ICF Taskforce

April 2026

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Department of Human Services
Office of Developmental Programs

Measles Update

Pennsylvania
Department of Human Services

Pennsylvania
Department of Health

PENNSYLVANIA DEPARTMENT OF HEALTH
2026 – PAHAN –817-02-03 -ALT
Measles Alert - Guidance for Local Identification of Five Confirmed Cases of Measles

DATE:	2/3/2026
TO:	Health Alert Network
FROM:	Debra L. Bogen, MD, FAAP, Secretary of Health
SUBJECT:	**Measles Alert – Guidance for Local Identification of Five Confirmed Cases of Measles**
DISTRIBUTION:	Statewide
LOCATION:	Statewide
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a
This transmission is a "Health Alert" conveys the highest level of importance; warrants immediate action or attention.	

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS**: PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

- 12 cases in PA reported in 2026
- 16 cases in PA reported in 2025
- 6 cases in PA reported in 2024

Measles Update: 04/23/26

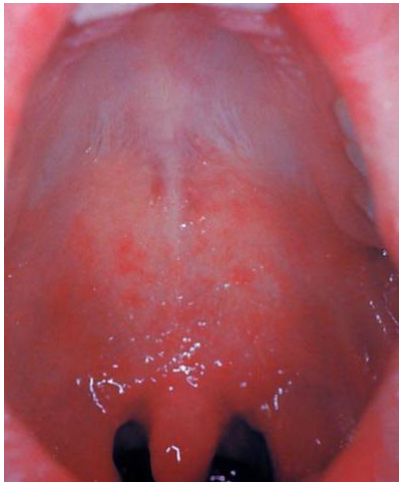
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	2026 To date	2025 Full year
Total Cases	**1,792**	**2,288**
Age		
Under 5 years	385 (21%)	584 (26%)
5-19 years	917 (51%)	1,016 (44%)
20+ years	482 (27%)	675 (30%)
Age unknown	8 (0%)	13 (1%)
Vaccination Status		
Unvaccinated or Unknown	92%	93%
One MMR dose	4%	3%
Two MMR doses	4%	4%

Measles Symptoms

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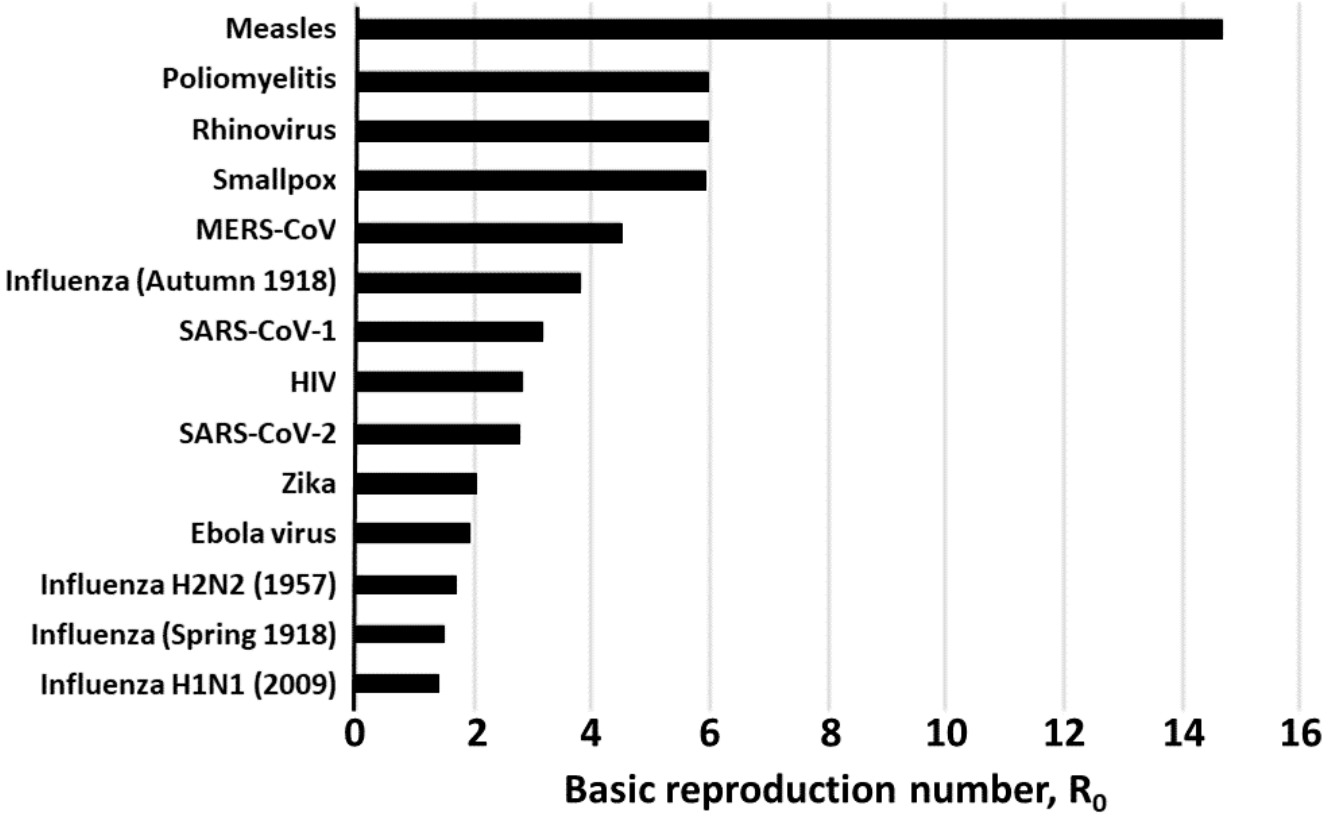


