



ISSUE 15 ■ SEPTEMBER ■ 2015



The BHC
Bulletin

Note from our CEO:

Mary Ann Daniels



The Mercer County Behavioral Health Commission, in collaboration with the Mercer County Children and Youth Services agency and the Mercer County District Attorney, was awarded PCCD grant funding to develop a Children's Advocacy Center.

Children's Advocacy Centers provide a safe, multi-disciplinary and developmentally appropriate approach to child abuse investigations. This "team" response to investigation includes child protective services, prosecution, mental health, medical and victim advocacy. Its intention is to prevent re-victimization and provide a child with a minimally intrusive process for the tenure of the investigation.

Child Protective Service Law amendments changed drastically as of December 31, 2014, resulting from activism following the Jerry Sandusky convictions for stronger laws surrounding child abuse definitions and mandated reporting. The local child welfare agency has been impacted with 31% increase in referrals accepted for investigation and an 85% increase in those referrals which could be defined as child abuse according to the new definitions.

The Behavioral Health Commission and Children and Youth Services often intersect in their efforts to support families and children in the Mercer community, acting as a center point for treatment referrals, case reviews and case management efforts. We look forward to further building this bridge and assisting in a coordinated effort to reduce child victimization in Mercer County.

Our Mission:

The Mercer County Behavioral Health Commission is a non-profit organization that assists individuals and families experiencing substance abuse, or mental illness, or developmental challenges through the administration, coordination, and delivery of a service system committed to promoting recovery and improving the quality of life of those served.



BHC Central Intake: 724-662-2230

Crisis: 724-662-9292



National Recovery Month is a national observance that educates Americans on the fact that addiction treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life.

The observances main focus is to laud the gains made by those in recovery from these conditions, just as we would those who are managing other health conditions. Recovery Month spreads the positive message that behavioral health is essential to overall health, prevention works, treatment is effective, and people do recover.

9TH ANNUAL MENTAL HEALTH RECOVERY CONFERENCE 2015

This year marked the 9th Annual Mercer County Recovery Conference which is planned and organized by a sub-committee of the New Freedom Initiative. This year's conference was held on May 12th and entitled "Rethink, Redesign, Rebuild: Breaking the Stigma." The conference was well attended with 55 individuals. We had five dynamic presenters who included Dr. Susan Maloney from Edinboro University; Sharon Green and Catherine Hughes who work in the field of Autism; a local high school teacher, Lon Emerick; and Lynn Keltz, Executive Director of Pennsylvania Mental Health Consumer

Association (PMHCA). Dr. Maloney's presentation focused on rethinking the labels that we give each other and included a wonderful activity of walking on the red carpet with our new identifiers, such as "I'm a parent," "I'm a gardener," and "I'm a friend" and removing the labels of "I'm a schizophrenic" or "I'm a crazy person." The next presentation was by Sharon and Catherine and focused on anti-bullying. They also had a very interactive activity which provided a different view point about

who is also in recovery and was able to share his personal and emotional story about his road to recovery. Lynn was able to share more from a state level of the mental health system and remind everyone of the importance of being informed and getting involved in local and state-wide initiatives and programs in order to enhance the mental health recovery system. Both consumer and provider feedback from the conference was extremely positive.

Planning has begun for the 10th annual conference as well! Save the date for May 10, 2016 when we hope to hold the next conference. It's sure to be another great one!





Recovery Tech: Videoconferencing



The AA triangle is a familiar symbol to those of us in a Twelve Step program. Each side of the triangle represents the Twelve Step program. Each side of the triangle represents the Twelve Step community's key values of the unity, recovery and service. Implicit in the equal length of each leg is the concept of balance.

Of course, many of us are a bit heavy on one side of the triangle or the other. (What? Such balance doesn't come naturally to all alcoholics? Who knew?) In our modern fast-paced lives, it can be difficult to find the time necessary for balance. I hear many people in meetings say something to the effect of, "I need to see my sponsor more, so I can work the steps." I have discovered during my day job at Lionrock Recovery that there's more than one way to "see" your sponsor or sponsee. I help people all around the world obtain substance abuse treatment via videoconferencing. I can say with the utmost confidence that the personal connection you want when sharing your step work can be found using videoconferencing. During online Twelve Step meetings, some people are able to become even more vulnerable because they feel safer while sharing from their own home.

