2016 election campaigns

The Affordable Care Act (aka Obamacare) created Medicaid Expansion. In Pennsylvania, about 670,000 working people now have health insurance due to Governor Wolf’s decision to expand Medicaid eligibility. This insurance has enabled thousands to access behavioral health services that were not previously available to them. The Health Insurance Navigator grant received from CMS and implemented by PMHCA, Mental Health Association of PA, and Mental Health America of Westmoreland County has enabled us to help many uninsured people obtain coverage, promoting recovery and wellness. If the health insurance coverage through Medicaid, the Marketplace, and Medicare are important to you, please read “Help Preserve Insurance Coverage for Pennsylvanians” on page 6 to learn how you can help.

There are two related issues that I want to emphasize.

- We must remember that tax increases and decreases affect whether or not there is money to support health care, research, Medicaid, food stamps and much, much more. It may sound good to pay lower taxes, but what



PMHCA office: Art by Vicki Darring

services will be taken away in order to cut costs? Preliminary indications are that the proposed federal tax cuts are likely to benefit the super-rich, not those with modest and low incomes.

- We are alarmed that there has been a documented increase in hate crimes, hate speech, and harassment since the election. According to the Southern Poverty Law Center, over 900 hate incidents were reported in the 10 days post-election, many more than prior to the election. We all must oppose this trend. We need to make plans for how we might stop people from bullying and harassing if we see it happening, how we will react if we are accosted, and how to keep ourselves and others safe. Let’s work together to encourage civility, kindness, and acceptance.

Yes, there is a busy year ahead for us all. ●

— Lynn

“ Above all, be the heroine of your life, not the victim. ”

— Nora Ephron

Governor Calls Access to MH and SUD Services “A Priority”

In actions applauded by PMHCA, Governor Wolf and Insurance Commissioner Theresa Miller have issued several documents that strongly support insurance coverage and access to mental health (MH) and substance use disorder (SUD) treatment. The Insurance Department issued a notice outlining how insurance companies are to apply parity laws for mental health and substance use disorder coverage. The department also unveiled a consumer guide describing required coverage by different types of insurance and listing resources for help with problems or questions. The consumer guide is available at <http://www.insurance.pa.gov/Coverage/Pages/MentalHealthSUD.aspx>.

According to the Governor, “This guidance will help ensure that all parties – consumers and insurance companies – understand how the federal and state laws relating to mental health and substance use disorder treatments interact so they may be properly implemented.” The Governor emphasized his commitment to parity, stating, “Ensuring that Pennsylvanians have access to the mental health and substance use care that they need is a priority for my administration, and I urge all insurance companies subject to these regulations to take implementation very seriously.”

For more information, to file a complaint, or ask a question, visit www.insurance.pa.gov or call 1-877-881-6388. ●

PA Chosen for National BH Demonstration Project

Pennsylvania is one of eight states selected by the U.S. Department of Health and Human Services for participation in a two-year Certified Community Behavioral Health Clinic (CCBHC) demonstration program designed to improve behavioral health services in communities. This demonstration is part of a comprehensive effort to integrate behavioral health with physical health care, increase consistent use of evidence-based practices, and improve access to high quality care for people with mental and substance use disorders.

PMHCA was part of a stakeholder group that assisted the state Department of Human Services (DHS) to assemble the grant application. In an email to the partnering organizations, Ellen DiDomenico, Special Assistant to the Secretary at DHS, wrote, “Thanks to all for your hard work and commitment to improving the behavioral health services for all of PA. Take a few minutes to enjoy the success.... then we will start to think about the work needed to implement on July 1, 2017.”

To qualify for certification, CCBHCs provide core services across the lifespan, utilize evidence-based practices and health information technology, report on quality measures, and coordinate care with primary care providers and hospitals in the community. Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders. For more information on the Demonstration Program for CCBHCs visit: <http://www.samhsa.gov/section-223> ●

State Announces Closures at Norristown State Hospital and Hamburg Center

As Vision goes to press, the state Department of Human Services (DHS) announced the proposed closing of the civil section of Norristown State Hospital in Philadelphia and the Hamburg State Center for people with intellectual disabilities in Berks County. Norristown’s civil unit currently serves 122 individuals, and Hamburg has 80 residents.

