

THE PROVIDER LINE

Vol 2-2009

Community Care's Recovery Learning Collaborative

Community Care's Recovery Learning Collaborative is a network of mental health agencies committed to changing and transforming services toward recovery-oriented practice. The Recovery Learning Collaborative is currently seeking applications from eligible providers who are committed to implementing, sustaining, and spreading the CommonGround™ approach to shared decision making for adults diagnosed with mental illness.

The CommonGround™ approach, developed by Pat Deegan, PhD & Associates, is a set of specific tools and practices used to transform agencies into service delivery systems focused on recovery. By following the CommonGround™ approach, staff and clients participate in shared-decision making regarding the use of medication and other wellness strategies in the recovery process.

The Learning Collaborative was formed to support providers in using specific practices and tools that support recovery. Community Care is currently seeking designated representatives from regional provider agencies to participate on the Learning Collaborative's Quality Improvement Team. The team will meet regularly with recovery experts from Community Care and Pat Deegan PhD & Associates to learn how to implement the CommonGround™ Approach to shared decision making.

If you have questions regarding the Learning Collaborative or would like an application, please contact Paul Wittman, MSW, LSW, MPA, Training Manager at 412-454-8625 or wittmanpj@ccbh.com. You may also contact Saya Krebs, MS, CLC, Training Coordinator at 412-402-7543 or krebsse@ccbh.com for details.

Notifying Community Care of changes

The terms of your provider agreement with Community Care require you to notify Community Care of any change in the services you provide and in your demographic information. Your Provider Relations Representative can help you determine if your change requires a new license or PROMISE enrollment (for HealthChoices providers) and whether the change requires our approval before your organization/practice is permitted to treat Community Care members.

By properly notifying Community Care, you may avoid claims problems and contract difficulties. Reportable changes include:

- Adding new service location(s)
- Changing an existing service location(s)
- Adding a new service type
- Increasing or decreasing capacity of current services
- Changing a tax identification number

For HealthChoices providers, Community Care has an internal process to notify the appropriate county of the changes you plan to make. Please be certain to give us as much advance notice as possible.

If you have any questions regarding this process, please call your Provider Relations Representative at 1-888-251-2224, Option 1.

Coordinating care between practitioners

There is a high incidence of comorbidity between physical illnesses and mental illnesses, and both illnesses can be exacerbated if either is left untreated. Having a physical illness can predispose an individual to developing a mental illness and vice versa, so to ensure the best outcome of care, it is best to address these problems as soon as they arise.

If an individual does develop co-occurring mental health and physical health problems and both are not addressed, the disorders are likely to be more severe, and morbidity and mortality rates are higher. Due to the severity of this situation, it is highly advised that medical practitioners coordinate care with behavioral health specialists to provide comprehensive care for their patients and promote overall better health.

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Facts regarding the physical/behavioral health connection:

- Individuals with anxiety are twice as likely to develop a physical illness.
- Anxiety is commonly linked with lung and gastrointestinal illnesses, arthritis, allergies, thyroid problems, and migraine headaches.
- The World Health Survey asked people from 60 countries

questions about their health and it was found, after taking into account poverty and other health conditions, that depression has the largest effect on deteriorating health.

- The World Health Survey also found that individuals who had one or more chronic diseases in conjunction with depression had the poorest health scores.
- Heart disease, stroke, cancer, HIV/AIDS, diabetes, and Parkinson's are all associated with depression.
- Individuals with both congestive heart failure (CHF) and depression have a fourfold increase in mortality compared to individuals diagnosed solely with CHF.
- Individuals with both chronic pulmonary disease (CPD) and depression have a threefold increase in mortality compared to individuals solely with CPD.
- People who have untreated mental health issues utilize more general medical services.
- People who have depression are more likely than others to develop diabetes.

It is important to coordinate treatment across the continuum of behavioral health services; be sure to communicate with other practitioners.

Coordination of care between practitioners seeing the same patient may avoid duplicate assessments, procedures or testing; promote patient safety, and improve treatment outcomes.



**Recovery means
changing our
lives, not our
biochemistry.**

SHARE THE MESSAGE: Recognizing and Preventing Digital Dating Abuse



From the PA Department of Public Welfare

Digital communication is a central part of teens' lives. A new campaign has been launched to help them recognize digital dating abuse and take steps to prevent it. **ThatsNotCool.com** is designed to help teens understand that their cell phones, instant messaging, and online accounts are a part of them. If someone they are dating is controlling, being disrespectful, or pressuring them in those spaces, that's not cool.

The website provides online forums for teens to talk about being harassed by text, constant instant

messaging, and rumors spread on the Web. The forums address sharing pictures that should be private. They also tackle someone looking at a teen's cell phone or online information without the teen's OK. The campaign helps teens to identify when they need help. When does caring become controlling? When does affection become obsession? When does talking become stalking? The site hosts guest videos from YouTube. It also provides teens with info on how to get help for themselves and friends.

A second campaign offers information on knowing the warning signs of dating violence. Designed by teens, SeeltandStopIt.org gives them tools for how to stop it. It also has ideas about making a difference in their schools and where they live.

Research shows most teens are clear about dating abuse but many are less clear about the gray areas of actions that indicate warning signs, such as harassment or emotional abuse. Most teens say they would get involved if they saw physical abuse. But, they are less comfortable about intervening when the abuse is less clear. Their instincts tell them it is wrong but they need tools and resources to intervene.