- 7–14 days after a measles infection: first symptoms show
  - High fever (may spike to more than 104˚)
  - Cough
  - Runny nose (coryza)
  - Red, watery eyes (conjunctivitis)
- 2–3 days after symptoms begin: Koplik spots
- 3–5 days after symptoms begin: measles rash
  - Small raised bumps may appear on top of the flat red spots
  - The spots may become joined together as they spread
  - Fever may spike to more than 104˚ Fahrenheit.

Measles Symptoms and Complications | Measles (Rubeola) | CDC

Comparing Infection Rates

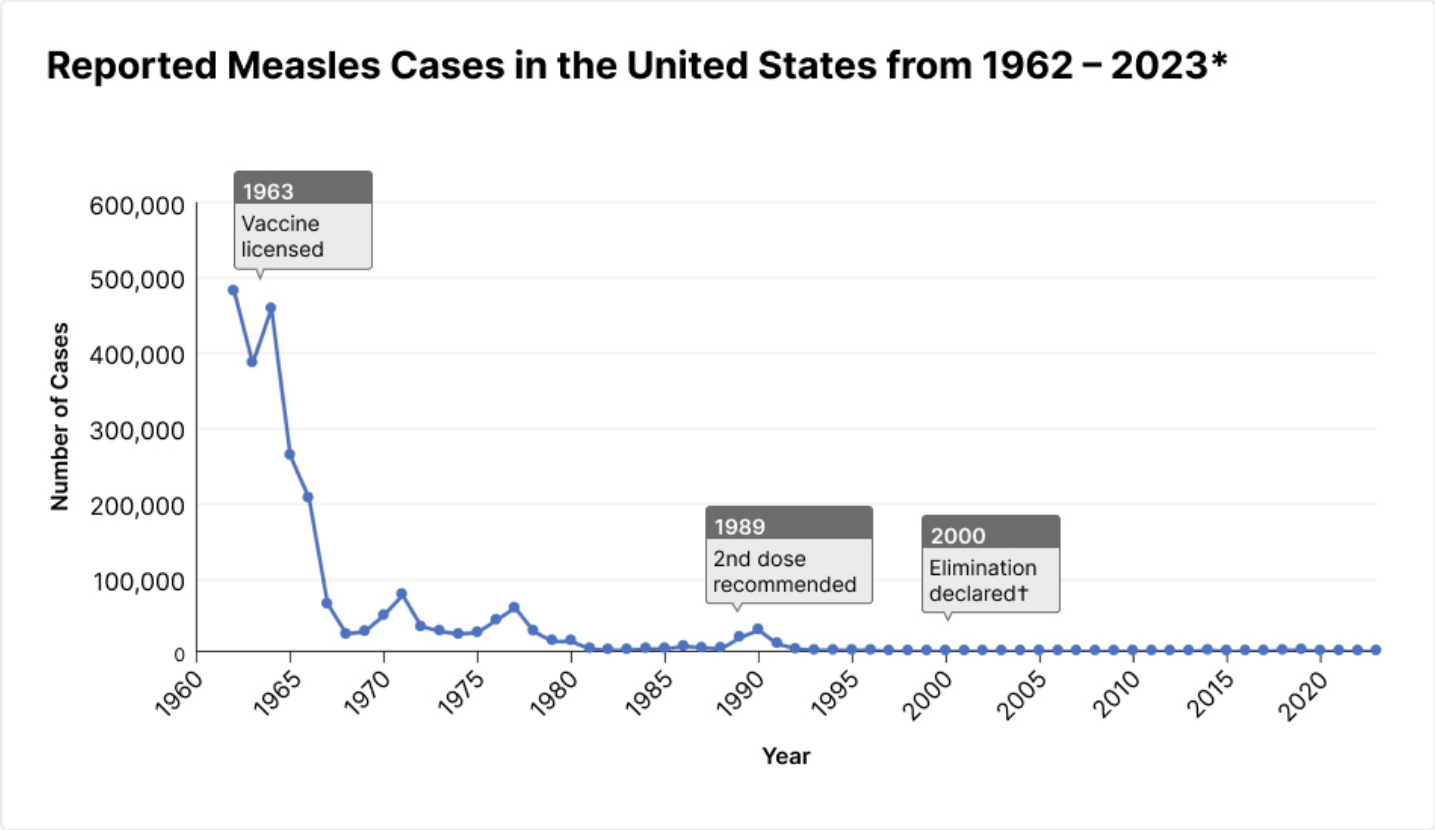
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The Centre for Evidence-Based Medicine KM-4.png (1058 × 643)

