

THE PROVIDER LINE

Vol 3-2010

Working together to meet standards

Community Care's annual Provider Benchmarking reports are generated from claims data and sent to high volume providers of seven levels of care. The indicators for each of these levels of care are:

- **Inpatient Mental Health:** Rates of follow-up at 7 and 30 days post hospital discharge, average days to 30 day follow-up, and 30 day readmission rates.
- **Long and Short Term Rehabilitation:** 7 and 30 day follow-up rates, average days to 30-day follow-up, and average length of stay.
- **Family Based Services:** Average number of units for report year and percent of members with inpatient mental health stay.
- **Residential Treatment Services:** Average length of stay, rate of follow-up at 7 days post discharge, percent of members with an inpatient mental health stay during treatment period, and length of stay over 365 days.
- **Blended Case Management Services/Service Coordination:** BCM contact rate during an inpatient stay and outpatient linkage within 7 and 14 days post inpatient discharge.
- **Behavioral Health Rehabilitation Services:** Units utilized and percent of authorizations utilized for members with an Autistic Spectrum Diagnosis (ASD) and members without an ASD; average length of stay for members without an ASD.

The goals that Community Care expects providers to meet related to these measures come from OMHSAS Gold Standards, Contractual Standards, and/or Performance Standards. Providers who do not meet the set goal are asked to identify actions to improve the rate. The primary purpose of this, and all Community Care's quality activities, is to improve the

quality of care for members. This activity also allows Community Care to share information with providers, and encourages collaboration between Community Care and providers as it gives providers the opportunity to share feedback as to the factors that impact the various indicators and devise interventions that may be successful in addressing barriers.

Last year, Community Care chose to focus on inpatient readmission. In 2009, the aggregate inpatient mental health 30-day readmission rate was 10.9%, a decrease from the previous two years when the rate was 11.9%. Community Care's providers are continuing to move closer to the OMHSAS Gold Standard of 10% readmission or less.

Community Care asked providers to analyze their rates and identify any factors that may be impacting them. Providers identified the following as impacting the rate of readmission: limited supports and community resources; unstable housing; and a lack of investment in aftercare.

Interventions that providers identified to address these barriers include: implementing Crisis Plans that contain community resources, coping strategies, triggers, warning signs and how to contact supports: involving families/supports in the discharge planning process: and implementing alumni groups to provide members with peer support during their hospitalization.

If you have techniques that are effective in reducing the readmission rate, we would appreciate hearing from you. Please call a Quality Representative at 1-888-251-2224 with your ideas and comments.

Member safety

New programs integrate physical and behavioral health

To ensure member safety, Community Care monitors behavioral health treatment in a variety of ways, including:

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

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Community Care encourages and supports providers 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. An electronic version of the Unusual Incident Report Form is now available on our website (www.ccbh.com) on the HealthChoices Forms page under Provider Resources.

Please call
1-888-251-2224
to report all
adverse events.

The Community Care Steps of Hope (SOH) Disease Management Program is integrating physical and behavioral health care with two programs for members, Tobacco Cessation and Weight Management. Addressing the prevalence of smoking and obesity in the general population overall, and particularly consumers with serious mental illness, these programs are being initiated in Allegheny County in 2010 with plans to expand their use in 2011.

The Smoking Cessation and Weight Management program goals are:

- To improve the health and well-being of members.
- To provide support and encouragement.
- To promote healthier lifestyle choices.
- To provide education regarding health promotion and prevention.
- To support self-management efforts.

These programs are for HealthChoices (Medicaid Members) members, age 18-64, with a diagnosis of nicotine dependence or obesity. Program staff integrate all available data to identify members who could benefit from the program and send them information and an invitation to participate. Additionally, all SMI members are sent a letter describing the program and explaining how to join. All of the identified members are stratified initially into tiers based on their level of interest. Members who complete and return the information sent to them or who call the Steps of Hope staff are assigned to Tier A; everyone else is assigned to Tier B. Individuals in both tiers are sent educational materials quarterly for their targeted behavior and may contact program staff with questions and to ask for support as needed. People in Tier A also receive monthly support calls from a Steps of Hope Care Manager. The goal of the program is to help improve the lives of the people we serve by providing guidance and assistance – and to support the member's commitment to living a healthier lifestyle as part of their Recovery Plan.

