

foundations

member newsletter | volume 9, issue 2 | December 2021

Voices of Recovery: Valerie

Valerie needed benefits to get back on her feet after extensive hospitalizations. She's glad that work incentives were available to her. She feels she could not have made the jump from living off benefits to full-time employment without them. Social Security (SSA) work incentives helped Valerie gradually ease back to full-time employment without worrying that she would not have enough income. They also let her retain her Medicare coverage, so she didn't have to search for another source of health insurance.

"Work incentives eased the process so that I could work and retain benefits for a period. I could both work and receive the services and support needed in order to successfully transition from the hospital to independence," says Valerie.

Valerie benefited from the SSA's Ticket to Work, Trial Work Period and Extended Trial Work Period programs. As Valerie's SGA (Substantial Gainful Activity) increased her benefits decreased. Before she began working, she received SSI (Social Security Income) and SSDI (Social Security Disability Income). She also received Medicare - Parts A, B and D. Now Valerie makes enough income that she doesn't qualify for SSDI payments. She also began paying her Medicare part B premium.

"It was a challenge to juggle the number of hours I could work while still being able to maintain SSDI. I was afraid that if I relapsed, I would have to leave my job and consequently have no source of income. Eventually I decided that full-time work was more fulfilling to me, and I was willing to give-up SSDI payments," says Valerie.

Working gives Valerie structure and sense of purpose. It gives her the sense that she is a contributor instead of a receiver. Working gives her a sense of identity apart from living as a "full-time" mental health consumer. It's also something else to focus on beyond her mental health issues and other problems.

Valerie has some advice for people who are thinking of returning to work and using SSA Work Incentives. Because it can be a complex system to navigate, she hopes that progress is made in order to make the transition work more smoothly.

- Know and understand the regulations. If a benefits counselor is available, utilize them.
- Be prepared. Have a budget. In the end, do what is best for your health/wellness.
- Be aware that the SSA often does not make adjustments right away. Keep copies of every correspondence with SSA. Make note of every conversation (names, dates, times, what was said, etc.).
- Provide SSA with pay information every month and keep confirmation on file.

Valerie's definition of Recovery is a growth process where an individual moves from a disease/illness centered identity to actively pursuing his/her own unique identity and personal life goals.

Getting Treatment When You Need It

We believe that members should not wait long for behavioral health appointments. So, we work hard to make sure you get treatment without much wait time. In a life-threatening emergency, you should get an appointment right away.

If it is not a life-threatening emergency, you should get an appointment within:

- 1 hour for a non life-threatening emergency
- 24 hours for urgent needs
- 7 calendar days for routine behavioral health needs

If you have any problems getting an appointment soon enough with your current provider, or if you do not have a treatment provider but need one, please call the Community Care toll-free customer service number for your county listed on the next page. Our Customer Service staff will help you get an appointment. It helps to be prepared and know who to call before a crisis happens. If you need help finding crisis services in your area, please call the Community Care toll-free member services number for your county. A customer service representative can help you, or you can go to your nearest Emergency Department.

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County	Customer Service
Adams	1.866.738.9849
Allegheny	1.800.553.7499
Bedford	1.866.483.2908
Berks	1.866.292.7886
Blair	1.855.520.9715
Bradford	1.866.878.6046
Cameron	1.866.878.6046
Carbon	1.866.473.5862
Centre	1.866.878.6046
Chester	1.866.622.4228
Clarion	1.866.878.6046
Clearfield	1.866.878.6046
Clinton	1.855.520.9787
Columbia	1.866.878.6046
Elk	1.866.878.6046
Erie	1.855.224.1777
Forest	1.866.878.6046
Huntingdon	1.866.878.6046
Jefferson	1.866.878.6046
Juniata	1.866.878.6046
Lackawanna	1.866.668.4696