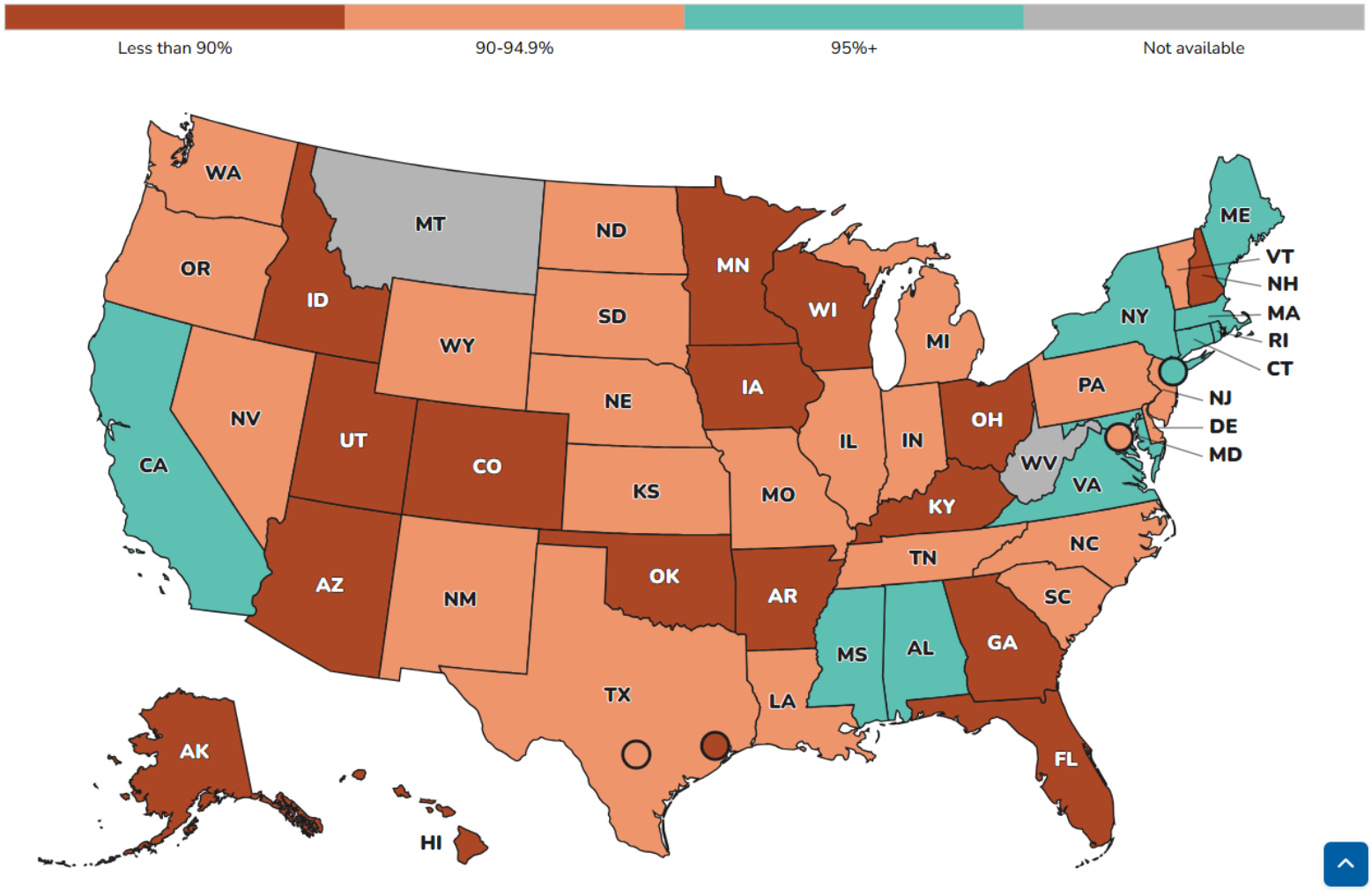
Yearly Measles Cases

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Percent Vaccinated by State