To make a referral and/or to request further information, please call the Steps of Hope toll-free number, 1-866-225-8044. Program staff are available from 8 a.m. to 4 p.m., Monday through Friday.

These programs do not advertise, market, or promote products or services to members or providers.

Screening, Brief Intervention, and Referral to Treatment

Many individuals who require substance abuse treatment do not seek this care. However, many of these individuals do come into contact with the general medical care system. For this reason, general medical settings are one of the key points of access to screening, assessment, early intervention, referral, and treatment for individuals who present with substance use issues.

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) has funded a national program called Screening, Brief Intervention and Referral to Treatment (SBIRT) to identify problematic substance use and to reduce and prevent substance abuse and dependence by using a system that links a community's specialized treatment programs with a network of early intervention and referral activities that are conducted in medical and social service settings.

SBIRT involves implementation of a universal screening system, within community and/or medical settings-including physician offices, hospitals, educational institutions, and mental health centers-to identify individuals with or at-risk of developing problems related to substance use. A three step process is employed that includes, screening, a brief intervention, and referral. The screening process determines the severity of substance use and identifies the appropriate level of intervention. The system provides for brief intervention or brief treatment within the community setting and refers those identified as needing more extensive services than provided in the community setting to a specialist for

assessment, diagnosis and appropriate treatment. Each part of the SBIRT process provides information and assistance that is tailored to the individual patient and their needs. SBIRT concentrates on opportunities to help individuals understand hazardous use while helping them reduce or eliminate it.

Research has shown that SBIRT has been found to reduce health care costs, decrease the frequency and severity of drug and alcohol use, reduce the risk of trauma, and increase the percentage of patients who enter specialized substance abuse treatment. For more information about SBIRT services, visit www.sbirt.samhsa.gov.

Meeting appointment access standards

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Community Care providers are contractually obligated to provide access to appointments for members that meet HealthChoices program requirements. Community Care members are entitled to:

- Services for routine behavioral health needs within 7 calendar days.
- Services for urgent needs within 24 hours.
- Non life-threatening emergency services within 1 hour.
- Immediate emergency services in life-threatening situations.

Please provide appointments for Community Care members within these access standards. Notify your Provider Representative as soon as possible if you are unable to meet these standards. Community Care will work with you to make sure that members have timely access to mental health or substance abuse treatment.

Provider benchmarking issues (PBIs)

Community Care is able to develop and maintain successful partnerships with its network providers by closely collaborating with each of them. The partnerships help to improve the quality of the care that is delivered to HealthChoices members.

Comprehensive Provider Evaluations are one of many ways by which Community Care monitors the quality of service provided to members. Goals of the evaluation include:

- Ensuring that each provider is providing best practice clinical and quality standards to members.
- Continually improving the practice standards of the provider network.
- Utilizing both qualitative and quantitative measures to provide feedback to providers.
- Identifying areas for improvement.
- Ensuring a safe and healthy environment for members.
- Ensuring that providers practice within an environment conducive to recovery.

Reviewing Provider Benchmarking Issues (PBIs) is part of the evaluation. PBIs impact service and access to care. PBIs are seen as opportunities for improving quality of care. PBIs are monitored individually and in groups, in order to identify trends. If a trend is identified, Community Care may request that the provider submit an action plan that addresses the issue.

Examples of PBIs include:

- Precert or discharge reviews completed in an untimely fashion.
- Continued stay reviews conducted outside designated time frame.
- Aftercare provider unable to give appointment

- within seven days of discharge.
- Discharging provider not scheduling an aftercare appointment within 7 days of discharge.
- Poor treatment plan submitted.
- Psychiatric evaluation below standards.
- Untimely submission of BHRS/RTF packets.
- Outpatient provider/practitioner at capacity.
- Untimely reporting of incidents by provider.

A full list of Provider Benchmarking Issues is available at www.ccbh.com.

Provider satisfaction

Community Care contracts with The Myers Group, an NCQA-certified vendor, to conduct a yearly provider satisfaction survey. The 2009 survey showed high rates of provider satisfaction related to:

- Credentialing
- Provider Relations
- Care Management
- Quality Processes

The survey also identified opportunities for improving provider satisfaction in Customer Service and timeliness of claims payment. Interventions implemented following the survey included: filling vacant Customer Service positions and Customer Service trainings regarding protocols and procedures. In addition, the Claims department implemented an electronic Coordinator of Benefits (COB) billing system which allows for quicker claims payments for those participating, as well as ongoing education of the benefits of Provider Online. Contact your Provider Representative with ideas for improvements.