County	Customer Service
Luzerne	1.866.668.4696
Lycoming	1.855.520.9787
McKean	1.866.878.6046
Mifflin	1.866.878.6046
Monroe	1.866.473.5862
Montour	1.866.878.6046
Northumberland	1.866.878.6046
Pike	1.866.473.5862
Potter	1.866.878.6046
Schuylkill	1.866.878.6046
Snyder	1.866.878.6046
Somerset	1.866.483.2908
Sullivan	1.866.878.6046
Susquehanna	1.866.668.4696
Tioga	1.866.878.6046
Union	1.866.878.6046
Warren	1.866.878.6046
Wayne	1.866.878.6046
Wyoming	1.866.668.4696
York	1.866.542.0299

*TTY (Dial 711) Request: 1.833.545.9191
En español 1.866.229.3187*

SPEDTAR Update: Name changed to PEDTAR

The Office of Mental Health and Substance Abuse Services selected the topic, Successful Prevention, Early Detection, Treatment, and Recovery (SPEDTAR) for substance use disorders as a Performance Improvement Project (PIP) for all behavioral health managed care organizations in the state. The SPEDTAR recently underwent a name change to the Prevention, Early Detection, Treatment, and Recovery (PEDTAR) for substance use disorders. As a reminder, the PEDTAR PIP will extend from 2021 through 2023. Community Care and our County Oversight have developed two population health activities: member and provider toolkits to offer information about opioid use disorders (OUD) and alcohol use disorders (AUD) and an anti-stigma campaign called CCARE (Community Care's Anti-stigma Resources and Education) to reduce the impact of stigma and increase recovery-seeking behaviors for members with an SUD. Please visit [CCARE Anti-stigma Campaign: HealthChoices Members - Community Care \(ccbh.com\)](https://www.ccbh.com/healthchoices) for more information on each program.

Medication Assisted Treatment for Substance Use Disorders

Medications are used to treat all health conditions. Some health conditions might be brief, like strep throat, which require prescription for a set time frame. This means that a person might only need the medication for a few days or weeks. Other health conditions might be chronic, like diabetes, which means that medication is needed to help manage the symptoms associated with that health condition. With chronic health conditions, a person needs to take the medications as long as the symptoms are present, which could be for the remainder of their life.

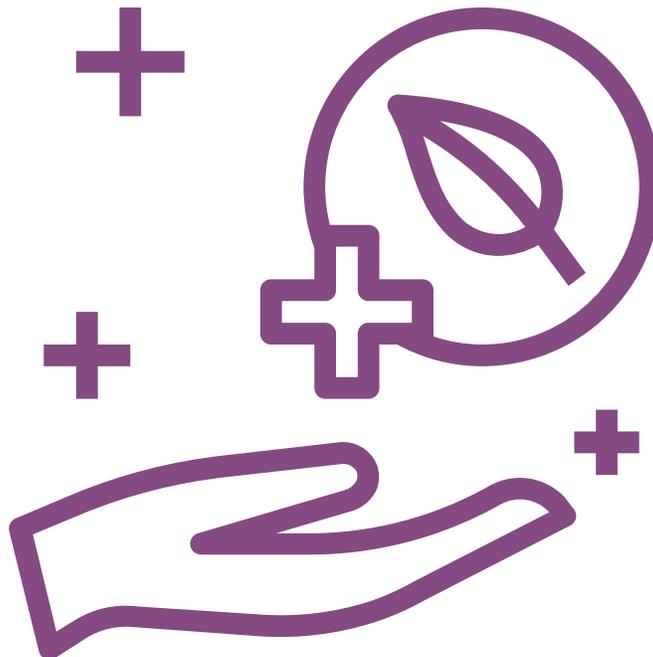
Substance use disorders are considered chronic health conditions. A person using substances may need medications to help manage symptoms associated with substance use. The Food and Drug Administration, or FDA, has approved medication for three types of substance use disorders:

1. Alcohol Use Disorder (examples: beer, wine, liquor)
2. Opioid Use Disorder (examples: prescription pain medications, heroin, and fentanyl)
3. Tobacco Use Disorder (examples: cigarettes, cigars, pipes)

Medical assistance, or Medicaid, pays for medically necessary drugs when prescribed by a provider. These medications are lifesaving and have proven positive outcomes for people who consistently take the medications. The positive outcomes include reduction in cravings to use substances, reduction in substance use, and reduction in overdoses (reduction in overdoses was found for people who only use opioids, meaning no other substances are used once the opioid use stops).