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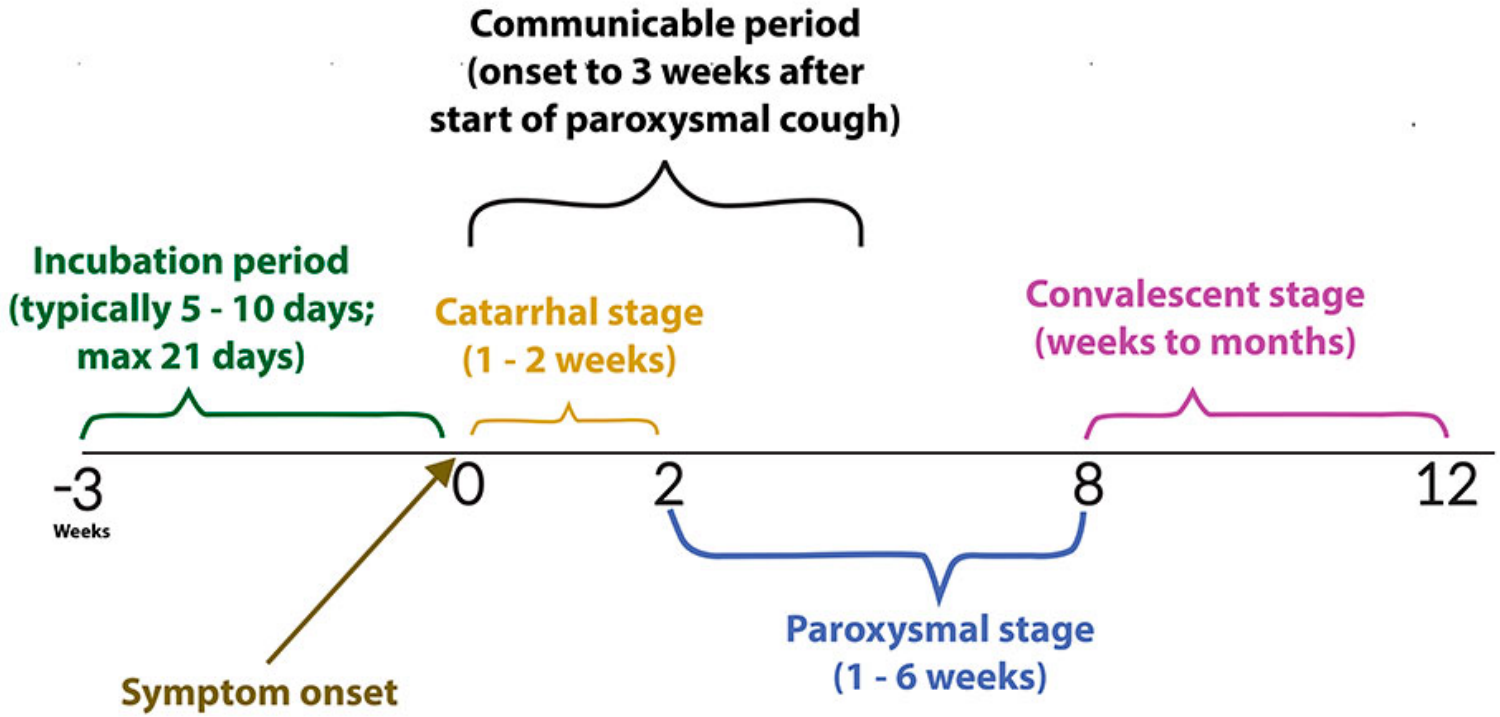
Measles Cases and Outbreaks | Measles (Rubeola) | CDC