In my opinion, the longer a person has been sober, the more useful online meetings with a sponsor/sponsee can be. That's because the longer a person is sober, the better and more full life becomes. When life is filled with good, it can be tough to find time to focus on recovery – meet up with your sponsor or sponsees, go to meetings, be of service and continue step work. If you have children, videoconferencing can be a godsend. While baby is napping or kids are in the next room playing, you can be online doing step work with your sponsor. You then have the babysitting problem solved.

If you are working a gazillion hours, finding time to meet to do step work may have become lower on your To Do List than you'd like to admit. A perfect solution might be setting up a videoconference after work to meet with your sponsor and talk about that amends list you have been working on.

So let's assume I have convinced you that videoconferencing is worth a shot. The next question I typically get is "Ashley, what technology do I need to use videoconferencing?"

There are so many affordable options you can use. A great and relatively inexpensive option is using a 2nd generation or newer iPad. I prefer the iPad mini. You can download any number of videoconference apps, including Skype, GoToMeeting, Google Hangouts, Camfrog and Tango. If you are concerned about the security of the videoconference technology, you can sign up for a GoToMeeting account, which offers encrypted (secure) videoconferencing for a monthly fee.

Each videoconferencing program will have a way for you to send an invite to the person you wish to meet. If you want to use your computer, you can use the built-in webcam or buy one from outlets such as Amazon or Best Buy that plugs into a USB port on the side of your computer. If you are videoconferencing from your computer, you would likely access a videoconferencing program via the program's website, instead of an app.

So now that you know *how* to videoconference, next you need the willingness to try it. Don't forget, when Dr. Bob and Bill W. founded AA in 1935, it was uncommon to find a telephone in many American homes. Today, we use our cellphones all the time to talk with our sponsor and sponsees. The moral of this story is that technology can be used successfully and easily to enhance our recovery.

(Excerpt from Ashley Loeb—"In Recovery Magazine")

WHAT IS FASD?

Alcohol is a potent substance that can damage a developing fetus. Fetal Alcohol Spectrum Disorders (FASD) is a term used to describe the range of those damaging effects that occur when a woman drinks alcohol during pregnancy. These effects often include various physical, neurological, behavioral, and/or intellectual disabilities that will have lifelong implications.

Fetal Alcohol Spectrum Disorders



HOW CAN I RECOGNIZE FASD?

Sleeping, breathing, or feeding problems
Small head or facial or dental anomalies
Heart defects or other organ dysfunction
Deformities of joints, limbs, and fingers
Slow physical growth before or after birth
Vision or hearing problems
Mental retardation or delayed development
Behavior problems
Maternal alcohol use

FASD FACTS

FASD is the leading cause of Intellectual Disabilities. Some experts estimate that an FASD occurs in 10 in 1,000 live births. An estimated 40,000 babies will be born with FASD. FASD occurs in all racial and socio-economic groups. FASD affects more children each year than Spina Bifida, Down Syndrome, and Cerebral Palsy combined. For one individual with FASD, the lifetime cost is at least \$2 million.

ASSESSMENT OF FASD

It is extremely difficult to diagnose a fetal alcohol spectrum disorder. A team of professionals is needed, including a physician, psychologist, speech pathologist, and physical or occupational therapist. Diagnostic tests may include physical exams, intelligence tests, and occupational and physical therapy, psychological, speech, and neurologic evaluations. Diagnosis is easier if the birth mother confirms alcohol use during pregnancy. However, FASD can be diagnosed without confirming maternal alcohol use, if all the symptoms are present.

**“When you
drink,
they drink.”**

Surgeon General's Advisory on Alcohol Use During Pregnancy

A pregnant woman should not drink alcohol during pregnancy.

A pregnant woman who has already consumed alcohol during her pregnancy should stop in order to minimize further risk.

A woman who is considering becoming pregnant should abstain from alcohol.

