

# Reaching Out to You

## NBHCC Community Newsletter



### Recovery and Humor by Erin Fiske

Robert is the father of six children. He graduated high school and began college at the age of 13. By the time he was 17 he had earned his masters degree in education with a focus on Medieval History. It was at this time that Robert first remembers being depressed. He was only 13 when he began college therefore he was unable to do the things the rest of the students were doing. This left him feeling isolated and very alone.

At the age of 18 he joined the army. He chose to join on his own in order to avoid the draft. During 1970-1972 he fought in Vietnam. He was honorably discharged and received a Purple Heart due to the injury he received in the war. Before coming back to the United States after the war Robert traveled around Europe. During his time in Wales he met the woman he would marry. In the U.S.A. Robert taught at both the high school and university levels for five years. It was at that time he discovered he could earn more money in another field. For the next 22 years Roberts changed football-sized light bulbs in places like the World Trade Center, Empire State Building, and the Sears Tower.

Life for Robert and his family was going well until his wife passed away. He was left to raise six children and his depression began taking a stronger hold on him. The feeling of aloneness and isolation grew as Robert experienced a series of strokes. The combination of losing his wife and his medical problems caused his depression to grow deeper. It was at this time that he entered counseling and began to experience some relief, however he was not feeling great. He knew that there was something missing and that more could be done to help him to feel better. He then spoke to his doctor and began taking medication. Roberts believes that the combination of medication and counseling gave him the ability to begin living life again.

Robert then remarried and was married for several years when he had another stroke. After this most recent stroke his wife felt that he had experienced a change in his personality. She did not feel that the person Robert became after the stroke was the same person she had married several years prior. This caused a strain on everyone involved and also caused Robert's depression to grow. Some time later Robert and his wife divorced but that did not stop him from working on his issues.

When asked about what has helped him in his recovery, Robert said that medication helped him to be happier but was not enough. He has learned to keep busy. Robert began a children's book publishing company and volunteers for various organizations. Robert also attends the local Community Support Program (CSP). He finds this support group very helpful because it shows him that there are others out there who experience similar things.

Through the Community Support Program he is able to engage with peers who understand him. In the CSP he participates in community awareness events. He also assists with fundraisers so the group is able to participate in more activities. Robert uses his sense of humor to help him deal with things. His sense of humor is also noticed by those around him. When speaking to Robert you are sure to hear something funny and witty come out of his mouth. He has the ability to walk into a room and brighten the spirits of all who are there.

Peer support services are also important to Robert's recovery. He enjoys having a peer specialist who also deals with mental illness. Robert is able to talk to this person who can understand what he is going through. He believes that this has been a very helpful part of his recovery.

I had the opportunity to spend an afternoon with Robert at the Out of the Darkness Walk this summer. Robert was unable to walk so he sat with me at the NBHCC table and we had an afternoon of conversation. That day I learned that this person who I had spent many CSP meetings with was more learned and experienced than I had known. I also re-learned that mental illness can happen to anyone regardless of their situation in life. Robert allowed me to laugh and experience the joy of his recovery as I sat and got to know him better. I can say that I was truly blessed to be part of his recovery journey that day.

### We Would Appreciate Your Feedback

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Call NBHCC if you need  
a member handbook.  
1-800-719-5985



**NBHCC Has  
Completed The  
First Three  
Years of  
HealthChoices.**

## NBHCC: The First Three Years

NBHCC began serving Luzerne, Wyoming, Lackawanna and Susquehanna counties in 2006 through the implementation of HealthChoices. This July 2009 marked 3 years of operation. NBHCC is very excited about the progress and the expansion of services made available to our members.

NBHCC continues to contract with Community Care to manage your benefits. Through collaboration with Community Care, Stakeholders and Members, needs have been identified and services have been put in place to address those needs.

