

NETWORK RELATIONS

The Network Relations Department focuses on disseminating information to the Provider Network to enable them to understand, negotiate and “work within” the Community Care system. The focus of the Network Relations Department is the network as a whole, providing education and training on administrative processes, billing requirements, and understanding organizational expectations. Functioning as a key component of Community Care’s communication strategy, the Network Relations Department provides information and support to Providers to enable them to interact efficiently with Community Care. Network Representatives function as “account representative” leads for each Provider.

The Network Relations Department has developed a network service model to ensure that Community Care is accessible to all contracted providers. Their goal is to help Providers understand issues or solve problems. They assist with resolution of systemic claims issues and make corrections as appropriate. Network Representatives should be contacted directly when any contractual change is required such as when a practice or program location moves or when demographic information needs to be updated. Network Representatives also assist with the credentialing and recredentialing process and supplying supporting documentation.

During the recent HealthChoices expansion in the 23-county North Central Zone, we provided interim contact information for providers and added additional staff to the Network Department in order to better serve providers. Community Care has specifically assigned a Network Relations staff person to each contracted provider. These new assignments are published on the Community Care web site at <http://www.ccbh.com/pdfs/Providers/Provider%20Rep%20Assignment%20for%20Facilities.pdf>.

To reach your assigned representative, call the Provider Line (1-888-251-2224) or use the direct number identified in the provider assignment list on the web site. Please disseminate this information throughout your organization. Community Care is committed to being accessible to our network providers.

TIME IS RUNNING OUT

The May 23, 2007 deadline for NPI implementation is quickly approaching. Providers must also be aware of the time required to configure billing systems prior to the deadline in order to be able to submit electronic transactions after May 23. Obviously, this is not an exercise that can be put off until the day before implementation. Providers must obtain their NPI’s as soon as possible to avoid claims processing issues.

In order to inform providers of the critical NPI requirements, Community Care published a provider alert (Alert # 4 2007 2-8-2007) which can be found at http://www.ccbh.com/pdfs/Providers/HC_ALL/2007/alerts/PA4_NPI.pdf.

In that alert we provided reference material as well as instructions on how to report your NPI number to Community Care via a dedicated e-mail address. Please obtain and report your NPI number to Community Care no later than April 1, 2007. Providers can simply forward a copy of the NPI notification from CMS to: CCBH_NPI@ccbh.com.

In addition the Department of Public Welfare has published a series of “Provider Quick Tips” with important information regarding selecting the correct Taxonomy codes as well as instruction on how to report your NPI number back to DPW. Please review these documents for additional critical information at <http://www.dpw.state.pa.us/omap/promise/omapquicktips.asp>.

ENHANCED COMMUNITY CARE WEB SITE



HealthChoices
Medicaid Members

UPMC *for Life*
Medicare Members

UPMC *for Kids*
CHIP Members

UPMC Health Plan
Commercial Members

Provider Resources

WELCOME

+ HEALTHCHOICES RESOURCES

+ WESTERN BEHAVIORAL
HEALTH RESOURCES

PREVENTIVE HEALTH
PROGRAMS

PROVIDER NETWORK
DEVELOPMENT

CONTACT INFORMATION FOR
COMMUNITY CARE

SECURE SITES

Provider Line
1-888-251-2224

Welcome Providers

This resource area of our site is for you, the providers who serve our HealthChoices and UPMC (Western Behavioral Health) members. We look forward to your comments and suggestions as we expand this area.

Recent Updates

All Providers:

- [Site Visit Tools](#)
- [Directories of Provider Representatives](#)
- [Updated Contact Information](#)

HealthChoices Providers:

- [March Newsletter](#) (594K, PDF)
- [How to Sign Up for Online Outpatient Registration](#)
- [Provider Network FAQs](#)

Western Behavioral Health Providers:

- [Winter Newsletter](#) (575K, PDF)

HealthChoices Shortcuts

[Provider Manual & Alerts](#)

[Member Handbooks](#)

[Log In to OPR System](#)

WBH Shortcuts

[Provider Manual & Alerts](#)

This new section of our web site, www.ccbh.com/providers/, is dedicated to our providers. Please don't hesitate to let us know how we can make the site as useful as possible for you.