PMHCA Executive Director Lynn Keltz stated that “We are pleased to see the state emphasizing community-based services and downsizing of state hospitals. We will work closely with them to assure that adequate services are available for the people who are returning to their communities and that the hospitals continue to serve their residents adequately.”

The closures are expected to take 18 to 24 months as residents transition to the community. Prior to leaving either Norristown or Hamburg, individuals will participate in a series of assessments and planning meetings to determine their level of need for services and support in the community or with family. The assessment and planning process will include the individual and their family to ensure that individuals’ new homes are safe, appropriate, and supportive. Additionally, DHS will hold several sessions over the course of the next few months to ensure that each individual, family member, and decision maker is fully informed of all available options and that they have the opportunity to meet with potential providers and explore all potential options.

continued on next page

21st Century Cures Act – A Threat to Recovery?

An essay on the website Truthout expresses strong opposition to the recently-passed 21st Century Cures Act. The last sentence in clinical psychologist Noel Hunter's essay ("Seven Reasons Why the US's New Mental Health Law Is Dangerous") sums up her concern: "The 21st Century Cures Act is an epic failure that will result in major profits for pharmaceutical companies and their representatives in Congress. It will increase the suffering of hundreds of thousands of individuals and strip away what little progress has been made in humanistic and holistic care of individuals in emotional distress."

The 21st Century Cures Act passed Congress with overwhelming bipartisan support in the House of Representatives (by a vote of 392-26) and the Senate (94-5). The final bill incorporates many aspects of the so-called "Murphy Bill" that was strongly opposed by mental health advocates (see previous issues of *Vision*). Dr. Hunter lists seven reasons that the act threatens recovery-based care:

1. **Sandy Hook and other tragedies will not be avoided by the measures contained in this bill.** It is based on the assumption that "mental illness is responsible for mass acts of violence and that the answer is more psychiatric treatment, often of a restrictive or coercive nature."
2. **The "reform" actually sets back many advances made in the 20th century.** The act de-emphasizes consumer-focused approaches in favor of forced treatment and a reliance on medication and hospitalization.
3. **It does not help people live in the community.** It focuses on Assisted Outpatient Treatment, which Hunter says

holds "individuals' freedom and housing hostage unless they take their drugs and follow the rules."

4. **No extra money is going towards helping people.** "...Money is being redistributed away from current programs, such as Substance Abuse and Mental Health Services Administration programs, toward institutionalized settings and medical interventions...Money is also being taken away from peer support efforts..."
5. **Effective treatment is not the focus of this bill.** "This bill explicitly takes money away from holistic and relationship-based interventions and shifts the money to the profiteering administration of drugs that are only clinically and functionally helpful for a fraction of patients."
6. **This bill is not based on the advocacy of users of mental health services.** "...people with lived experiences of hospitalization, forced treatment, and other interventions that will be increased under the provisions of the bill generally do not support this bill. Many have actively and vocally fought against this bill since its original inception in 2013."
7. **Pharmaceutical greed and conflicts of interest underlie everything about this bill.** "This bill will make it even easier for the drugs to quickly come to market," despite concerns about "suppression of information about dangerous side effects, fatal outcomes, and lack of evidence of clinical efficiency."

The full essay, which is extensively footnoted, can be read at <http://www.truth-out.org/opinion/item/38742-seven-reasons-why-the-us-s-new-mental-health-law-is-dangerous>. ●

State Announces Closures at Norristown State Hospital and Hamburg Center (continued from page 4)

During the closure process, DHS will temporarily repurpose some civil beds at Norristown to create "forensic step down or transition" beds for those individuals committed to the forensic section through the criminal justice system. This will increase access for individuals needing forensic restoration services to enable them to return to referring jurisdictions or transition to other appropriate levels of care.

DHS operates six state hospitals. In the last 20 years, the state hospital population has decreased by 70 percent, from nearly 5,000 people to 1,568 today (1,107 in civil units, 159 in the restoration center, 237 in forensic units, and 65 in the Sexual Responsibility and Treatment Program).

DHS will hold a public hearing from 2:30-5 p.m. on Tuesday, January 31 at 1001 Sterigere Street, Norristown Hospital, Building 33 to accept public comment about the closure of civil beds and changes in forensic operations. Those wishing to provide comments are asked to register by contacting Helen Brennan at 610-313-1014 or hbrennan@pa.gov. Written comment can be submitted via email to RA-PWOMHSASComm@pa.gov.