In 2006/2007 HealthChoices served 16,263 members and in 2007/2008 17,768 members were served. More members are utilizing services which is viewed as a positive impact. Most members are utilizing outpatient services followed by case management and Behavioral Health Rehabilitation Services.

Services have been enhanced over the past three years. The following are new programs implemented since the beginning of HealthChoices in 2006:

- **D&A Intensive Outpatient**– Intensive drug and alcohol treatment for adults and children/adolescents provided in a group setting. Individual therapy is also a component of this program.
- **Drug and Alcohol Case Management Services**– Adult and Child/Adolescent support service designed to assist members in coordinating their care and accessing services within the community.
- **School Based Behavioral Health (SBBH)**- Child/Adolescent Mental Health Service delivered by teams primarily in the school but can also be delivered in the home and community.
- **Psych Rehab**-Adult Mental Health Service utilizing a recovery model of treatment. This service teaches important skills to those in recovery.
- **Brief Treatment**– Child/Adolescent Mental Health service delivered by a masters level clinician within the home, school and community setting.
- **Peer Support**– Adult Mental Health Support Service delivered by a peer who is in recovery.
- **Housing Support**– NBHCC worked with the Counties to improve housing options within the community.

In addition to providing a wider variety of services, NBHCC expanded the provider network making it larger and more diverse. A copy of the provider directory can be found on the NBHCC website at

## Parents Can Make a Difference: A Message from the Office of Mental Health and Substance Abuse Services (OMHSAS)

When it comes to preventing children from being overweight, **PARENTS CAN MAKE A DIFFERENCE**. Being overweight has many serious effects on a family’s well being now and in the future. Maintaining a healthy weight will lessen the chance of your child developing conditions such as diabetes and high blood pressure.

As your child grows, he or she becomes taller and heavier. As your child reaches a certain height, he or she should also be a certain weight. This weight can vary among children of the same height. Because of this, there is a weight “range” for each child, based on his or her height.

If a child has body Mass Index (BMI) that is more and 85% of children at the same height, that child is at risk of being overweight. If a child has a BMI that is more than 95% of children at the same height, that child may be overweight. For more information, you may want to talk to your doctor.

**You may also get more information on this topic from the following websites:**

- [http://www.cdc.gov/nccdphp/dnpa/tips/healthy\\_children.htm](http://www.cdc.gov/nccdphp/dnpa/tips/healthy_children.htm)
- [http://www.fns.usda.gov/eatsmartplayhard/colletion/parent\\_broch.html](http://www.fns.usda.gov/eatsmartplayhard/colletion/parent_broch.html)
- [http://www.apha.org/ppp/obesity\\_toolkit/008\\_pract\\_tools\\_htm](http://www.apha.org/ppp/obesity_toolkit/008_pract_tools_htm)



## School-Based Behavioral Health Program: A New and Exciting A Program for Children and Their Families

NBHCC and Community Care are very excited about a new program developed for children and their families. The School-Based Behavioral Health (SBBH) Program is currently available in six schools in the area.

SBBH services are voluntary mental health services for children and teenagers with a severe emotional and/or behavioral problem that interferes with their learning. School-based services differ from other behavioral health services because they are usually provided in the school. After school and weekends, SBBH Team services can be provided as needed in the home or in the community.

The SBBH team's goal is to teach children new ways to better manage feelings and behaviors so that he or she can learn and get along better with others. The services may include individual, group or family therapy sessions, as well as behavior management planning, crisis intervention and referrals. Services build on the strengths of the child and family.

SBBH services are different from regular Behavioral Health Rehabilitation Services (BHRS). The team provides services as needed and during specific times when the child has the most difficulty. The teams work with the child one-to-one, with another child, in a group or with family. Regular BHRS are less flexible and are typically delivered to one child at a time.

SBBH Team services are usually approved for up to six months or for a school semester. A child needs to be eligible for Medical Assistance to qualify for SBBH Team services and the school must be in a participating district.