We have recently reorganized and updated our web site, www.ccbh.com, to make it easier for you to find the information you need. Specific enhancements include:

- A section dedicated to all of our providers, where information is clearly organized and labeled with shortcuts to the most commonly used information.
- A “Recent Updates” area where you can look to find the latest revisions of provider information.
- The current versions of the provider manual and member handbooks.
- Up-to-date performance standards and informational articles.
- Comprehensive contact information for your provider representative.
- A central location for logging in to our secure sites.
- A search facility for the entire site.

Please visit us at www.ccbh.com. Coming soon ... a complete library of administrative and clinical forms.

ADHD TREATMENT APPROACHES

Attention-deficit/hyperactivity disorder (ADHD) occurs in 3% to 5% of school-aged children, accounts for as many as 30% to 50% of child referrals to mental health services (Popper, et al 1988) and results in substantial impairment in peer, family, and academic functioning (Barkley, et al 1996). Treatment approaches include behavioral management, medication only or the combination of both of these interventions for children diagnosed with ADHD.

Current best practice and research, such as the Multimodal Treatment Study of Children with ADHD (MTA), suggests that a combination of these approaches provides the best clinical advantage. Community Care Behavioral Health, in collaboration with UPMC Health Plan, Unison Health Plan, and Gateway Health

Plan, conducted a quality initiative that assessed if HealthChoices members in Allegheny County and York, Adams, Berks Counties, under the age of 21 and taking a stimulant or Strattera, are receiving behavioral health treatment. Our findings suggest that 74% of these members in Allegheny County had behavioral health treatment, with 58% in York, Adams and Berks counties.

We also identified pediatric members in intensive community treatments (Family Based and BHRS) who were not receiving medications. Pharmacy claims were reviewed from January 1, 2006 through July 31, 2006. Behavioral health treatment claims included thru November 3, 2006. The results of our review are reported below:

County	Level of Care	Total Members with ADHD with Behavioral Health Treatment Claim	% of Members Receiving Combination Treatment (Behavioral Health Treatment and Meds)	% of Members Receiving Only Behavioral Health Treatment (No Meds)
Allegheny	Family-Based	152	71%	29%
	BHRS	703	60%	40%
	Outpatient	2355	68%	32%
York, Adams, Berks	Family-Based	81	53%	47%
	BHRS	547	54%	46%
	Outpatient	1578	56%	44%

In addition to advantages provided by combining treatment for several outcomes, MTA findings allowed for somewhat lower doses of medication for these patients, when compared to the medication-only group.

In developing suitable treatments for ADHD, each individual's needs, personal and medical history and other relevant factors need to be carefully considered. Best practices recommend practitioners consider combination treatment for those patients when clinically appropriate.

Reference:

The MTA Cooperative Group. A 14-month randomized clinical trial of treatment strategies for Attention-Deficit/Hyperactivity Disorder. Arch Gen Psychiatry. 1999; 56: 1073-1086.

PREVENTIVE HEALTH

Community Care maintains two Preventive Health Programs for members: a **Depression** program for adults over 18 and an **Attention Deficit Hyperactivity Disorder (ADHD)** program for the parents and guardians of children up to age 12. The programs are designed to help members and their families learn more about the illnesses they face and what to do to help themselves or their children. As part of the programs, Community Care sends a series of three free educational newsletters to adult members recently diagnosed with depression, to parents or guardians of child members recently diagnosed with ADHD, and to members expressing an interest in learning more about these conditions. Members, as well as parents or guardians, can opt out of, or into, the programs at any time by calling 1-866-639-2943.

Participation in the depression program averages 92% and members report that the newsletters are useful and informative. Participation in the ADHD program averages 89% and participants report that the information helps reduce stress and anxiety and that they are more informed about ADHD medications after receiving our Medication Fact Sheet.