Pertussis Outbreak

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- **Pertussis Outbreak in Bedford and Fulton Counties**
- Twelve cases (eleven confirmed and one probable) of Pertussis (whooping cough) were recently identified in Bedford and Fulton counties as of Thursday, April 9, 2026.
- Increased suspicion in individuals with a cough lasting more than two weeks with at least one of the following symptoms: paroxysms of cough, inspiratory whoop, post-tussive vomiting, and/or apnea.
- Any patient with clinical suspicion for pertussis should be tested for pertussis with both culture and Polymerase Chain Reaction (PCR), start antibiotics, and be told to remain home until they have taken five days of antibiotics.
- Primary care providers should promptly prescribe Post Exposure Prophylactic (PEP) antibiotics to high-risk patients and contacts. This includes all household contacts of cases.
- High-risk patients and contacts may also need a dose of vaccine that includes pertussis.
- To prevent the spread of vaccine-preventable diseases like pertussis, the Pennsylvania Department of Health (DOH) reiterates the importance of people of all ages to remain up to date on all vaccines, including the pertussis vaccine.
- DOH also reminds providers to immediately report suspected cases of pertussis to local public health authorities or to the DOH at 877-PA-HEALTH (877-724-3258)

Pertussis Disease Progression



cdc.gov/pertussis

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

Move Your Way® *for Mental Heath*

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Why Focus on Mental Health?

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- 23.4% of U.S. adults experienced mental illness in 2024 (61.5 million people). This represents more than 1 in 5 adults.
- 5.6% of U.S. adults experienced serious mental illness in 2024 (14.6 million people). This represents 1 in 20 adults.
- Per the National Association for the Dually Diagnosed, roughly 35% of individuals with IDD experience mental health challenges.
- Physical activity can help prevent, manage, and reduce symptoms.



Improves mood, focus, resilience and confidence



Reduces stress and sensory overload

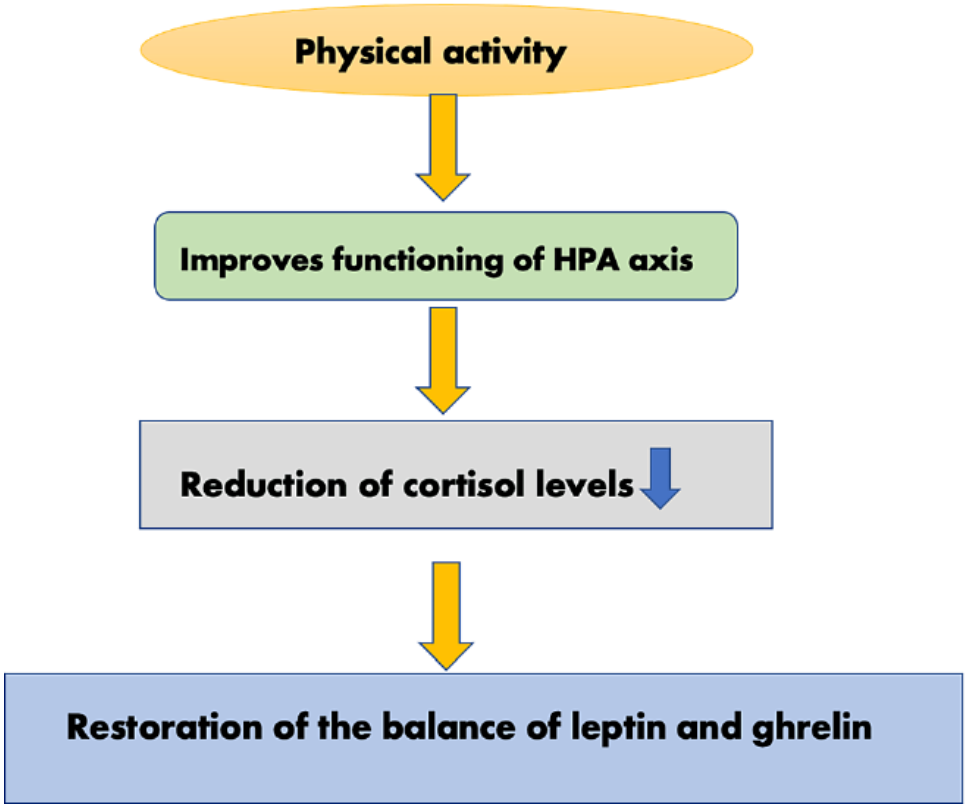


Builds healthy routines, social connections and self-confidence

Effects of Physical Activity on the Brain

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- Regular physical activity improves the functioning of the hypothalamus-pituitary-adrenal (HPA) axis which calms the body's stress systems — offering both immediate and sustained emotional relief.
- Biochemically, exercise works like natural medicine. By balancing brain chemicals, it enhances mood.

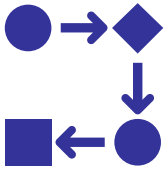


Brain Health and Cognitive Function

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Increases brain-derived neurotrophic factor (BDNF) — critical for learning and memory.