The services are provided by a Mental Health Professional (MHP) who is the lead person on the child's team, has a master's degree and a professional license. The MHP works with the family, school and other professionals to design a treatment plan to meet the child's needs. The MHP will provide individual, group and family therapy as needed and talk with everyone working with the child. The MHP will also coordinate services across the school and home settings and will supervise the care provided by the Behavioral Health Workers.

A Behavioral Health Worker (BHW) has a four-year college degree and works under the direction of the Mental Health Professional. The BHW works with the child at school and, if necessary in the home or community. One-to-one help is provided when needed. The BHW follows the plan developed specifically for the child.

A licensed psychologist or psychiatrist will provide consultation to the SBBH team.

**For more information about the SBBH Program, please call (toll free) 1-888-251-0093.**



**Community  
Care is a  
managed  
care  
organization  
that takes  
care of your  
behavioral  
health  
services.**

## Need Help to Quit Smoking?

You can get free help to quit smoking! While most people know that smoking is bad for your health, it can take a long time and many tries to quit smoking for good. Your doctor can help you decide what kind of help you need to quit smoking and if medication or counseling may help you to quit for good.

Smoking cigarettes hurts you and those around you. If you are pregnant, smoking hurts your baby. There may be places you can go for help to quit smoking. Talk to your doctor about how he or she can help you get started.

**You can also call:**

**National Free Quit Line  
1-800-784-8669 (1-800-QUITNOW)**

**Or**

**Great Start Pregnant Smokers Quit Line  
1-866-667-8278**



## Member Satisfaction Survey: 2009

NBHCC contracts with The Advocacy Alliance to facilitate the annual Member Satisfaction Survey in Lackawanna, Susquehanna, Luzerne and Wyoming Counties. These surveys are conducted with members who have utilized behavioral health services through Community Care. The survey was conducted from January 2009 through April 2009 and 801 surveys were collected. The Advocacy Alliance eliminated 109 from the data as these members reported not using behavioral health services.

Most of the members who responded were from Luzerne County (49%) or Lackawanna County (39%). Most of the adult members who responded were female (79%) while most members under age 18 who responded were male (55%). The majority of adult and child respondents were (89%) white. Of the adult members who responded, most (82%) reported their level of education as completing high school/graduate equivalency diploma or higher.

Getting Treatment Quickly– 75% of members who reported needing counseling/treatment right way always or usually received it. 73% of members who made appointments for counseling/treatment always or usually received an appointment as soon as they wanted. 52% of members who reported calling someone to get help over the phone received the counseling/treatment they needed.

How Well Clinicians Communicate– 82% of members who used services and responded to the survey question reported that their clinicians always or usually listen carefully. 86% of reported that clinicians always or usually explain things and that 81% reported that clinicians always or usually spend enough time with them.

Getting Treatment and Information from Community Care– 46% of members who responded and reported needing approval for counseling/treatment stated that delays in treatment while waiting for approval were not a problem and, of those members who called customer services, 50% reported that getting help from customer service was not a problem. 34% of members were very satisfied or satisfied with the member grievance process.

Perceived Improvement– 59% of members who responded reported that, compared to one year ago, their ability to deal with daily problems is much better or a little better; 55% reported that their ability to deal with social situations is much better or a little better; 53% reported that their ability to accomplish things is much better or a little better and 47% reported that their ability to deal with symptoms or problems is much better or a little better.

Information About Options– 42% of adult members who responded reported that they were told about self-help or consumer run programs and 77% of those who responded regarding the treatment of their child/adolescent receives reported that the goals of their child's/adolescent's treatment are discussed completely with them.

Overall, members reported satisfaction with all services received.

**NBHCC and The Advocacy Alliance would like to thank those members who participated in the survey.**

## The Importance of Follow-up After Inpatient Mental Health or Substance Abuse Treatment

Your recovery relies heavily on your ability to keep your follow-up appointments once you are discharged from an inpatient mental health facility or substance abuse treatment center. Care managers work to ensure that you receive your appointments within five days of being discharged. Care managers also call you once you are discharged to remind you of your appointments.