Community Care has also developed Late Life Depression fact sheets that include information specific to depression in older adults.

We encourage you to support the use of these programs. The materials are available at www.ccbh.com, or by calling 1-866-639-2943.

FOLLOW-UP INITIATIVES

Initiation of outpatient treatment shortly after hospital discharge has been shown to reduce readmission rates. Community Care monitors the rate of members discharged from an inpatient mental health hospitalization who receive an outpatient appointment within seven and 30 days of discharge, with the expectation that all discharged inpatients will have an outpatient appointment within seven days. We follow-up on all discharges, regardless of diagnoses. We also monitor the rate of members who have an appointment with a prescribing clinician within 30 days of discharge, with the expectation that members see a prescribing clinician within 14 days of discharge, or sooner if the member has medication concerns. Community Care monitors the rate of members with follow-up within seven days of discharge from non-hospital rehabilitation as well, with the expectation that members will receive treatment within seven days after non-hospital rehabilitation. Additionally, in Allegheny County, we monitor follow-up rates for members with schizophrenia within seven and 30 days of discharge. The expectation is that these members will receive an outpatient appointment within seven days of discharge. Historically, the rate for follow-up for members with schizophrenia has been higher than the rate of follow-up for members with other diagnoses.

Community Care has implemented a number of interventions to improve follow-up rates. Outreach to members discharged from acute levels of care continues, as does follow-up with providers to ensure the member has kept their appointment. Member-identified barriers to aftercare are tracked. A High-Risk Care Management Team facilitates discharge planning and transition to the next level of care. Provider Benchmarking reports are sent annually to inpatient providers to inform them of their rates of follow-up care in comparison to the network; corrective action is requested if the rates are below standards. Additionally, record reviews are completed to determine rates at which inpatient providers educate members about the importance of follow-up care.

Some county specific interventions include Acute Case Management, Mobile Medication, and enhanced outpatient. Acute Care Management attempts to engage members who have not had success with traditional follow-up services, begins while the member is hospitalized, and continues for 45 days after discharge. Mobile Medication involves practitioners traveling to members' homes to ensure that they are taking their medication. The enhanced outreach program pays an increased rate to providers who either see a member while on an inpatient mental health or rehabilitation unit, or within seven and 30 days of discharge. This program also pays psychiatrists an enhanced rate for seeing a member within 14 and 30 days post discharge. Community Care will continue to develop additional interventions to improve rates.

PROVIDER BENCHMARKING AT COMMUNITY CARE

Community Care publishes Provider Benchmarking reports to providers on an annual basis. These reports are generated from claims data and are sent to high volume providers.

The latest reports were sent to providers in September 2006. The 2006 reports looked at indicators for inpatient mental health, inpatient and non-hospital detoxification and rehabilitation, outpatient mental health and drug and alcohol, behavioral health rehabilitation services (BHRS) and family based mental health services.

Specific indicators for the facility levels of care included average length of stay, readmission rates, rates of follow-up within seven and 30 days post hospital discharge and the average number of days to follow-up visits after discharge. The outpatient reports included the average number of visits per member and frequencies of visits.

Indicators for the BHRS reports were average hours of Behavior Specialist Consultant (BSC), Mobile Therapist (MT) and Therapeutic Staff Support (TSS) services per member, sorted by the diagnoses of attention deficit hyperactivity disorder (ADHD), autism and all other diagnoses.

The family based reports included the average number of units per member, the number of children who had an inpatient admission during the family based episode and the percentage of team versus individual treatment delivery. The expectation is that at least 60% of treatment will be team delivered.

Reports for all levels of care also included network means, benchmarks and performance goals where available.

Providers identified two main barriers to timely follow-up appointments after discharge:

- Members choosing not to attend aftercare appointment.
- Members not agreeing to aftercare until end of inpatient stay, making it more difficult to schedule an appointment within required time frames.