Be on the lookout for our 2010 Provider Satisfaction Survey which is scheduled to be in the field shortly. Your feedback is important to us. We'd like to hear from providers whose staff have had experience working with Community Care – especially your front line staff. This is your opportunity to tell us about what we do well and areas where we can improve.

Information online

We would like to remind you about the information posted on our website, www.ccbh.com. You can view and/or download information about the following topics on our website by clicking on Provider Resources, HealthChoices Resources, and then Informational Articles.

- Information about our Quality Improvement Program including goals, processes and outcomes related to care and service.
- Our efforts to measure the accessibility of care and service for our members, such as how long it takes to get an appointment, and actions taken to improve accessibility.
- The clinical practice guidelines and processes utilized to measure adherence to the guidelines.
- Our expectations for exchange of information with PCPs and within the behavioral health continuum to facilitate continuity and coordination of care.
- Our Medical Necessity Criteria, including how to obtain or view a copy.
- The toll-free number to contact staff regarding utilization management issues or if you have a utilization management question.
- The availability of, and process for, contacting an appropriate peer advisor to discuss utilization management decisions.
- A description of the availability of an independent external appeals process for utilization management decisions made by Community Care.
- Our policy prohibiting financial incentives for utilization management decision-makers.
- Our members' rights and responsibilities.
- Our confidentiality policies including what a "routine consent" is and how it allows us to use information about enrollees; their right to approve release of personal health information not covered by "routine consent"; how enrollees may request restriction on the use

or disclosure of personal health information, amendments to personal health information, access to personal health information or an accounting of disclosures of personal health information; our commitment to protect the enrollee's privacy in all settings and our policy on sharing personal health information with employers.

- Information about our preventive behavioral health programs including how successful these programs have been.
- For our treatment record policies regarding confidentiality of treatment records, documentation standards, systems for organization of treatment records, standards for availability of treatment records at the practice site and performance goals, please see your Provider Manual, which can also be found at www.ccbh.com.
- For a description of the process to review information submitted to support your credentialing application, correct erroneous information and upon request to be informed of the status of your credentialing and recredentialing application, please see your Provider Manual, which can also be found at www.ccbh.com.

If you have any questions about accessing our website, or if you would like more information or a copy of any of the above items, please contact us at **1-888-251-2224**.



Are members satisfied with services?

It is important that providers know if members are satisfied with the care they receive. Community Care contracts The Myers Group, an NCQA-certified vendor to conduct an annual survey of member satisfaction using adult and child versions of the Experience of Care and Health Outcomes (ECHO) Survey and including questions focused on services unique to HealthChoices, such as BHRS. The 2010 survey, based on care received in 2009, showed that member satisfaction was high in several areas. In general, members responded that providers:

- Acknowledged and showed respect for their personal, physical, and special needs.
- Listened carefully and explained things in a way that they could understand.
- Made them feel safe and informed them about their rights.
- Explained the benefits of taking medications, checked the weight and blood of members taking certain medications, and asked about over-the-counter medicines as well as vitamins and supplements.

Questions that were identified as opportunities for improvement include:

- When you needed treatment right away, how long did you usually have to wait between trying to get care and actually seeing someone?
- Where you given the chance to make treatment decisions?
- How much of a problem, if any, was it to get the help you needed when you called Customer Service?

Interventions to improve satisfaction in these areas include:

- Promoting the crisis services that are available to members, families, and children.

- Ongoing work with The Recovery Learning Collaborative.
- Continued work with The CommonGround recovery tools including expansion of a Decision Support Center as well as rolling out “Power Statements,” which is the second CommonGround toolkit.
- The Allegheny County Coalition for Recovery (ACCR) Child and Family Committee developed a toolkit for child and adolescent providers to introduce the concepts of recovery and resiliency and promote them in their practices.
- Community Care will work with Customer Service Representatives in developing scripts that will aid them in ensuring members needs are being met when they call.

Community Care thanks providers for their efforts to increase our members’ satisfaction. Call your provider representative with questions.