DHS has established a toll-free number for family members of residents of Norristown State Hospital. Family members can speak with staff from 8 a.m. to 4:30 p.m. Monday through Friday at 877-692-1267 or can communicate with their family member's treatment team. ●

Report Outlines Crisis in Opioid Use by Children

A November 1 article in the Washington Post (“New study details opioid poisoning among children”) noted the findings of a recent study on the effects of opioids on children and the increasing number of poisonings and death. The study’s author, Julie R. Gaither, PhD, an epidemiologist at the Yale School of Medicine, found that from 1997 to 2012

- 13,052 children were hospitalized for poisonings from opioid prescriptions of Oxycodone, Percocet, codeine, and similar medications
- 176 children died

- Hospitalizations doubled for prescription opioid poisonings in children

The study was published in the December 2016 issue of JAMA Pediatrics in an article entitled “National Trends in Hospitalizations for Opioid Poisonings Among Children and Adolescents, 1997 to 2012.” According to Dr. Gaithers, “These children are getting into their parents’ or grandparents’ medication. Opioids are now ubiquitous in millions of U.S. homes.” The study’s conclusions include that “...hospitalizations increased across all age groups, yet young children and older adolescents were most vulnerable to the risks of opioid exposure. Mitigating these risks

will require comprehensive strategies that target opioid storage, packaging, and misuse.”

Pennsylvania’s Department of Human Services (DHS) issued a statement citing “the need for heightened efforts and supports as we battle the opioid epidemic.” DHS has funded 45 Centers of Excellence across the state “to help ensure that people with opioid-related substance use disorder stay in treatment to receive follow-up care and are supported within their communities.” Pennsylvania has also obtained a \$3 million federal grant to increase the number of primary care doctors in rural areas who will be able to prescribe medication-assisted treatment. ●

ADVOCACY & RECOVERY

Help Preserve Insurance Coverage for Pennsylvanians

President-elect Trump and several of his cabinet members are strong opponents of Obamacare (aka Affordable Care Act), the program that has helped millions of Americans to get health coverage. Through Obamacare and Pennsylvania’s expansion of Medicaid eligibility, 1.1 million Pennsylvanians have gotten healthcare coverage.

PMHCA supports Insure PA’s campaign to urge members of Pennsylvania’s Congressional delegation, including Senators Toomey and Casey, to protect Obamacare. It is important that they understand that any changes to the law must preserve at least five critical provisions:

1. All plans cover mental health and substance use treatment as an essential health benefit.
2. Insurance companies are barred from denying coverage because of a pre-existing condition.
3. Young adults can remain on their parents’ insurance until age 26.
4. Maintain Medicaid eligibility to 138 percent of the federal poverty level (\$16,394 per year), which allows hundreds of thousands of Pennsylvanians to qualify for coverage.
5. Continue tax credits for Pennsylvanians to buy insurance on the Health Insurance Marketplace (HealthCare.gov).

For additional information on Insure PA’s efforts and how you can get involved, visit their website (<http://www.insurepa.org/>). ●

IT’S NICE TO BE LIKED – Please “like” PMHCA on Facebook. It’s a good way to keep up with the PMHCA family, our activities, and current issues. ●



PA Ranks Ninth Nationally for Overall Mental Health

There is good news and bad news in a recent Mental Health America (MHA) report, entitled *The State of Mental Health in America*. <http://www.mentalhealthamerica.net/issues/state-mental-health-america> The good news is that Pennsylvania is ranked ninth in the nation based on a number of factors, particularly a lower occurrence of mental illness and higher rates of access to care. The state's ranking has improved since 2011 when it was 15th. Nationwide, there is more good news due to better access to health coverage and, therefore, better access to treatment.

Unfortunately, most of the rest of the news is bad. The report, which includes data about adult and youth mental health, documents that, despite increased health coverage, persons with mental health problems are not receiving adequate services:

- One in five adults has a mental health condition - that is over 40 million Americans; more than the populations of New York and Florida combined.
- Nationally, youth mental health is worsening, with rates of youth depression increasing from 8.5 percent in 2011 to 11.1 percent in 2014. Eighty percent of youth with severe depression have inadequate or no treatment.
- 56 percent of American adults with a mental illness did not receive treatment in 2014.
- There is a serious workforce shortage in the mental health field.
- States with less access to mental health care have more adults who are in the criminal justice system. Pennsylvania ranked 28th on this measure, with 394 persons in state prison per 100,000 population.