Recognizing that nearly half of all births in the United States are unplanned, women of childbearing age should consult their physician and take steps to reduce the possibility of prenatal alcohol exposure.

Health professionals should inquire routinely about alcohol consumption by women of childbearing age, inform them of the risks of alcohol consumption during pregnancy, and advise them not to drink alcoholic beverages during pregnancy.

~Surgeon General Richard Carmona,

February 2005

FETAL ALCOHOL SPECTRUM DISORDERS DEFINED

FETAL ALCOHOL SYNDROME

FAS consists of a pattern of neurologic, behavioral and cognitive deficits that can interfere with growth, learning, and socialization. FAS has four major components:

A characteristic pattern of facial abnormalities (*small eye openings, indistinct or flat philtrum, thin upper lip*)

Growth deficiencies, such as low birth weight, brain damage, such as small skull at birth, structural defects, and neurologic signs, including impaired fine motor skills, poor eye-hand coordination, and tremors

Maternal alcohol use during pregnancy

Behavioral or cognitive problems may include mental retardation, learning disabilities, attention deficits, hyperactivity, poor impulse control, and social, language, and memory deficits.

Partial FAS describes persons with confirmed alcohol exposure, facial anomalies, and one other group of symptoms (growth retardation, central nervous system defects, or cognitive deficits).

FETAL ALCOHOL EFFECTS

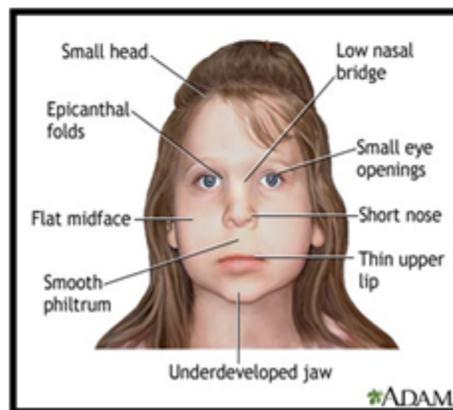
Fetal alcohol effects (FAE) describes children with prenatal alcohol exposure who do not have all the symptoms of FAS. Many have growth deficiencies, behavior problems, cognitive deficits, and other symptoms; however, they do not have the facial features of FAS. The Institute of Medicine has coined more specific terms for FAE. These include "alcohol-related neurodevelopmental disorder" and "alcohol-related birth defects".

ALCOHOL-RELATED NEURODEVELOPMENTAL DISORDER

Alcohol-related neurodevelopmental disorder (ARND) refers to various neurologic abnormalities, such as problems with communication skills, memory, learning ability, visual and spatial skills, intelligence, and motor skills. Children with ARND have central nervous system deficits but not all the physical features of FAS. Their problems may include sleep disturbances, attention deficits, poor visual focus, increased activity, delayed speech, and learning disabilities.

ALCOHOL-RELATED BIRTH DEFECTS

Alcohol-related birth defects (ARBD) describe defects in the skeletal and major organ systems. Virtually every defect has been described in some patient with FASD. They may include abnormalities of the heart, eyes, ears, kidneys, and skeleton (*Ex//: holes in the heart, underdeveloped kidneys, and fused bones.*)



TREATMENT FOR WOMEN

Many women who need alcohol treatment may not receive it due to lack of money or child care, fear of losing custody of their children, or other barriers. For successful recovery, women often need a continuum of care for an extended period of time, including:

Comprehensive inpatient or outpatient treatment for alcohol and other drugs

Case management

Counseling and other mental health treatment

Medical and prenatal care

Child care

Transportation

Follow-up pediatric and early intervention services for children

Services that respond to women's needs regarding reproductive health, sexuality, relationships, and victimization

Other support services, such as housing, education and job training, financial support services, parenting education, legal services, and aftercare

Research shows that residential substance abuse treatment designed specifically for pregnant women and women with children can have substantial benefits in terms of recovery, pregnancy outcomes, parenting skills, and women's ability to maintain or regain custody of their children

If you are pregnant or may become pregnant and feel you may have a problem with alcohol addiction, THERE IS HELP!