Stakeholder feedback improves quality

Community Care believes that input from internal committees, members, providers, and other stakeholders must be solicited on an ongoing basis for its quality efforts to be successful. In order to collect feedback, Community Care holds focus group meetings for members and providers to share their thoughts and expectations. Community Care incorporates the feedback into practice and works hard to improve as an organization based on member and provider suggestions. Community Care appreciates feedback from members and providers and encourages individuals to express their comments and concerns. Call the Provider Line at 888-251-2224 for more information on Provider Advisory Committees and other feedback groups.

Affordable Care Act: Six Months In

The Patient Protection and Affordable Care Act (PPACA) is a federal statute that was signed into law in the U.S. by President Obama on March 23, 2010. The Act is the product of the health care reform agenda of the Democratic 111th Congress and the Obama administration. The law includes numerous health-related provisions to take effect over a four-year period.

Several provisions of the Affordable Care Act have recently taken effect, including:

- Children with pre-existing conditions cannot be denied coverage (<http://www.standupforhealthcare.org/blog/just-three-days-away>)
- Dependent coverage must be extended to age 26 (<http://www.standupforhealthcare.org/blog/just-three-days-away>)
- Insurance companies cannot drop your coverage if you become sick (<http://www.standupforhealthcare.org/blog/rescissions-just-plain-wrong>)
- Lifetime caps on coverage is prohibited (<http://www.standupforhealthcare.org/blog/the-ban-on-lifetime-and-annual-limits-can-impact-you>)
- There are new restrictions on annual limits (<http://www.standupforhealthcare.org/blog/the-ban-on-lifetime-and-annual-limits-can-impact-you>)
- Preventative care must be covered at no cost to you (<http://www.standupforhealthcare.org/blog/choosing-your-own-provider-new-protections-for-kids-and-adults>)
- Individuals are free to choose their primary care provider (<http://www.standupforhealthcare.org/blog/choosing-your-own-provider-new-protections-for-kids-and-adults>)
- There must be an independent appeals process available to consumers (<http://www.standupforhealthcare.org/blog/the-appeals-process-is-stronger>)
- You no longer can be charged more for out of network emergency visits (<http://www.standupforhealthcare.org/blog/no-more-out-of-network-e-r-bills>)

For more information regarding the provisions that have recently taken effect, visit http://www.communitycatalyst.org/doc_store/publications/Who_ACA_is_helping_8.2010.pdf.

Getting healthy can be fun

When parents and kids eat right and exercise together, healthy homes can be happy homes.

Every year, more and more American kids are either overweight or at risk of becoming too heavy. With the extra pounds come health concerns: high blood pressure, heart disease, diabetes. What's the key to reversing the trend? Parents.

Parents are role models. They should start by stocking the cupboards with healthy foods and eating well themselves. There are lots of ways to be active that need little or no equipment.

- Go to the playground, jump rope, or fly a kite.
- Gather the kids to play ball or bean bag toss.
- Have some good clean fun! Doing housework together gets everyone moving.
- Turn off the TV and take a family walk after dinner.

Make healthy eating and exercising fun—and make it a family affair.

Pharmacy News

New Projects to Support Prescribers

Assessment of consumers on multiple antipsychotic medications

In a joint quality improvement initiative, UPMC Health Plan and Community Care are collaborating on an antipsychotic drug utilization review (DUR) to identify all members who are on 2 or more antipsychotic medications for at least 60 days.

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While antipsychotic medications are effective and considered first-line treatment for schizophrenia and bipolar disorder, they are associated with serious side effects. The symptoms of patients with schizophrenia and bipolar disorder can be difficult to treat and may require multiple medication trials. However, there is little evidence in the current literature to suggest that using more than one antipsychotic at a time is more beneficial than monotherapy for most patients.

This initiative will identify consumers on more than one antipsychotic medication for more than 90 days and will notify the prescribers to insure that they are aware of the use of multiple antipsychotics and of all of the involved prescribers.

Assessment of adult consumers on multiple behavioral health medications

Community Care is continuing a project which supports prescriber efforts to address polypharmacy. We identified adult members receiving five or more behavioral health medications concurrently for at least ninety days in all 35 counties that we work in. The names of all prescribers per member were also identified. An informational letter, along with a member profile listing the multiple medications, will be sent to each physician writing psychotropic prescriptions for these members. The goal of Community Care's polypharmacy initiative is to support careful assessment and monitoring of our adult members receiving multiple medications.