One provider plans to develop an individualized “Recovery Tool” to share with members, which will include the importance of aftercare and using community resources.

To combat these issues, providers will increase education about the importance of follow-up as well as discuss aftercare soon after admission. One provider plans to develop an individual “Recovery Tool”, which will include the importance of aftercare and using community resources. The Recovery Tool will be shared with members as a way to help promote their recovery after discharge.

If you have techniques that are effective in promoting follow-up after inpatient stays or reducing the readmission rate, we would appreciate hearing from you. Please call 1-888-251-2224 with your ideas and comments.

For more information on Community Care’s Provider Benchmarking activities please visit the Community Care web site, www.ccbh.com.

MEMBER SATISFACTION

Community Care completes a member satisfaction survey for each of our counties on an annual basis. The 2005 survey was conducted by The Myers Group, which administered the adult and child versions of the Experience of Care and Health Outcomes (ECHO) Survey as the platform for the annual survey. Additionally, focused questions are added about services that are unique to HealthChoices, such as BHRS. A seven-wave mailing process was employed as well as attempted telephone surveys with members who continued to not respond.

Satisfaction was high in several areas. In general members responded that they felt:

- Providers listened carefully to their concerns.
- Providers explained things in ways they understood.
- Providers treated them respectfully.
- Providers spent enough time with them.
- Providers made them feel safe.

Two questions were identified as opportunities for improvement for the 2006 member satisfaction survey:

- Did anyone talk to you about whether to include your family or friends in your counseling or treatment?
- Were you told about self-help or support groups such as consumer run groups or 12-step programs?

Planned interventions to improve satisfaction in these areas include:

- Newsletter articles regarding the broad spectrum of what constitutes “family”.
- Adding links to following groups on the Community Care web site: AA, NA, CHADD, NAMI, MHA.

We encourage providers to discuss the importance of including friends and families in treatment as well as the importance of self-help and support groups as they may be essential steps on a member’s road to recovery. Community Care thanks you for your attention to these matters and looks forward to our continued collaboration in efforts to increase member satisfaction.

INFORMATIONAL ADVISORY: MEDICATION GUIDES FOR ADHD DRUGS

On February 22, 2007, the Food and Drug Administration (FDA) notified healthcare professionals that the manufacturers of all drugs products approved for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) have been directed to develop Patient Medication Guides to alert patients to possible cardiovascular risks and risk of adverse psychiatric symptoms associated with the medicines and to advise them of precautions that can be taken. These medications include amphetamines, methylphenidate and non-stimulant products (such as Strattera).

Patient Medication Guides are handouts given to patients, families and caregivers each time a medicine is dispensed. The guide will contain FDA-approved patient information that could help prevent serious adverse events. The FDA has already mandated that Medication Guides be provided each time an antidepressant is dispensed.

The purpose of the medication guides is to inform patients about the cardiovascular and psychiatric risks associated with the drugs, to encourage patients and families to discuss the medications with prescribers and to ensure that patients taking the drugs are properly evaluated for underlying cardiovascular problems and monitored for psychiatric illnesses that may worsen or arise after starting the medications.

<http://www.fda.gov/medwatch/safety/2007/safety07.htm#ADHD>

IMPORTANT INFORMATION ON COMMUNITY CARE'S WEB SITE

At www.ccbh.com, you can find information about Community Care's:

- Quality Improvement Program – including goals, processes and outcomes related to care and services.
- Efforts to measure and improve accessibility of care and services for consumers.
- Member satisfaction activities – including processes to improve satisfaction.
- Clinical practice guidelines and processes used to measure adherence to the guidelines.
- Expectation for exchange of information with PCPs and within the behavioral health continuum.
- Medical Necessity Criteria – including how to obtain or view criteria.
- Peer advisors – including availability and contact information for discussing utilization management decisions.
- Policy prohibiting financial incentives for utilization management decision makers.
- Preventive behavioral health programs – including success rates.
- Efforts to collect information about and actions taken to improve member safety.
- Notice of Privacy Practices – including our commitment to protect enrollees' privacy in all settings, how we use and disclose their medical information and their rights regarding their medical information.
- Member Rights and Responsibilities.