Improves decision-making, focus, and creativity.



Enhances blood flow and neural repair.

Evidence-Based Impact

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Exercise is a proven intervention for depression and anxiety.



Comparable outcomes to antidepressant use with mild to moderate depressive symptoms.



Improves quality of life and self-esteem.

Dual Diagnosis Capacity Building Activities

Approach to Capacity Building

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- Adopt established models
- Adapt existing approaches/models
- Create new opportunities and content
- Mindful of needs across the lifespan
- Involve agencies at every level
  - From DSPs to CEOs
- Reach across organizational “silos”
  - HCBS, Behavioral Health, Physical Health, Funders
- Licensed professionals
- Self-advocates and families/caregivers

Capacity Building Institutes

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- CBI
  - Cycle 9 began October 2025
  - Cycle 10 will begin September
- Pediatric CBI
  - Capacity building initiative for children and adolescents with multi-system involvement
  - Broad role representation
    - County ID, MH, CYF; State DHS; Providers; BHMCO; Educators, Families, Training Organizations, Academic institutions, Early Learning Centers
  - 34 of 67 counties represented in the first 3 cohorts

Enhancing Trauma Recovery Services and Increasing Capacity for Vulnerable Populations

- **T**rauma **R**ecovery for **A**utistic, **I**ntellectually Disabled, and **N**eurodivergent Individuals
- Intended for licensed clinicians who offer psychotherapy services and want to build capacity to see neurodivergent individuals
- Training is meant to equip them to use current evidence-based practices for meeting trauma recovery needs of neurodivergent individuals

TRAIN



TRAIN

- Program occurs in 2 stages:
  - 12-week didactic portion comprised of 3 modules each with four sessions.



  - Followed by 12-week clinical portion comprised of group synchronous clinical consultation calls where program participants present their current cases where they are working with neurodivergent individuals addressing the impact of trauma/victimization experiences.
    - One presentation of individual in assessment phase of treatment
    - One presentation of individual in safety/stabilization or trauma processing phase of treatment

Curriculum Content

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Module 1

- Defining Trauma
- Expressions of Trauma
- The Social Brain and Neurodiversity
- Principles of Trauma Focused Treatment and Examining Ableism

Module 2

- After Disclosure and Psychoeducation
- Assessing Traumatic Stress Part 1
- Part 2
- Case Formulation

Module 3

- Building resources
- Trauma Processing, Meaning Making, Future Planning
- Resiliency and Self-preservation
- Application of Building Resources

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- Including the current 9th cohort, **106** licensed clinicians have participated from across the state.
- Counties of participants include
  - Allegheny, Philadelphia, Cambria, Fayette, Lehigh, Chester, Erie, Dauphin, Somerset, Lancaster, Franklin, Berks, Schuylkill, Snyder, and Connellsville, Armstrong, Montgomery, Cumberland, Mercer, Bucks, Luzerne, Lycoming, Wayne, York, Clinton, Westmoreland, Bradford, Centre, Washington, Juniata, Carbon, Northumberland, Union, Monroe, Pike, and Lebanon.
- **Cohort 10** began April 14, 2026, with 15 participants.