Community Care members who need help can go online to www.ndvh.org or call:

National Domestic Violence Hotline
1-800-799-7233 (SAFE)
1-800-787-3224 (TTY for the Deaf)

The number for teens to call is :
National Teen Dating Abuse Helpline
1-866-331-9474
1-866-331-8453 (TTY for the Deaf)

Teens can also join online chats:
www.loveisrespect.org

Help is available 24 hours a day in English and Spanish and many other languages. All contact with the hotlines is free and confidential.

Up in smoke

The following article was adapted from Up in Smoke; Toolkit to Help PAs Help Psychiatric Disorder Patients Quit Smoking by Doug Scott, AAPA News, 04/15/09.

According to a recent report by a panel of experts convened by the National Institute of Mental Health (NIMH), there is a strong need for clinicians to try to help decrease the rate of smoking among people with psychiatric disorders. A representative survey of psychiatric disorders in the U.S., the National Comorbidity Study (NCS), found that 41 percent of people diagnosed with a psychiatric disorder smoke, nearly double the rate of people without psychiatric diagnoses. The report found that people with psychiatric disorders consume 44.3 percent of all cigarettes smoked in this country, and that such a smoking habit increases physical illness and mortality rates.

The panel report suggests that many health care professionals have accepted smoking by their psychiatric patients as a means of self-medication aimed at relieving symptoms. The report found that fewer than a quarter of outpatients with psychiatric disorders received counseling aimed at smoking cessation from their physicians. Only one percent of psychiatric inpatient smokers were assessed for smoking; none of the treatment plans for these patients addresses tobacco use.

The report concludes that smoking cessation interactions and treatment by health care providers need to be aimed at reducing the rates of illness and mortality among this population. Intervention for people with psychiatric disorders has been minimal partly because there is a very pervasive belief that these people don't want to quit. "Working with mental health groups, we have found this to be not true," said Connie C. Revell, deputy director

at the University of California Smoking Cessation Leadership Center in San Francisco. "Second, there was a belief that they could not handle it, that they have enough problems and if we are going to help them recover from mental illness or substance abuse, certainly they cannot deal with quitting smoking. But now the news coming from the NIMH shows that quitting smoking actually aids recovery."

At the University of Iowa Adult Outpatient Clinic, Physician's Assistant Don St. John helps his psychiatric patients quit smoking. "Every patient that comes to the clinic fills out a symptom checklist, which includes a question about smoking. If I see it is marked positive, I almost always comment on that during the visit. I say something like, 'I hate to nag you about this, but are you ready to quit?' and I use 'motivational-type' interviewing to find out how much they are smoking. If they tell me they are ready to quit, I let them know about tools that may help them. If not, I bring it up in future visits," St. John said.

A lot of people with mental illness smoke because they feel that smoking helps reduce stress. Mental health professionals need to try to help them find other ways to cope with stress, depression, anxiety, or whatever it is that they are coping with. St. John suggests that providers encourage their psychiatric patients to quit smoking without scolding and by bringing it up like any other health concern.

For more information and resources, see Tobacco-Free Living in Psychiatric Setting: A Best Practices Toolkit Promoting Wellness and Recovery at www.nasmhpd.org/general_files/publications/NASMHPD_toolkitfinalupdated90707.pdf. Or view Clearing the Air at www.smokefree.gov/pubs/Clearing-The-Air_acc.pdf.

Links to other helpful smoking cessation tools and resources can be found on Community Care's website, www.ccbh.com.

Recovery Institutes: Keeping the Promise.

Community Care is sponsoring regional institutes to highlight the work that's been done to date to promote behavioral health recovery and to identify next steps in the behavioral health delivery system transformation process. Speakers will deliver presentations focused on topics relevant in the area. Together, we will take an in-depth look at the future of mental health services in a recovery-focused environment.

Featured speakers include local leaders, members of the Community Care Recovery Team, and other content experts. Topics include the CommonGround™ toolkits developed by Community Care and renowned recovery expert, Pat Deegan, PhD, to promote recovery, and "Hearing Voices: A Simulation to Increase Empathy and Understanding."

The institutes are intended for all behavioral health stakeholders including consumers and their families, providers, administrative and clinical staff from regulatory offices and mental health programs, Intensive Case Managers and Resource Coordinators, psychiatrists and psychologists, counselors, nurses, social workers, and medical program residents and other students.

The regional recovery institutes are provided by Community Care at no cost to you. CEUs are available. Please visit www.ccbh.com for more information about CEUs and other details. To register, complete and return the form to the right.

Community Care Recovery Institute Registration Form

Mail or fax your completed registration form to:

Community Care
One Chatham Center, Suite 700
Pittsburgh, PA 15219
Attn: Karen Neal

Fax: 412-454-2177; Phone: 412-454-8646

Registration forms must be received at least two weeks before the date of the institute. Please indicate which institute you plan to attend:

- 06/16/09 Chester County
Inn at Chester Springs, Exton
- 06/17/09 Berks County
Abraham Lincoln Hotel, Reading
- 06/18/09 York/Adams Counties
Yorktowne Hotel, York
- 07/28/09 North Central Region
Nittany Lion Inn, State College
- 07/29/09 North Central Region
Lake View Lodge, DuBois
- 08/12/09 Northeast Region and Carbon,
Monroe, and Pike Counties
Radisson Hotel, Scranton

Name _____

Title _____

Agency _____

Street Address _____

City _____

State _____ Zip _____ County _____

Daytime Phone () _____

E-mail _____

For continuing education credits, indicate:

- NBCC Counselor Nurse
- Psychologist Social Worker

Note: Notify us of your special needs at least two weeks in advance.