Information regarding the availability of an independent external appeals process for utilization management decisions made by Community Care can also be found at www.ccbh.com. If you would like a paper copy of any of the items on our web site, please call us at 1-888-251-2224.

MEMBER SAFETY

Community Care is committed to improving member safety and routinely monitors behavioral health treatment practices in a variety of ways to ensure member safety. This monitoring includes:

- Performing medical record reviews to identify problem areas such as medication errors or infrequent visits.
- Investigating adverse events, such as member injury during treatment
- Analyzing member complaints and satisfaction data related to member safety.

In addition, provider offices where it is likely for significant numbers of members to be seen are assessed for safety, particularly environmental safety, when these providers are being considered for network inclusion.

Community Care works collaboratively with providers to encourage and support them in improving member safety. We appreciate your assistance in ensuring that all adverse events are reported to Community Care by calling 1-888-251-2224.

MEDICATION GUIDES FOR SLEEP DRUGS

On March 14, 2007, the U.S. Food and Drug Administration (FDA) has requested that all manufacturers of sedative-hypnotic drug products, a class of drugs used to induce and/or maintain sleep, strengthen their product labeling to include stronger language concerning potential risks.

These risks include severe allergic reactions and complex sleep-related behaviors, which may include sleep-driving. Sleep driving is defined as driving while not fully awake after ingestion of a sedative-hypnotic product, with no memory of the event.

Along with the labeling revisions, FDA has requested that each product manufacturer send letters to health care providers to notify them about the new warnings. Manufacturers will begin sending these letters to providers starting this week.

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Although all sedative-hypnotic products have these risks, there may be differences among products in how often they occur. For this reason, FDA has recommended that the drug manufacturers conduct clinical studies to investigate the frequency with which sleep-driving and other complex behaviors occur in association with individual drug products.

The medications that are the focus of the revised labeling include the following 13 products:

- Ambien/Ambien CR (Sanofi Aventis)
- Butisol Sodium (Medpointe Pharm HLC)
- Carbrital (Parke-Davis)
- Dalmane (Valeant Pharm)
- Doral (Questcor Pharms)
- Halcion (Pharmacia & Upjohn)
- Lunesta (Sepracor)
- Placidyl (Abbott)
- Prosom (Abbott)
- Restoril (Tyco Healthcare)
- Rozerem (Takeda)
- Seconal (Lilly)
- Sonata (King Pharmaceuticals)

For more information on the sedative hypnotic products and sleep disorders, visit http://www.fda.gov/cder/drug/infopage/sedative_hypnotics/default.htm



MAY IS MENTAL HEALTH MONTH

For more than fifty years, the U.S. has celebrated May as Mental Health Month to raise awareness about mental illnesses and the importance of mental wellness for all. This 50-year old tradition helps improve the lives of millions of Americans. The theme for this year's observance is MIND Your Health, which focuses on the mind-body connection. Research shows that being healthy doesn't pertain just to our physical health—our mental and physical well-being go hand in hand.

We invite you to work together with us to send the MIND Your Health message louder and farther than ever this May. Please remind HealthChoices members that caring for their mental health is key to their overall health—and that caring for their minds as well as their bodies will keep them healthier, happier and more productive. Please help us spread the message in May, and every month, that most mental health problems, such as depression and anxiety disorders, are as treatable as physical illnesses.

CLINICAL PRACTICE GUIDELINES

Community Care utilizes Clinical Practice Guidelines to help providers and members make decisions about appropriate health care for specific clinical circumstances. These evidence-based guidelines are reviewed at least every two years, updated as appropriate and approved by the Quality and Care Management Committee. Community Care uses the American Psychiatric Association (APA) Guideline for Major Depressive Disorder (Second Edition) and the National Institute on Drug Abuse (NIDA) Principles of Drug Addiction Treatment: A Research-Based Guide for Substance Use Disorders.