Development of guidelines for the use of Buprenorphine

Therapeutic use of buprenorphine has continued to grow since its approval in 2002 for the treatment of opioid addiction. Data presented at a recent national meeting shows that the number of patients receiving buprenorphine increased in the United States from 20,000 in 2002 to 640,000 in 2009. Analysis of Community Care Medicaid prescription claims shows a similar trend. It is projected that the number of members on buprenorphine will equal the number of members on methadone in the near future.

While buprenorphine is clearly effective for many consumers, there are many clinical and quality concerns associated with buprenorphine treatment. Treatment relapse is a primary concern. Recent literature suggests that opioid use is substantially reduced while patients are maintained on buprenorphine but upon tapering off of the medication, most patients resume opioid use. Community Care is working with providers, government entities, physical health plans, and other stakeholders to address the clinical and quality issues surrounding buprenorphine treatment and to identify best practices.

Safety Updates

Use of Oral Zyprexa® in adolescents

January 2010 - The Prescribing Information for Zyprexa® (olanzapine) has been changed to reflect the Food and Drug Administration's approval of oral Zyprexa® for the treatment of schizophrenia and bipolar I disorder in adolescents (ages 13-17). The revised labeling states that when deciding among the alternative treatments available for schizophrenia and bipolar I disorder in adolescents, clinicians should consider the increased potential (in adolescents as compared with adults) for weight gain, hyperlipidemia, sedation, hyperprolactinemia and elevated hepatic enzyme levels. Clinicians should also take into account the potential long-term risks when prescribing to adolescents, which may lead to the consideration of using other drugs first.

Medication treatment for both pediatric schizophrenia and bipolar I disorder should be part of a total treatment program that may include psychological, educational and social interventions.

For the complete MedWatch Safety Summary along with information for health care professionals, please refer to the FDA website at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm198402.htm>.

Suicide risk added to Tramadol labeling

May 2010 - The US Food and Drug Administration revised the warning labels for opioid analgesics tramadol (Ultram®) and tramadol/acetaminophen (Ultracet®). The updated warning emphasizes the risk of suicide for patients who are addiction-prone, taking tranquilizers or antidepressants drugs and also warns of the risk of overdose. Tramadol-related deaths have occurred in patients with histories of emotional disturbances or suicidal ideation or attempts, as well as histories of misuse of tranquilizers, alcohol, or other central nervous system-active drugs. The revised warning label also expands on the effects of tramadol overdose, which may include central nervous system depression, respiratory depression, and death. The additional warnings were already included in the prescribing information for Ultram ER®, the long-acting tramadol product. For the complete MedWatch Safety Summary along with information for health care professionals, please refer to the FDA website at: <http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm213264.htm>.

Large settlement in off-label use of Quetiapine case

April 2010 - The pharmaceutical company, AstraZeneca, agreed to pay \$520 million to federal and state governments and to sign a corporate integrity agreement to resolve allegations that it illegally marketed and promoted its schizophrenia drug, Seroquel®. The U.S. Department of Justice contends that AstraZeneca broke the law by marketing Seroquel® as a treatment for aggression, anger management, anxiety, sleeplessness and other indications for which it never gained approval from the U.S. Food and Drug Administration. Seroquel® is only approved to treat schizophrenia and bipolar disorder. Seroquel XR® is approved for schizophrenia, bipolar disorder and as adjunctive treatment to antidepressants for major depressive disorder. The government alleges that AstraZeneca paid doctors to give lectures promoting the unapproved uses and to serve as authors of articles praising Seroquel® that were ghostwritten by medical literature companies hired by the drug company. AstraZeneca has denied any wrongdoing.

Product Updates

Daytrana

In July 2010, received FDA approval for the treatment of Attention Deficit Hyperactivity Disorder (ADHD) in adolescents aged 13 to 17. Daytrana® is already approved to treat ADHD in children aged 6 to 12.

Effexor XR

In June 2010, Teva Pharmaceutical Industries received FDA approval to produce the first generic version of the antidepressant drug Effexor XR®. Shipments of the generic drug, venlafaxine ER, were expected to start on July 1, 2010.



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Formulary Information

As a reminder, Community Care has posted the formulary status of many behavioral health medications from the various physical health plans on our website. The medication tables are provided to help physicians determine coverage of behavioral health medications from the different physical health plans and the DPW Fee-For-Service formulary. The formulary tables can be found at www.ccbh.com – Provider resources – HealthChoices resources – Informational articles.

