

# The Rural DIFFERENCE

BEHAVIORAL HEALTH ALLIANCE OF RURAL PENNSYLVANIA

## BHARP & Community Care Receives Recognition from SAMHSA



the addition of Wellness Nurses that act as lead consultants to assist individuals with identifying physical health challenges. These new components to traditional behavioral health services created a pathway for providers and individuals to work collaboratively on whole health recovery needs and goals.

On September 12, 2016, The Substance Abuse and Mental Health Services Administration (SAMHSA) will be formally recognizing select organizations and communities across the nation for their wellness efforts to improve health outcomes for individuals with mental health and substance abuse disorders in a webinar titled "Innovative Approaches to Wellness in Behavioral Health". Among those chosen to receive the 2016 Recognition of Excellence in Wellness award is The Behavioral Health Alliance of Rural Pennsylvania (BHARP) for the Behavioral Health Home Plus (BHHP) model that was developed and implemented within 23 counties by Community Care Behavioral Health.

Since 2010, the Behavioral Health Home Plus model has been implemented in 17 behavioral health care providers in the North Central region. Eleven of these providers also participated in a three year grant-funded research project from the Patient Centered Outcomes Research Institute (PCORI), which began in 2013. The grant was awarded to UPMC Center for High Value Health Care, and Community Care Behavioral Health along with BHARP supported the providers and individuals that participated. The focus of the grant was to study the effectiveness of the Wellness Nurse compared to self-management tools, in relation to an individual's overall recovery.

*The Behavioral Health Home Plus model was designed to improve the overall health and wellness of individuals with serious mental illness . . .*

Established by Community Care in 2010, the Behavioral Health Home Plus model was designed to improve the overall health and wellness of individuals with serious mental illness by adopting new approaches in the behavioral health delivery system. This new approach required providers to expand their focus beyond individuals' mental health needs and services. Adapted from Peggy Swarbrick's, PhD, wellness coaching model, case managers and certified peer specialists enhanced their ability to work with individuals to identify physical health needs and improve self-management of one's overall health and wellness. Additionally, providers welcomed new expertise to their service continuum with

Applications for the 2016 Recognition award were reviewed and selected by a committee of national experts. This award highlights the hard work, dedication, and collaboration of BHARP, Community Care, and providers in the North Central region. We are proud of all the efforts that support the individuals we serve in making positive changes that impact their lives every day. Please join us in congratulating all of those involved in this endeavor! ■



HUD remains committed to the goals of providing second chances to formerly incarcerated individuals and ensuring that individuals are not denied access to HUD-subsidized housing on the basis of inaccurate, incomplete, or otherwise unreliable evidence of past criminal history. In pursuit of these goals, HUD released Notice PIH 2015-19 to inform PHAs and owners of other federally-assisted housing that arrest records may not be the basis of denying admission, terminating assistance, or evicting tenants. The Notice also reminds PHAs and owners that HUD does not require their adoption of "One Strike" policies.

*The difficulties in reintegrating into the community increase the risk of homelessness for released prisoners, and homelessness, in turn, increases the risk of subsequent re-incarceration.*

# SECOND CHANCES

## for those in Subsidized Housing

In 2011, former HUD Secretary Shaun Donovan issued a letter to Public Housing Authorities (PHAs) across the country emphasizing the importance of providing "second chances" for formerly incarcerated individuals. Secretary Donovan urged PHAs to adopt admission policies that allowed a balance between allowing individuals with a criminal record to access HUD-subsidized housing and ensuring the safety of all residents of such housing. Recognizing the relationship between housing barriers for individuals with criminal records and homelessness, HUD stated that "the difficulties in reintegrating into the community increase the risk of homelessness for released prisoners, and homelessness, in turn, increases the risk of subsequent re-incarceration."

HUD encourages PHAs and owners to adopt admission and continuing occupancy policies based on best practices that have proven to guard against unwarranted denial of assistance, termination from program participation, or eviction from federally assisted housing. Best practices on screening for criminal activity include: 1) allowing applicants to address criminal backgrounds prior to admission decisions, 2) adopting lookback periods that limit what criminal conduct is considered during the screening process based on when the conduct occurred and/or the type of conduct, 3) adopting admission policies that tally the factors that will be considered when evaluating an individual's criminal record (i.e. level of violence, length of time since the conviction, number of convictions, etc.), and 4) implementing pilot programs that allow formerly incarcerated persons who have been released from prison within the past two or three years to be added to an existing voucher if they agree to accept six months to one year of supportive services.