Community Care measures compliance to the guidelines within the network through adherence measures.

The two adherence measures for depression are:

- Patients in treatment for depression with more than one behavioral health clinician where there is evidence of communication between clinicians during the treatment episode.
- Patients being treated with psychotherapy for a new episode of Major Depressive Disorder who have weekly visits during the first four weeks of treatment.

The two adherence measures for substance abuse are:

- Patients with substance abuse disorders who receive an adequate length of treatment defined as three months.
- Patients that initiate follow up chemical dependency treatment after detoxification.

Additionally, in Allegheny County, there is a third adherence measure:

- Patients in treatment for substance abuse who are assessed for the co-occurrence of a mental disorder and, if identified, receive integrated treatment for both conditions.

Community Care continues to encourage providers in our network to consider utilizing these guidelines when treating patients with Major Depressive Disorders or Substance Use Disorders.

To obtain copies of the APA guideline, contact the American Psychiatric Association, 1400 K Street NW, Washington, D.C. 20005. The guideline may also be obtained via the APA web site at: http://www.psych.org/psych_pract/treatg/pg/Practice%20Guidelines8904/MajorDepressiveDisorder_2e.pdf.

To obtain copies of the NIDA guideline, contact the National Institute of Drug Abuse, National Institutes of Health, 6001 Executive Boulevard, Room 5213, Bethesda, MD 20892. The guideline may also be obtained via the NIDA web site at: <http://www.nida.nih.gov/PODAT/PODATIndex.html>.

For more information, please call Community Care at 1-888-251-2224 and ask to speak to a Quality Representative or visit our web site at www.ccbh.com.

APPOINTMENT ACCESS STANDARDS FOR MEMBERS

Community Care has adopted appointment access standards that meet or exceed state and national guidelines. Community Care members are entitled to:

- Services for routine behavioral health needs within seven calendar days
- Services for urgent needs within 24 hours
- Non-life threatening emergency services within one hour
- Immediate emergency services in life threatening situations

Please provide appointments for Community Care members within these access standards. If you have difficulty meeting these standards, please notify your Provider Representative.

REDUCING INPATIENT READMISSION RATES

Reducing the inpatient mental health readmission rate is a focus of the Office of Mental Health and Substance Abuse Services (OMHSAS) across the Commonwealth. Community Care works closely with people using services, families, providers, counties and other stakeholders to reduce the HealthChoices readmission rate and improve community tenure for individuals impacted by serious mental illness and/or substance abuse disorders.

For all Community Care counties, member readmissions to inpatient mental health within 30 days of discharge are monitored. The OMHSAS goal is that 10% or less of our members will be readmitted to inpatient care within 30 days of discharge. Community Care, in collaboration with providers, is striving to achieve that goal. One intervention implemented to help achieve that goal includes outreach to all HealthChoices members discharged from an inpatient level of care to encourage adherence to the follow-up treatment and verification with providers that the first follow-up appointment was kept by the member.

Community Care has also developed High Risk Care Management Teams in each of our counties for better coordination of care for members who present as high-risk for readmission or who have historically not been regularly involved in community based behavioral health treatment. Care Managers and Customer Service Representatives notify ICM/RC, CTT and Family Based providers when a member in their care presents at an emergency room for an assessment for inpatient admission.

On an annual basis, providers receive Provider Benchmarking reports. In these reports, inpatient providers are informed of their readmission rate and a written assessment is requested from the provider if their rate is above the 10% goal. In each county, Community Care's Care Managers monitor inpatient admissions and daily census data.

In addition to those interventions, other county-specific interventions may include: Community Treatment

Teams, Diversion and Acute Stabilization programs, Acute Case Management services, Mobile Medication Teams, Readmission Focus groups with providers, Enhanced Outpatient and obtaining feedback regarding the use of inpatient services from members. Additionally, in Allegheny County, an analysis of admissions for members receiving CTT was completed. CTT teams identified Emergency Room doctors being unwilling to divert CTT members from inpatient as a barrier. As a result, a problem solving meeting was held with CTT and Emergency Room doctors.