A person might receive a low dose of the medication to start. The low dose helps the doctors determine if a person is allergic to the medication. The low dose also helps the body get used to the medication and may help determine the stable dose. It may take a month or two for a person to get on a stable dose of the medication. During that time, a person should discuss any side effects or cravings to use with their doctor or treatment team.

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Sometimes, people misuse their medication, meaning that they take more than prescribed. If someone is misusing medication, it might mean that the medication dose is incorrect. If someone is still feeling urges to use or experiencing withdrawal symptoms after taking their medication, they might need a higher dose of the medication. It is important to talk with doctors about any medications and symptoms to make sure that the medication dose is correct. If a person is on an appropriate dose of the medication, then they are less likely to misuse the medication.

If a person is taking medication for a substance use disorder, they might start to feel better. But they still are at risk to trying new substances or continuing use of old substances (like cocaine, methamphetamines, or marijuana). These substances might help the person feel good or “high,” but the substances could interfere with the medication working and interfere with the body and brain from healing after substance use. The substances could also lead a person to overdose.

Some people are worried about taking medication for opioid use disorder because they might have heard that methadone and buprenorphine are replacements for heroin. Opioids are strong and the body becomes physically dependent on the opioid, which makes it hard to stop without medications. Additionally, heroin that includes fentanyl is much more powerful than heroin that was used 10 to 20 years ago, and it is difficult to remain in recovery without taking medications. Methadone and buprenorphine are prescribed by doctors who have experience with these medications and how they impact a person’s overall health. Any concerns about any medications should be discussed with a doctor before starting the prescription.

If you or a loved one is struggling with substance use and are interested in medications, please call Community Care or visit our website (www.ccbh.com) if you need help finding a provider that will prescribe the medications.

Community Care's Anti-stigma Resources & Education (CCARE)

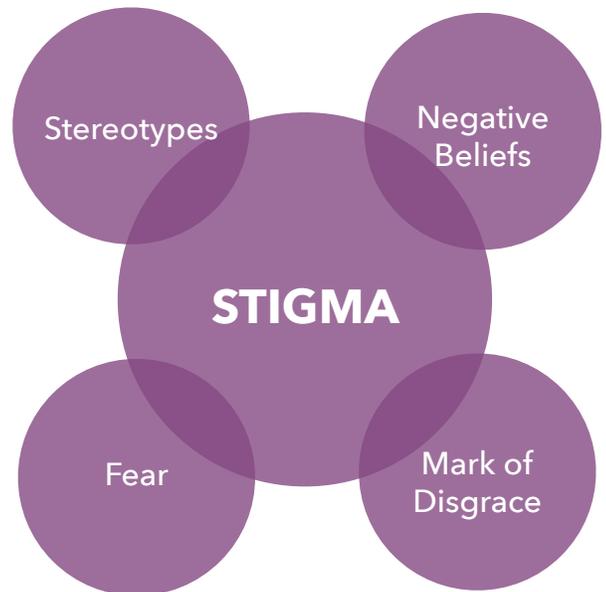
Campaign Self-Stigma and How it Impacts a Person with a Substance Use Disorder (SUD)

Stigma can affect everyone—our members and their families, treatment professionals, and community activists. Stigma refers to negative opinions of an individual or group based on having certain characteristics. Stigma may result in an individual feeling shame and despair and experiencing discrimination. Self-stigma refers to a type of stigma someone feels about themselves, which can prevent a person from seeking the support of family, peers, and professionals. If you have an SUD, you may not realize that you are already feeling and experiencing the impact of self-stigma. The most dangerous outcome of stigma is that you may begin to believe some of the shaming statements that were made by others. You may believe that you are unmotivated to change or that you are weak and should be able to stop on your own. The most dangerous aspect of self-stigma is that you may feel that you don't deserve effective treatment. You may also view yourself as hopeless or helpless because you cannot stop on your own.