The Physical Health Plans Drug Formularies for Behavioral Health Medications tables include the formulary status of antidepressants, antipsychotics, stimulants, and typical mood stabilizers. For more information from a specific physical health plan, providers can also refer to the Pharmacy Contact Information for Physical Health Plans document which contains the physical health plan formulary website links.

Formulary Updates

Community Care would like to update you regarding behavioral health formulary changes that have occurred or will occur for Medical Assistance members. The various Physical Health MCOs which manage the Medical Assistance pharmacy benefits have informed us of the changes in the attached table.

Health Plans that have formulary changes will contact members and providers who are using any of the drugs affected by the formulary update.

If you have any questions concerning these updates, please contact the respective Health Plan's Pharmacy Services number or website as provided.

PHARMACY UPDATE 2010		
Physical Health Plan - Pharmacy Services	Updates	Effective Date
AmeriChoice 1-800-922-1557 www.americhoice.com	Invega Sustenna- Added to formulary with Quantity Limits (1 injection per month). Intuniv – Added to formulary with Step Therapy requirements (inadequate or intolerant response to a stimulant).	July 2010
AmeriHealth Mercy Health Plan 1-866-610-2774 www.amerihealthmercyhp.com Keystone Mercy Health Plan 1-800-588-6767 www.keystonemercy.com	Venlafaxine ER (generic Effexor XR) – Added to formulary Fluoxetine (generic Prozac) 40 mg - two 20 mg capsules are to be used Haloperidol 10 mg – two 5 mg tablets are to be used	July 2010
Health Partners 1-888-991-9023 www.healthpart.com	Venlafaxine ER (generic Effexor XR) – Added to formulary	July 2010
Gateway Health Plan 1-800-528-6738 www.gatewayhealthplan.com	Suboxone – Prior Authorization policy changes Subutex – Prior Authorization policy changes	June 2010
Unison Health Plan 1-877-651-2217 www.unisonhealthplan.com	Invega Sustenna- Added to formulary with Quantity Limits (1 injection per month). Intuniv – Added to formulary with Step Therapy requirements (inadequate or intolerant response to a stimulant).	July 2010
UPMC for You 1-800-396-4139 www.upmchealthplan.com	Venlafaxine ER (generic Effexor XR) – Added to formulary with Step Therapy requirements Risperdal Consta – PRIOR AUTHORIZATION required. Invega Sustenna– NON Formulary Zyprexa Relprevv – NON Formulary	July 2010

Parents can help prevent teen dating abuse

----- Pennsylvania Department of Public Welfare -----

One in three teens reports abuse in their dating years. Abuse can be physical, emotional, sexual, or mental. Starting in the childhood years, parents can play an active part in preventing abuse.

Data suggests that how a parent raises a child from the early years can affect teen dating experiences. Children copy what is around them. If they are taught abuse, then abuse will be normal for them. If a parent hits or insults a child or another parent, then a child will learn abusive ways. Parents can teach children how to solve problems without hitting, putting down, threatening, or shouting. Parents can help a child to develop a healthy and respectful outlook when they:

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- Speak in a clear and calm tone.
- Consider the child's point of view and unique needs.
- Teach the joy of life.
- Go along with or celebrate a child's ideas.
- Give love and kindness every day.
- Laugh often with the child.
- Discourage watching violent television and movies.

Parents who are living with abuse can seek counseling. If a child sees abuse at home or on television, speak with the child on his or her level about the sadness of violence. Discuss with teens how violence negatively affects them and others they care about. By the time a teen is dating, respect and the right to say "no" should be understood. For you and your child, always feel free to contact your local domestic violence shelter for counseling and other support options. If you are worried about your safety and you need to talk, please call:

**National Domestic Violence Hotline; www.ndvh.org
1-800-799-7233 (SAFE)**

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

**National Teen Dating Abuse Hotline; www.loveisrespect.org
1-866-331-9474**

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

SAVE THE DATE!

**Community Care's
spring conference
is being held on
March 23, 2011
at the Omni
William Penn Hotel
in Pittsburgh.
The conference
will focus on
recovery for the
mind and body.**

**Mark your calendars
and watch for
more details!**