Please speak with your physician about treatment options or contact

Mercer County Behavioral Health Commission, Inc.

at (724) 662-2230 for assistance with assessment and linkage to services.



AGENCY IS PART OF SOLUTION

Opiate overdose has contributed significantly to accidental deaths among those who use, misuse or abuse illicit and prescription opioids. Seven people die every day in Pennsylvania from drug related causes. Over the past five years, heroin and opioid abuse has claimed the lives of nearly 3,000 Pennsylvania residents. According to the Pennsylvania Coroners Association, Mercer County alone lost 27 lives in 2014 as a result of drug overdose. As a human service provider and partner, the Mercer County Behavioral Health Commission is compelled, and to some degree responsible for the development of policy, programs and services that will help diminish and apprehend the terrible drug epidemic that has impacted and devastated our families and community. An effective response to such a complex problem requires a comprehensive, multi- strategy, community collaborative with 360 degrees of support. Essential components of an effective response should include:

- Community education regarding the risks of prescription and opiate drug use
- Increased community understanding of safe medication storage and the proper disposal of unused medication through the availability of “medication drop boxes”
- The availability of effective, affordable substance abuse treatment that is multi-dimensional. Effective treatment can reduce the risk of overdose and help overdose survivors achieve a healthier life
- Collaboration with the efforts of law enforcement and justice
- Prescription drug monitoring which reduces “doctor shopping”
- Ready access to naloxone

To prevent a greater expansion of drug overdose in Mercer County, the local substance abuse provider network must embrace evidence based treatment and prevention practices. Providers should be encouraged to keep their knowledge current and implement strategies that are proven effective in changing behavior and supporting recovery. A critical element within the Substance Abuse and Mental Health Services Administration’s Opioid Overdose TOOLKIT is a description of how Naloxone can be made available and utilized in a community’s response to overdose. Naloxone, otherwise known by its brand name Narcan, is a narcotic antagonist which displaces opiates from the receptor sites in the brain. Naloxone reverses the respiratory depression that usually is the cause of overdose deaths. Opioid overdose related deaths can be prevented when naloxone is administered in a timely manner.

Naloxone has no psychoactive effects and does not have any potential for abuse. Naloxone can be administered through a needle injection, by auto injection which provides verbal prompt instructions, or through intra-nasal.

Local Emergency Medical Providers have been trained in the administration of naloxone and carry it for their response to an overdose. In addition, as a result of Act 139, some local Mercer County law enforcement departments have received the naloxone training. Act 139 was signed into law in November of 2014 and allows for first responders, family members and friends the ability to obtain and administer the antidote medication, naloxone. Mr. Douglas L. Dick, EMS Chief of Superior Ambulance in Grove City is a certified Pennsylvania Department of Health Naloxone trainer. Chief Dick met with the administration and drug and alcohol assessment workers of the Behavioral Health Commission in July. Doug presented on the numbers of Mercer County individuals affected by overdose and his office’s experiences with the life-saving aptitude of naloxone.

Increasing access to naloxone in Mercer County is one part of a larger solution to the local overdose epidemic. To support this, the Mercer County Behavioral Health Commission submitted an application to the Pennsylvania Commission on Crime and Delinquency in June requesting funding to make naloxone available to targeted community partners who serve high risk overdose survivors. The agency hopes to receive favorable feedback to its application. If you would like to learn more about the life-saving benefits of naloxone or would like further information, please visit the following web sites:

The Pennsylvania Department of Health www.health.pa.gov

The Pennsylvania Department of Drug and Alcohol www.ddap.pa.gov

Prescribe to Prevent www.prescribetoprevent.org

SAMHSA Opioid Overdose Toolkit

PA State Coroner’s Association 2014 Report

Overdose Prevention and Take-Home Naloxone Projects

2015 CAMP K.I.D.S. DAY

On July 16th 2015, the campers from Mercer County Camp KIDS (Keeping Involved Directly with Students) attended the 24th Annual Camp KIDS Day at the Mercer County Courthouse. Camp KIDS Day began with the Mercer County Commissioners speaking to the campers and reading the proclamation to declare the day officially Camp KIDS Day! Camp KIDS Day had 150 campers from 6 school districts; Commodore Perry, Lakeview, West Middlesex, Jamestown, Reynolds & Sharon.