Someone experiencing stigma about substance use may be less likely to feel comfortable seeking treatment.

Here are some additional facts to help you limit the harmful impact of self-stigma:

- People do not ask for a SUD and no one can predict that they will acquire a SUD; approximately 20% of people who use alcohol and other substances will develop a SUD, though the risk does increase with potent substances, like heroin and methamphetamine.
- Although no one wants to develop a chronic disease or struggle with excessive weight, many Americans struggle to improve their diet or increase healthy activities. Just like losing weight or managing diabetes is possible, Recovery from a SUD is possible.



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Everyone must work to lessen stigma. Things you can do to overcome self-stigma if you or a family member had an SUD include:

- Show compassion for those with substance use disorder.
- Choose empowerment over shame.
- Let others know when they're expressing negative attitudes toward people.
- Don't keep feelings of shame or self-stigma to yourself—let others know how you feel.
- Don't refer to yourself as a "drug addict," "dope-fiend," or alcoholic and, instead, refer to yourself as a person who has an Opioid Use Disorder (OUD) or Alcohol Use Disorder (AUD) or a substance use disorder (SUD); if you keep calling yourself these things, you may begin to believe that change can't happen.
- Ask family members and friends to also refer to you as a person who has an OUD, AUD or SUD instead of other negative labels; people are more likely to recover with positive social support and less likely to recover when there is criticism or shame.
- If you want to stop using substances, you are motivated! Motivation is needed but talk therapy and treatment with lifesaving medications for OUD and AUD is also needed to stop using substances.
- Medications, such as methadone, buprenorphine or naltrexone are lifesaving treatments and the most effective intervention for people with an OUD. You deserve these lifesaving medications.
- Medications are available to treat AUD like acamprosate, disulfiram, or naltrexone. Medications are used to treat all chronic health conditions, including substance use.
- Recovery is a marathon, not a sprint; very few people will achieve abstinence after one treatment episode; most will need many months or years to achieve sustainable abstinence.
- Look for 12-step or mutual support groups, including support groups that welcome people with an OUD who are taking medications.

Community Care is committed to reducing stigma for substance use disorders. Over the coming months, we will be sharing resources and offering trainings to raise awareness and reduce stigma for substance use disorders in our communities. This article is part of the CCARE (Community Care's Anti-stigma Resources & Education) campaign. Look for more information about stigma on our [CCARE campaign website](#).

If you need help with treatment for substance use, there is help, please reach out to our Community Care Customer Services number for your county noted in this newsletter.

Seasonal Affective Disorder (SAD)

Seasonal Affective Disorder (SAD) is a type of depression that begins and ends with a change in seasons. It tends to occur around the same time each year. SAD usually starts in the late fall or early winter when there is less daylight. It goes away in the spring or summer when there is more daylight. This type of SAD is called winter pattern SAD. A less common type of SAD occurs over the spring or summer. This is called summer pattern SAD.

Most often, SAD begins in early adulthood. It is more common in women and in people who live farther north where there are less hours of daylight in the winter. The hardest months for people with SAD in the United States tend to be January and February. People with mental health disorders or who have a family member with a mental health disorder are more likely to develop SAD.

A person with SAD may have some of the same symptoms as depression. They may have additional symptoms based on the time of the year they have SAD.

Symptoms of depression include:

- Feeling sad, hopeless, worthless, or irritable
- Low energy
- Trouble concentrating
- Loss of interest in activities you used to enjoy
- Problems with sleep
- Not interacting with family and friends
- Thoughts of suicide or death

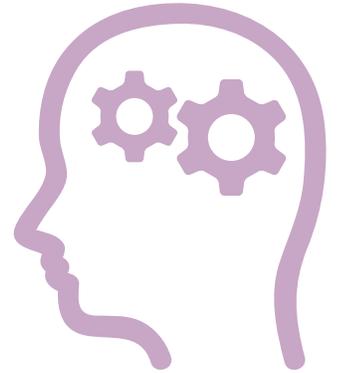
Symptoms that may occur with winter pattern SAD:

- Sleeping more than normal
- Weight gain
- Overeating
- Craving foods containing carbohydrates such as white bread, white pasta, white rice, crackers, and chips

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Symptoms that may occur with summer pattern SAD:

- Trouble sleeping
- Not feeling hungry
- Weight loss
- Feeling restless, worried, or nervous



There are several treatments that can be helpful for SAD. They include:

- Light therapy - use of a special lamp that has bright, artificial light to replace sunshine during the winter months
- Antidepressant medications
- Psychotherapy also called talk therapy
- Vitamin D

Check with your provider and see what treatments are covered and medically necessary.

Ways to help manage SAD symptoms:

- Eat healthy foods
- Get enough rest
- Do activities that you enjoy and find relaxing
- Spend time with family and friends
- Exercise on a regular basis
- Take medications as prescribed by your doctor
- Do not use alcohol or illegal drugs. They can make depression worse.

If you think you have SAD, discuss your symptoms and concerns with your doctor. More information on Seasonal Affective Disorder can be found at: <https://www.nimh.nih.gov/health/publications/seasonal-affective-disorder>.

Practical Tips to Prevent Childhood Obesity

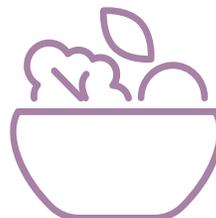
Many factors can lead to a child being overweight or obese. Obesity is typically defined when a child is more than 20 percent above the ideal weight for their age, height, and gender.

Obesity can lead to diseases and serious health problems in adulthood, but there are practical ways to prevent it. Healthier habits every day help.

Food Choices

Studies show that the food children eat when they are young can have a lasting effect. Some tips for healthier eating:

- **Healthier, accessible snacks.** Instead of a jar of cookies on the counter, try putting out a bowl of fruit. Children are more likely to reach for what they can access, and fruit can satisfy their hunger and craving for something sweet.
- **Portion sizes.** Smaller portions, or using smaller plates, can help children eat appropriate servings while still enjoying higher-calorie food. Check out www.choosemyplate.gov for more information about portions.
- **Eating breakfast.** Breakfast is still considered an important meal of the day. [Here are some ideas for a simple, healthy breakfast.](#)
- **Drink more water.** A pitcher of water in the refrigerator can be an easy replacement to reach for instead of a can of sugary soda or juice. Check out [“Rethink Your Drink”](#) from the CDC.
- **Don’t eat directly from the package.** It’s easy to eat a lot more from the package (like a bag of chips) than if you take out a smaller helping from the package. Snacks can still be enjoyed in a smaller amount.



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Physical Activity

Physical activity is linked to better sleep, better mood, and better grades. Some ideas for your child to get exercise throughout the day:

- Walking or riding a bike to and from school
- Being active during recess and gym class
- Playing a sport
- Doing an after-school activity, like swimming or karate
- Going outdoors and playing with friends
- Taking a walk before or after dinner
- Having a family dance party

Find more physical activity tips for children at <https://health.gov/MoveYourWay/Get-Kids-Active/>.

Remember, small changes every day can make a difference. Try one healthy option at a time. Find activities and foods that work with your family's lifestyle.

Quitting Tobacco

Use the STAR method to get started:

Set a quit date.

Tell your family, friends, and coworkers you plan to quit.

Anticipate and plan for challenges you will face while quitting.

Remove cigarettes and other tobacco products from your home, car, and workplace.



1. Quit Date

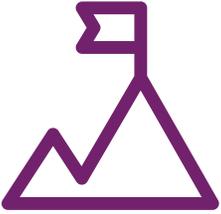
When choosing a date to quit tobacco, the sooner, the better. Many smokers choose a date within two weeks. Think about your quit date and stick to it. This way you can think about your decision and have enough time to prepare.



2. Telling Family, Friends, and Coworkers

Tell your family and friends that you are quitting. Let them know what they can do to support you. Be clear about what you want and do not want from them. Texting or calling someone to tell them you are quitting and asking how they can help is one way to start.