How can providers help to reduce readmission rates? They can provide the consumer and family with education about the importance of follow-up after a behavioral health hospitalization, involve family members in discharge planning and medication education, address consumer-specific barriers to adherence with aftercare, and work with consumers, their families and community treatment providers to develop individualized Crisis/Relapse Prevention Plans.

In addition, persons receiving behavioral health treatment should be made aware of all service options available to them and encourage collaboration with providers to identify which service(s) best fit their individual needs. Providers can also educate people using services and families about Advance Directives, which indicate a person's wishes with regard to treatment in the event that the person is not able to make decisions about her/his own treatment. The document may also indicate a person or persons who are empowered to make decisions about the member's care in the event the member is unable to do so. Utilizing the least restrictive level of care should always be considered.

Community Care strongly embraces the recovery philosophy and looks forward to continuing to work with people using services, families and providers to reduce readmission rates in all of our counties. For more information about recovery principles or our efforts to reduce inpatient readmission rates, please contact Community Care.



RECOVERY

imagine the possibilities...

People can and do fully recover from behavioral health disorders when given the opportunity to build skills and supports. For people to recover, they need to believe that they are capable of taking control of their lives and of having dreams, hope, friends, a job, and a place to live... they need to *imagine the possibilities*.

Community Care is sponsoring a recovery-focused conference on May 1, 2007 at the Omni William Penn Hotel in Pittsburgh, PA that will present tools that people need to help themselves recover, as well as ways for behavioral health providers to support recovery efforts. This conference will present many of the tools that people need to help themselves recover, as well as ways for the organizations that provide treatment to support recovery efforts.

Larry Davidson, PhD, Associate Professor and Director, Yale Program for Recovery and Community Health, and Mental Health Policy Director, Connecticut Department of Mental Health and Addiction Services, will deliver the keynote presentation. Author of *Living Outside Mental Illness: Qualitative Studies of Recovery in Schizophrenia*, Dr. Davidson has a longtime interest in the experiences of persons with schizophrenia.

Ms. Joan Erney, JD, Deputy Secretary, Pennsylvania Department of Public Welfare, Office of Mental Health and Substance Abuse, will also speak. Ms. Erney is committed to transforming our mental health system to one that truly supports the recovery of the individuals it serves.

Melody Riefer, Program Manager, Shared Decision Making Project, School of Social Welfare, University of Kansas, and a self-identified person in recovery from serious mental illness, is another featured speaker.

Several workshops will provide valuable tools for promoting recovery. The tuition for behavioral health professionals is \$95. Tuition includes registration and course materials, continuing education credits, lunch, and refreshments.

SPECIAL EVENT

Please join us on April 30, 2007 at 5:00 pm at the Omni William Penn Hotel in Pittsburgh, PA for a reception followed by a Consumer-Provider Collaborative of the Allegheny Coalition for Recovery dialogue entitled, "Talking to Each Other: The Words We Use." This dialogue will focus on the way we address one another and the meaning and significance of the choices we make. Speaking to one another respectfully and in a way that fosters collaboration and partnership is an important discussion issue for the development of recovery-oriented services in our region.

A 10-person panel consisting of consumers, family members, and providers will participate in the dialogue. It will be moderated by two facilitators and will be an "observed" dialogue. Observers will have opportunities to participate in the discussion at various points during the dialogue.

This very special event is being sponsored by Community Care and is offered to you at no charge.

For more information and/or to register for "RECOVERY...*imagine the possibilities*" and "Talking to Each Other: The Words We Use", please contact:

Karen Neal
Senior Administrative Assistant, Training
Phone: 412-454-8646
Fax: 412-454-2177
E-Mail: nealkv@ccbh.com

More information and a registration form can be found on Community Care's web site, www.ccbh.com.



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