Throughout the day, each station focused on the themes the campers have been learning at camp.

At the Mercer Library, the campers learned all about the importance of teamwork & communication. They played games that involved using their teamwork and communication skills. The next station was with Elite EMS, where they talked about careers in the field. They spoke to the campers about their unique job & having positive self-esteem on the job. Campers toured the ambulance and a few were strapped to the flat stretcher & flipped upside down. After Elite EMS station, the campers headed over to Redick's Family Martial Arts station. They taught the campers about choosing a healthy alternative like Taekwondo other than using alcohol, tobacco and other drugs. The campers learned a few self-defense moves and how to develop self-esteem.

After Taekwondo, the campers headed over to the water relay games; where they learned to work as a team; show positive emotions and to "Keep It Cool". The campers worked as a team by pouring water into their teammate's cups over their head. Once that relay was completed then they used a sponge to bring all the water back to the other bucket. After the games, campers enjoyed a yummy lunch on the lawn while they danced and listened to the DJ play their favorite songs. The campers came together on the lawn with all their new friends from the other schools to close Camp KIDS Day; the MCBHC staff closed the 24th Annual Camp KIDS Day with the Camp KIDS dexterity check.

Pennsylvania's Budget Impasse

"No news is good news"—generally true; however, in the case of the Pennsylvania state budget and its relationship to social services, no news is, quite frankly, bad news.

Almost all human service agencies provide some level of service through county base funds—funds that are primarily from the state, but are passed down through the county and require a small portion of county matching funds to draw the allocation. As of July 1, 2015, those funds have stopped flowing with no word in sight as to when the budget will pass and funds will begin flowing once again.

For those agencies who provide some services billable through insurance companies and Medicaid dollars, cash flow may be "wilted" but not completely destroyed. It is possible for many of the larger agencies with more diversified funding streams to keep their services going with little to no disruption. For some agencies, however, those that rely heavily on the state and county-matched funding, service delivery may be hampered significantly.

This is not the first time Pennsylvania has faced a delay in passing its budget—but it is one of the times that the forecast for passing a budget feels grim. There has been little news regarding where the discussions stand, other than to hear that the impasse continues. We will continue to monitor the progress, or seemingly lack thereof, and have asked our providers to do the same, alerting us to issues they might have in sustaining current services. We will keep the community posted of any significant service disruptions that may occur.

The 12th annual Leslie Colucci Sparano Memorial Summerfest

was held on July 17, 2015 at the Mahaney Recreation Area. This event is held each year in honor of Leslie Sparano, a Supports Coordinator who was killed in a car accident and is sponsored by the Leslie Colucci Sparano Memorial Foundation, Mercer County Behavioral Health Commission and the US Army Corp of Engineers- Shenango Lake.

This year the event hosted more than 750 consumers, families, providers, staff and volunteers. Consumers through the MCBHC's Intellectual Disabilities program and their families' spent the day doing a variety of activities including boat and trolley rides, fishing, carnival games, bingo, crafts, face painting and challenge games. Attendees also enjoyed music and dancing, a catered picnic, balloon animals and more.



WELCOME TO OUR NEW HIRES:

*Derek Stotsky
Children's Specialist*

*Sara Peck
Blended Case Manager*

*Valerie Grandy
Peer Specialist*

*Tara Collins (Temporary)
EI Case Manager*

WELCOME BACK:

*Stacy Cilas
Blended Case Manager*



8406 SHARON-MERCER ROAD, MERCER, PA 16138



Spring Formal Dance 2015



The Spring Formal Dance was held on Saturday, May 16, 2015 at the Hickory VFW Normandy Banquet Center. A good time was had by one and all!