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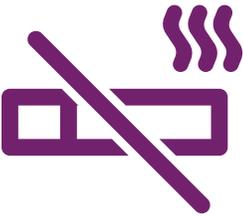


3. Anticipating Challenges

Challenges will pop up, like triggers that make you want to smoke or routines you are used to, like:

- Smoking first thing in the morning
- Smoking after eating
- Being around other smokers
- Feeling stressed, bored, or tired

It may be unpleasant at first, but small changes every day can make a big difference. When you know your triggers, you can find ways to deal with them.



4. Removing Tobacco Products

- Get rid of cigarettes, lighters, and ash trays from your home, car, or workplace.
- Go places where smoking is not allowed.
- Do your best to stay away from things and places that would make you want to smoke.

Quitting Tobacco Resources

- Talk with your doctor or other health care professional
- [PA Free Quitline: 1-800-QUIT-NOW \(7848 669\)](#)
- [Smokefree.gov](#): resources to make a personalized plan, set a quit date, manage stress, and more.
- [Members.ccbh.com](#): tobacco articles

Results of the 2021 Annual Member Satisfaction Survey

Community Care received the results of this year's survey, and we want to share a summary with you and let you know how Community Care is listening to what members and families are saying.

The survey measures satisfaction in a variety of categories. Some of the categories having high rates of satisfaction include:

- Telehealth (being able to participate in a Telehealth visit)
- Providers respecting cultural, ethnic, racial as well as special or physical needs
- The quality and care in how counseling and treatment is provided
- Involvement and participation in counseling and treatment

A category that had a low satisfaction rate was:

- Getting treatment when needed or wanted

In the comment section of the survey, some members and families told us that there are not enough providers in their area, and that there are long wait times to see a provider because there are not enough staff. We know that it's important for members and families to get the care they need and want. The past year has been difficult for many provider agencies and their staff, including some people temporarily or permanently leaving the field of behavioral health. A couple of ways that we're going to address these concerns are:

- Making our application easier for new providers, and approving more providers to become part of the Community Care network when possible
- Starting a Learning Community with providers to share ways to hire staff and keep them long term
- Continuing to work with providers to keep their workforce stable, and make sure they have the staff available to continue to meet with members



Many members said that they did not really know who Community Care is and what we do. As your health insurance company for mental health and substance use concerns, we can help you find good care to get well and stay well. This year our Customer Service Department started:

- Welcome Calls. We call new members that just received Community Care insurance to let them know who we are (we're the insurance company that helps them get mental health or drug and alcohol services), help them understand their options, and offer referrals. We also tell them that we're open 24/7, 365 days a year, and how they can use our website, members.ccbh.com, to find additional information.

The Next Annual Member Satisfaction Survey

The next annual Member Satisfaction Survey will be mailed out in early 2022. Members and families are randomly selected to receive a survey about your or your child's services. Community Care contracts with a company called Symphony Performance Health (SPH Analytics) to conduct the survey. You will see this name on the information you receive in the mail. The surveys are anonymous, and all information is kept confidential.

If you get a survey, Community Care would be excited to hear from you. Please take a few moments to fill it out. There is a postage paid envelope that makes it easy for you to send it back. There will also be a safe, confidential link if you want to complete it online. If you would like, you can do it over the phone, there is a number you can call, and a staff member at SPH will help you complete it. Spanish speaking members also have the option of requesting a copy of the survey in Spanish or completing it over the phone with a Spanish speaking representative at SPH.

Your answers are completely confidential—we don't know who returns the surveys, and your answers do not affect your benefits or services in any way. Your responses are not shared with your provider. The survey is an important way for us to know if members and families are satisfied with the services they receive; we use member feedback to make improvements in our services. We'd love to hear what you think! For members completing the survey with SPH, Community Care is offering chances to win a Visa gift card by completing the survey.

Please note—if you live in Susquehanna, Lycoming, Lackawanna, or Luzerne counties in the Northeast a different company called Advocacy Alliance conducts the satisfaction survey.