PMHCA Executive Director Lynn Keltz responded to the study by emphasizing that “The MHA report underscores the need for advocacy and consumer-focused services. These are effective ways to improve mental health services and outcomes. The shortage in mental health workers makes Certified Peer Specialists even more important and cost-effective in building a better system.” ●

Medication Assisted Treatment Proving Effective for SUD

For decades many national substance use disorder (SUD) treatment providers, including national detox chains and rehab programs, resisted the use of drugs in helping people to recover from addiction. A study by the Hazelden Foundation, a national leader in SUD treatment, has shown that Medication Assisted Treatment (MAT) can dramatically decrease the number of patients who drop out of treatment from 25 percent to 5 percent.

In Pennsylvania, approximately 48 percent of those diagnosed with SUD enter treatment, and of those, only 33 percent remain engaged beyond 30 days. The state is hoping to improve engagement rates through its new Centers of Excellence, a team-based, whole person approach that integrates behavioral health and primary care and includes MAT. According to the Department of Human Services, “Evidence-based research demonstrates that MAT improves retention in the full continuum of care, which is essential to recovering from the disease.”

Hazelden's Butler Center for Research plans to continue a study of 200 of its medication-assisted patients for a year to determine which medications work best for which patients and how medications compare to abstinence. The study will examine the differences among the three groups — no medication, Buprenorphine, or Vivitrol — in length of time in treatment, relapse rates, readmission to treatment, length of time on medication, and overdose deaths, among other factors.

The recognition of MAT's value is also reaching insurers, according to Dr. Kelly Clark, acting president of the American Society of Addiction Medicine, “Insurers are starting to realize that providing the right treatment for the right person in the right place, for as long as treatment is needed, will dramatically lower overall health care costs. Keeping people in recovery prevents the spread of hepatitis C and HIV, as well as repeated inpatient hospitalizations and ER visits for related medical and psychiatric complications of addiction.”

Additional information on the study is available at <http://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2016/08/08/at-fabled-addiction-treatment-center-a-new-approach>. ●

A Visit with the Montgomery County CSP

Since 1984, the Pennsylvania Office of Mental Health has used the Community Support Program (CSP) Principles and the state CSP Advisory Committee to guide development of services and the system of care. There are regional CSP's in many counties, including the Montgomery County Community Support Program. Kathy Mitchell, Director of Community Advocates, which is a part of Hopeworx in Norristown, spoke with *Vision* about some of the county CSP's current activities:

Our CSP has four subcommittees: Advocacy, Social, Conference, and Newsletter/Social Media. We usually get 30-35 people at our monthly meetings, and we have a presentation before the meeting.

We publish a great newsletter that has articles on topics of interest, job postings, current events, interviews, and other info for consumers and supporters. We hold an annual conference in June that has been a real success. We hold it at Mermaid Lake, and it's a beautiful and enjoyable setting.

The Advocacy Committee has focused on criminal justice issues during the past few years. We are also beginning to work on affordable housing, especially for people who are returning to the community from jail or prison. We will gather stories and background information, and then work with a coalition of supporters to make recommendations and help build solutions. We also want to promote the Roommate Sharing Club that helps connect folks with compatible roommates.

We want to get as many people as possible involved in mental health planning – that's the best way to build effective, recovery-based services and supports.

Additional information about the Montgomery County CSP is available at <http://montcocsp.org/87-2/> ●

Why I Belong to PMHCA

When Barry Hetrick received a letter recruiting Board Members for PMHCA, he stepped up to the challenge. The Alexandria (Huntingdon County) resident is a Certified Peer Specialist and a member of the Community Care Behavioral Health Organization Advisory Committee. His commitment to behavioral health advocacy is what drew him to PMHCA: "It was an opportunity to help other people. When I go to a board meeting, I can bring information back to folks in my area. And it works the other way, too - through PMHCA I can bring the concerns and input from my area to the state level." ●

Check Your *Vision* Online

PMHCA's quarterly newsletter, *Vision*, is now available online at <http://www.pmhca.org/>. ●



I CAN'T
WAIT FOR
SPRING!!