TRAIN Expansion Programs

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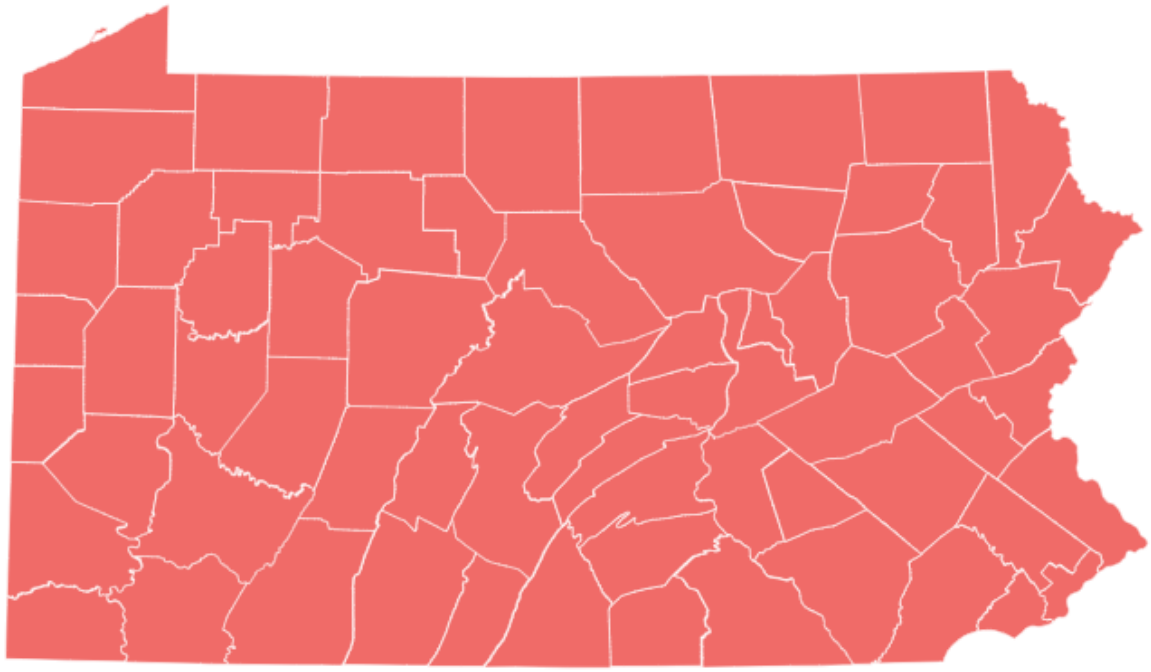
- Reinforce learning and further expand capacity
- 60 to 90 minute workshop format for those who have completed TRAIN
  - 12/16/25 Advancing Your Train Knowledge
  - 1/27/26 Deepening your TRAIN Practices
  - 4/28/26 Topic TBD

TRAIN Directory

Below is a map showing where past participants of the TRAIN program currently work and practice. Contact information is provided for those who choose to share that information, along with any details related to their practice.

Please note that while participants are listed by county, many currently provide telehealth services which can be accessed from across the state. This will be updated regularly as more participants complete the TRAIN program.

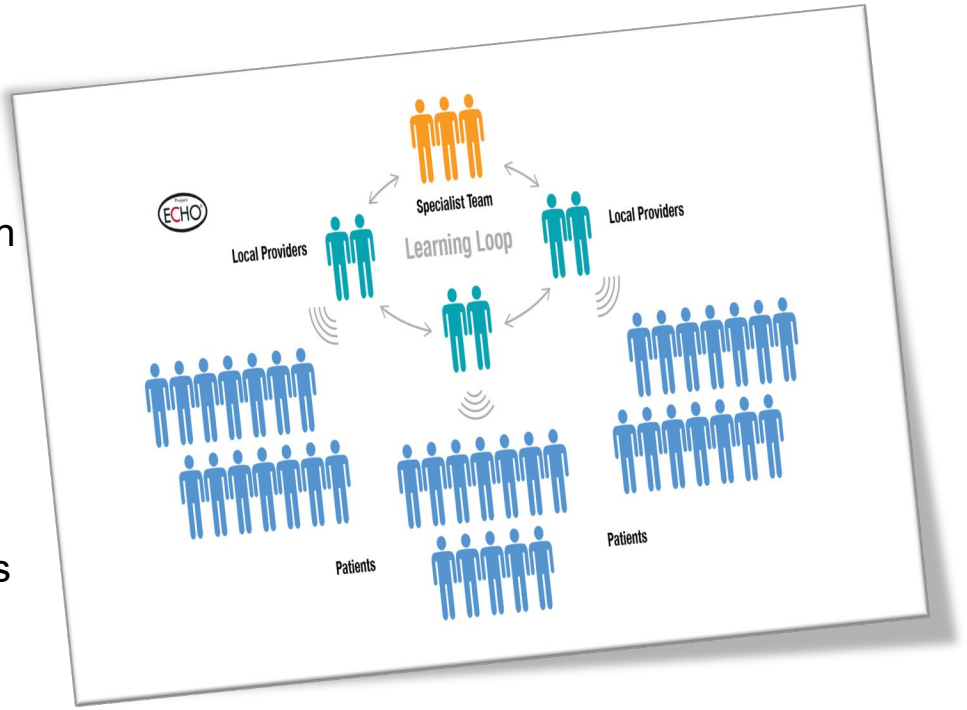
Click a county to find more info



- ECHO-Expanding Community Health Options.
- An “all teach, all learn” spoke and hub model where the ‘spokes’ are community members, and the ‘hub’ is comprised of a team of content experts.
- Heavy emphasis of case-based learning supported by ‘flash talks’ (10–15 minute talk of key clinical points).