It then becomes your responsibility to attend your scheduled appointments. It is proven that those people who keep their follow-up appointments are less likely to be readmitted and relapse. It is important to attend support groups such as Alcoholics Anonymous, Narcotics Anonymous or NAMI after discharge however this does not replace the need to follow-up with a treatment professional.

- Right away if you have a life threatening emergency.
- Within 1 hour for an emergency that is not life threatening.
- Within 24 hours for urgent needs
- Within 7 calendar days for routine behavioral health needs.

**If you need assistance obtaining an appointment within these time frames please contact Community Care who will be able to assist you.**

## Getting Help for Abuse - Protection From Abuse Orders

A **Protection from Abuse Order (PFA)** is a court order that protects you and your children from an abuser. It is a civil order that you file on your own behalf against an intimate partner, family or household member who is hurting you. Getting a **PFA** is just one part of a larger safety plan. An advocate at a local domestic violence program can help you decide what should be in your plan.

Some examples of relationships that qualify as family and household members for the purposes of a **PFA** are:

- Spouses and ex-spouses
- Persons who have lived as spouses
- Parents and children
- Persons related by blood or marriage, including siblings
- Current or former sexual or intimate partners, which may include dating relationships
- Same gender couples

The **PFA Order** process usually starts by filing a paper called a “petition” at the courthouse. The petition is how you tell the court why you feel you need protection. The petition describes the abuse you have suffered. It also describes the protection you want from the court. The courthouse has people who can help you fill out the petition.

A judge will consider your requests. The judge may grant or deny all or some of them. You can ask the judge to order:

- The abuser to stop threatening or abusing you and your children
- The abuser to stop harassing or stalking you and your children
- Eviction of the abuser from your home or residence
- Your new address to be kept confidential
- Temporary custody of your children
- Reimbursement of out-of-pocket expenses that were caused by acts of the abuser
- The abuser not to have contact with you, your children, or family members
- The abuser not to contact you at work or school
- The abuser to turn over weapons
- Other things like requesting the return of your pet, car keys or important papers.

Each county has a different process for a victim to get a PFA. Please call your local domestic violence program for information about your county. They can talk to you about your rights and your county process. They can help you plan for your safety.

You can find your local domestic violence program phone number in the telephone book. Look in the blue pages under abuse. You can also go to <http://www.pcadv.org/Find-Help/Domestic-Violence-Services-By-County.asp>.

**If you are worried about your safety and need to talk, call:**

**National Domestic Violence Hotline**

1-800-799-7233 (SAFE)

1-800-787-3224 (TTY for the Deaf)

Or visit: [www.ndvh.org](http://www.ndvh.org)

**Teens can also call the National Teen Dating Abuse Helpline**

1-866-331-9474

1-866-331-8453 (TTY for the Deaf)

Teens can also join online chats at [www.loveisrespect.org](http://www.loveisrespect.org)

**All contact with the hotlines is free and confidential.** - From the PA Department of Public Welfare

## NBHCC Training Information

The Northeast Behavioral Health Care Consortium is committed to ensuring that all members of HealthChoices and their families are provided the most appropriate and effective services available.

In collaboration with multi-systems, NBHCC has developed a training page on the main NBHCC website in order to include links to training resources and trainings that are available around the region as well as across the state.

In order to maintain this site with updated information, the community is welcome to submit any trainings which are available and would be pertinent to our mission as stated above. Please e-mail us with any training opportunities that you are aware of. Our training e-mail address is [training@nbhcc.org](mailto:training@nbhcc.org)

If you are not happy with the services you are receiving in the HealthChoices program, you or a family member can file a complaint. For more information refer to your member handbook or contact Community Care at 1-866-668-4696.



Reaching Out to You



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# Important Information Inside

We're on the Web  
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