Please contact us at: 724-662-1550
Or visit our website at:
www.mercercountybhc.org



Derek Stotsky began working with the Mercer County Behavioral Health Commission (MCBHC) on May 7, 2015 as a Children's Specialist. He received his Bachelor's Degree of Health Administration from Phoenix University and Master's Degree in Counseling from Slippery Rock University. Prior to the MCBHC, Derek worked for Value Behavioral Health as a CASS Coordinator. He is married to wife Leeann and they have three beautiful children; Joseph, Annastasia, and Izabella. In his spare time, Derek likes reading and gardening.

Information Technology (IT) Corner



If you get "This page cannot be displayed" or have issues when accessing websites you know you should be able to access, perform the next steps to reset your browser settings. This procedure should be part of your computer's routine maintenance procedures.

Somewhere in your Internet Explorer you have open, press the Alt key and the x key together.

Select Internet options.

Select the Advanced tab at the top of the Internet Options pop up near the red X.

Click on the Restore advanced settings and then press Apply.

Click on the Reset button.

Click on the small box to delete personal settings in the pop up. Caution this deletes history, usernames and passwords. You will need to reenter them the next time you visit site where you were asked to remember the password you entered.

Click on the reset button.

Wait for green check marks and close the small pop reset window.

Close any internet explorer browsers you have open.

Start another Internet Explorer browser.

You may be prompted to select Use express settings.

Now you should be able to open your websites.

Recipe Corner



Pumpkin Pie Made Easy

1 ¼ Cups all-purpose flour

¾ Cup Quick or old fashioned oats

1/2 Cup packed brown sugar

½ cup pecans, chopped

2/3 Cup butter or margarine, melted

4 eggs

2 cans (15 oz. each) solid pack pumpkin

2 cans (14 oz. each) sweetened condensed milk

2 tsp. group cinnamon

1 tsp. ground ginger

½ tsp. ground nutmeg

1 tsp. salt

Thawed frozen whipped topping (optional)

Preheat oven to 350°. Combine flour, oats, brown sugar and chopped pecans. Melt butter and add to dry ingredients; mix well. Press mixture on bottom of large cookie sheet. Bake 15 minutes. Meanwhile, lightly beat eggs in bowl. Add pumpkin, sweetened condensed milk, spices and salt; whisk until smooth. Pour over crust. Bake 30-35 minutes or until filling is set and knife inserted in center comes out clean.

Submitted by: Star Vespaziani

BACK TO SCHOOL

TIME TO TALK: UNCOMFORTABLE, BUT IMPORTANT!

A GUIDE FOR PARENTS AND OTHER ADULTS



It's time to talk to your child or teen about their mental health when:

- You've noticed something just doesn't seem right, but aren't sure why.
- Your child/teen's behaviors seem different than others in their peer group.
- Your child/teen is starting to have difficulties at home, school or with friends.
- You've noticed some of the signs and symptoms below for more than a few weeks:



Feeling sad, empty, hopeless or worthless



Sensitivity to sound, sight, smell or touch



Feeling overly worried



Not being able to do school work



Your child hearing knocking or scratching sounds, or their name being called or seeing things that you don't hear or see.



Loss of interest in things they used to enjoy, or withdrawal from others



Changes in sleep patterns or energy levels



Irritability or restlessness



Problems with concentration, memory or thinking



Loss of appetite or overeating

You should seek assistance immediately if you become aware that your child/teen is:

- Having thoughts or making plans of killing or hurting them self or another person. If your child is showing signs of suicidal or self-injurious thoughts, seek immediate assistance. If you are not present or able to get them right away, ask them calmly to promise you that they will not act on those thoughts until you are with them or can get them help. It is a well-known phenomenon that most people will honor these "promise contracts" for a defined period of time.
- Hearing voices or seeing things that no one else can hear or see.
- Experiencing unexplainable changes in thinking, speech, or writing.
- Being overly suspicious or fearful.
- Showing a drastic and sudden decline in school performance.
- Having sudden personality changes that are bizarre or out of character.

If your child or teen is in crisis, call 1-800-273-TALK (8255), go to your local Emergency Room or call 911.

If you're still not sure whether your child or teen is showing the early warning signs of a problem, take the parent screen.



www.mhascreening.org
Anonymous • Free • Confidential