- Spokes are community providers in managerial and/or supervisory roles and hub team is comprised of Penn State Health providers and community partners:
  - Psychiatrist (also a parent of young man on the spectrum with ID)
  - BCBA
  - LCSW
  - Psychologist
  - Self-advocate from Acres Project
  - Nurse Practitioner (Penn State Health is facilitator)



ECHO

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- Seven-week intervention covering following flash talk topics:
  - Trauma and trauma expressions
  - Anxiety and intolerance of uncertainty
  - Introduction to Community Resilience Model
  - Resilience Skills
  - Crisis risk reduction and safety considerations
  - Adapting skills for those with brain differences
  - Fostering community re-engagement

- 9 cohorts have completed through February 2026.

ECHO

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- Focus in 2025 was “Empowered Living Through ECHO: Enhancing Healthcare for the Adult Neurodiverse Community in PA” for DSPs, SCs, licensed professionals and others.
- 8-week intervention helps support those facing trauma, mental and physical health challenges, and offers strategies for using coping skills to build resilience.
- Topics covered include
  - recognizing signs of trauma and common mental health issues
  - recognizing physical health concerns
  - improving resilience
  - encouraging community engagement
  - using the Community Resilience Model
- Focus in 2026 is mental health and primary care providers.
- **Planned focus for 2027 will be state operated facility staff.**
- Additional Project ECHO “Building Competence in Supporting Autistic Adults” began January 2026.

Project Reassure

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- Trauma education and resilience building resources aimed at neurodiverse communities
- Based on the Community Resilience Model
- Four core courses:
  - Trauma and Trauma Expressions
  - Resilience and The Resilient Zone
  - The Core Resilience Building Skills
  - Resilience Skills Application
- Community Collaborators:
  - Self-Advocates United as 1 (SAU-1)
  - The Acres Project
  - DSP, LMSP and family inputs



- Courses for self-advocates, DSPs and Families & Caregivers are currently available on [PAAutism.org, an ASERT Autism Resource Guide]

Dual Diagnosis Conference – May 6 &7

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- Promote greater understanding of current thought and treatments
- Promote greater access to a wide array of treatments
- Broaden conference content to be more inclusive
- 2025 - Understanding Neuroplasticity And Recent Advancements In Enhancing Supports
  - Over 800 registrants
- 2026 – Brain and Body Connection
  - Understanding the Vagus Nerve
  - Technology and Mental Health



Conference Agenda

Dual Diagnosis Pre-Conference

The Brain and Body Connection: Understanding the Vagus Nerve

Understanding the Vagus Nerve
May 6, 2026, 9:00 AM – 3:30 PM

- **Trauma-Informed Behavior Support Through a Polyvagal Lens**
  Presented by Ellen A. Black, LCSW and Lynn Haller, MSW, LCSW
  9:00 AM – 10:30 AM
- **Vagal Nerve Stimulation Therapies**
  Presented by Rebecca Knowles, Unyte
  11:00 AM – 12:30 PM
- **Healing with the Brain in Mind – An Introduction to the Neurosequential Model**
  Presented by Michelle Maikoetter, MA, NCC, LPC-S, NCC
  1:00 PM – 2:00 PM
- **Trauma Informed Therapies**
  Presented by Hela Baer, LCSW, E-RYT
  2:30 PM – 3:30 PM

Hela Baer is an Integrative Therapist specializing in trauma-informed mindbody practices

Technology and Mental Health
May 7, 2026, 9:00 AM – 3:30 PM

- **Online-based Therapeutic Intervention**
  Presented by Dr. Keely Hirsch
  9:00 AM – 10:30 AM
- **Internet, Social Media, and Communication**
  Presented by Erin Sass, Provider Educator, Acentra
  11:00 AM – 12:00 PM
- **Promoting Independence Through Technology Panel**
  Facilitated by Shea Tanis, Ph.D., FAAIDD
  12:30 PM – 1:30 PM
- **Mental Health Support for Individuals with an Intellectual Disability**
  Self Advocates United As 1
  2:00 PM – 3:30 PM

6

Certified Peer Specialist

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- Credential for individuals with lived experience in their own mental health disorder and recovery.
- Peer specialists provide a unique perspective while providing peer support services.
- 75-hour mandatory training to become certified.
- A CPS is not a clinical therapist but provides peer to peer support to foster community, promote a sense of connected, and reduce feelings of isolation and stigma.
- Limited opportunities for individuals with IDA to receive peer support.

Certified Peer Specialist Endorsement

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- An “endorsement” is a process of receiving additional training of focused content for people who have successfully completed CPS training.
- ODP is developing an endorsement to provide additional training for peer specialists to better support individuals with IDA.
- The curriculum for the endorsement is in development and is targeted to be available for use in 2026.
- Hybrid model of asynchronous and synchronous learning.