Recent PMHCA Activities

- Lynn Keltz appeared on WITF-FM's Smart Talk to discuss health insurance issues along with host Scott Lamar and Tia Whitaker, Statewide Director of Outreach & Enrollment with the Pennsylvania Association of Community Health Centers. <http://www.witf.org/smart-talk/2016/11/smart-talk-questions-about-health-insurance-as-open-enrollment-begins.php>
- Liz Woodley, PMHCA Forensic Peer Support Project Specialist, was interviewed by the Mental Health Association in Pennsylvania about her work to help incarcerated veterans and the moving experience of sharing the I'm the Evidence/Mental Health Campaign (ITE/MH) with men and women in state correctional facilities. The interview was published in the MHAPA Fall 2016 Newsletter.

Provided Community Support Program technical assistance and outreach to the four regional CSPs, including:

- o Attended Bedford/Somerset Stakeholders meetings and presented a Recovery Chat
- o Visited Our Place, a new Drop-in-Center in Somerset County
- o Attended HOPES Drop-In Center Open House in Bedford and visited drop-in centers in Lewistown and Huntingdon

- o Joined MAC (Member Advisory Committee) Juniata County Stakeholders CSP discussion
- o Participated in Regional CSP meetings in Harrisburg, Norristown, Butler, and Scranton
- o Attended Northumberland County CSP meeting
- o Facilitated regional technical assistance calls
- o Assisted Somerset and York counties to rebuild their CSPs

Represented PMHCA at

- o PA Department of Human Services licensing regulations workgroup
- o Certified Community Behavioral Health Clinics advisory committee
- o Keystone Pride Recovery Initiative
- o Consumer representative at Wernersville State Hospital Service Area Planning meeting
- o Peer Support Services quarterly meeting conference call
- o Patient-Centered Medical Home Advisory Council Meeting
- o Keystone Wellness Festival
- o Mental Health Justice and Advisory Committee of PA Commission on Crime and Delinquency

- o Forensic Conference planning committee and conference
- o Family Service Association of NE PA Resource Fair
- o Pennsylvania Parity Coalition
- o Person Driven Services and Supports Advisory Committee
- o State Health Improvement Plan (SHIP) meeting
- Co-chaired the Adult Committee of the Office of Mental Health and Substance Abuse Services Planning Council and attended Executive Committee meeting
- Reviewed county Olmstead plans with Planning Council and OMHSAS representatives
- Worked on Stigma Project campaign and taped interview www.letsthinkagain.org
- Supported work of Forensic Peer Support Project Specialist as SAMHSA Consumer Network Grant was implemented and trainings offered
- Provided Forensic Peer Support Training at MHA of Franklin/Fulton Counties
- Supported and delivered training at State Correctional Institutions for certified peer specialists and CPS who are veterans of the armed services

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“ Not everything that counts can be counted, and not everything that can be counted counts. ”

— Albert Einstein/William Bruce Cameron

Recent PMHCA Activities (continued from page 9)

- Participated in monthly calls with SAMHSA project officers for Statewide Consumer Network and Recovery and Resiliency grants, as well as monthly calls with BRSS
- Hosted and participated in quarterly SAMHSA grant advisory committees
- Advocated for an individual at Torrance State Hospital to accomplish discharge to community
- Provided Navigator services and coordinated Health Insurance Navigator program. Ongoing activities include:
 - o TACS technical assistants for both grants
 - o Fiscal, program, and data reports to funder (Centers for Medicare and Medicaid Services)
 - o Enrolling people in Marketplace and Medicaid insurance
 - o Conducting outreach through Department of Labor and Industry Rapid Response Teams for laid off workers, plus job, health and human services fairs
- Spoke at drug and alcohol provider’s volunteer recognition event ●
- o Monthly calls; quarterly in-person meetings

Improve Your Vision

Let us know how you like *VISION* and how we can improve it. Send your comments, suggestions, and information to lynn@pmhca.org. ●



MEMBERSHIP

Are you a member of Pennsylvania Mental Health Consumers’ Association?

As a member of Pennsylvania Mental Health Consumers’ Association (PMHCA) you will receive “members only” emails, including

- Job Bank notices of positions in the mental health field
- Announcements of upcoming training opportunities and conferences
- Advocacy alerts and updates
- *Vision*, PMHCA’s quarterly newsletter

Join us in our work to improve the mental health system in Pennsylvania. Individual memberships are \$20 a year, or any amount you can afford. There are several levels of organization and corporate memberships.

Already a member?

Be sure to renew your membership!

Any questions?

Visit the membership page on our website to join online or to print a paper copy of the membership form and mail in with check. <http://pmhca.org/membership/index.html> If you would like us to mail you a form, email samantha@pmhca.org or tyler@pmhca.org or call 800-887-6422. ●

EVENT CALENDAR

For more conferences and trainings visit the PMHCA website.

Certified Peer Support Trainings, Supervisor Trainings, and Webinars are listed on the PMHCA website at <http://www.pmhca.org/trainings/index.html>.

- Certified Peer Support Training, Bethlehem, PA, January 23 to February 3
- Certified Peer Support Training, Philhaven, PA, February 13 to 24
- Certified Peer Support Training, Allentown, PA, February 13 through 17 and February 2 through March 3
- Certified Peer Support Supervisor Trainings, Allentown, February 22-23 ●

WRAP Seminar II

**January 30 - February 3
Hummelstown, PA • Fee \$550**

WRAP Seminar II trains individuals to facilitate Wellness Recovery Action Plans (WRAP) in a group format or in a one-on-one peer setting. More information is available on the PMHCA website: http://www.pmhca.org/WRAPII_Jan2017.pdf. ●

Forensic Award Recognizes Cross-System Efforts

Stephen Durant, program director at Erie United Methodist Alliance, received the 2016 PA Forensic Rights and Treatment Conference Award for his personal commitment and outstanding accomplishments in fostering collaboration between the criminal justice and behavioral health systems. PMHCA's Liz Woodley nominated Durant, who received the award during the conference in December. Durant works with homeless veterans to help them achieve independence and self-sufficiency, and acts as a mentor and role model for mental health and substance abuse recovery. Durant's cross-system work benefits persons with serious mental illness and the community. ●



(from left) Durant; Liz Woodley, PMHCA Forensic Peer Support Project Specialist; Conference Co-Chair Donna McNelis, Drexel University; and William Holt, Conference Co-Chair.

“ I would always rather be happy than dignified. ”

— Charlotte Brontë

MARK YOUR CALENDARS

Forensic Peer Support Training

What: Three-Day Peer Support within the Criminal Justice System Training for Pennsylvania residents who are certified peer specialists or certified recovery specialists. Co-sponsored by PMHCA and Alternative Community Resource Program. 18 hours of CEU's.

When: April 3-5 from 8:30 a.m.-4:30 p.m.
Attendance for all three days is required.

Where: Alternative Community Resource Program Play Center • Johnstown, PA 15906 • 814-254-4359

Cost: Training cost is \$90.00. Payment is required upon acceptance into training.
Attendees are responsible for their own travel, lodging, and additional meals.

Applications will be available soon! Watch for PMHCA emails or visit www.pmhca.org. For information, contact: Liz Woodley at 717- 564-4930, 800-887-6422, liz@pmhca.org or pmhca@pmhca.org. ●



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MEMBERSHIP APPLICATION | Join us on the road to recovery!

Member Information

Name _____

Address _____

City _____ County _____ State _____ ZIP _____

Phone (Home) _____ (Work) _____

Fax _____ E-mail _____

Membership Levels

- Member — \$20 *(or as much as you can afford)*
- Donation — \$ _____
- Corporate — \$250

Consumer Run Organizations — based on budget

- \$30 — Under \$25,000 per year
- \$50 — \$25,000–\$49,999 per year
- \$75 — \$50,000–\$100,000 per year
- \$100 — Over \$100,000 per year

Donations in excess of the \$0-20.00 membership fee are tax-deductible. PMHCA confirms that no goods or services are provided to you in exchange for this contribution.

Or complete application online and pay through [PayPal](https://www.paypal.com) @ www.pmhca.org — click on Membership.

I would like to receive a PDF copy of the *Vision* newsletter via email instead of USPS mail.

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