Best practices on evicting and terminating assistance for criminal activity include adopting policies that list the circumstances that will be considered prior to a termination of the lease on the basis of criminal activity. Circumstances considered may include: 1) the seriousness of the offending actions (especially with respect to how it would affect other residents), 2) the extent of participation or culpability of the leaseholder, or other household members, in the offending action (including whether the culpable member is a minor, a person with disabilities, or a victim of domestic violence,

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*Continued on Page 3 . . .*

# SECOND CHANCES

Continued from Page 2 . . .

dating violence, sexual assault, or stalking), 3) the effects the eviction will have on other family members who were not involved in the action or failure to act, 4) the extent to which the leaseholder has shown personal responsibility and whether they have taken all reasonable steps to prevent or mitigate the offending action, 5) the length of time since the violation occurred, 6) the family's recent history, and 7) the likelihood of favorable conduct in the future.

PHAs are encouraged to review and update their Admission and Continued Occupancy Policies or Section 8 Housing Choice Voucher Administrative Plans to ensure they comply with PIH 2015-19. The Plan is a compre-

hensive guide to PHA policies, programs, operations, and strategies for meeting local housing needs and goals. PHAs are required to have their Plans available to the public, and must also allow for a period of comments and recommendations prior to submission to HUD.

In a memo released in March 2012, Secretary Shaun Donovan said that studies show that ex-offenders who do not find stable housing in the community are more likely to reengage in criminal activity than those who do. The hope is that local Housing Authorities will embrace the guidance in this Notice to open doors to housing that have otherwise been closed and give these individuals the second chance that is so needed. ■



## BHARP Trauma Institute

The BHARP Trauma Institute is well under way with its activities. Following the Trauma Institute Kick-Off in April 2016, providers went back to their sites to review all requirements of the Trauma Institute. The planning team has been very active in planning trainings and Learning Collaborative activities. The first of the trainings, Vicarious Trauma and Trauma Screening & Assessment, occurred on July 28, 2016 and July 29, 2016 in State College, PA. Over the two days, more than 300 people from all counties in the BHARP region were trained. Those in attendance included Mental Health and Drug & Alcohol clinicians, Certified Peer Specialists, Certified Recovery Specialists, Psychologists, Community Care Clinical and Care Managers, SCA's, Case Management, BHARP Administrative Unit staff, Community and School Based Behavioral Health clinicians, and representatives from Family Based Mental Health. There was overwhelming interest in this training and those who attended found it to be very useful.

Seeking Safety, a two-day training on one of the Evidenced-Based clinical models, was offered the week of August 15, 2016. This opportunity was offered at two sites,

Dubois and Lewisburg, with 240 people total in attendance. This training was open to all providers of service in the 23-county BHARP region. BHARP was very excited to host this training and to increase trauma informed competency among our region's providers.

Upcoming activities include the launch of the BHARP Trauma Institute Learning Collaborative slated for the end of August. The providers participating in the Learning Collaborative will focus on developing a Quality Improvement Team and initiating organizational change within their agencies to promote Trauma Informed Care.

Another training opportunity for the clinicians in the Trauma Institute will occur in early November. The training will be Trauma Focused-Cognitive Behavior Therapy (TF-CBT). This is the second evidence-based training model and is another two-day training opportunity that will be offered in State College to enrolled providers. BHARP and all of our partners are very invested and excited about this process. We are extremely committed to promoting and providing all areas of Trauma Informed Care! ■



# Certified Community Behavioral Health Clinic (CCBHC)

In 2014, legislation based on the Excellence in Mental Health Act was used to create criteria for a two-phase demonstration program that encouraged states to improve health outcomes for their most vulnerable populations. This would be accomplished by improving the care, quality, and access to behavioral health services, while integrating primary health care, and improving data reporting systems. A competitive bid process was created through the Protecting Access to Medicare Act (H.R. 4302) and, on October 19, 2015, the Centers for Medicare and Medicaid Services, Substance Abuse and Mental Health Services Administration (SAMHSA), and the Assistant Secretary of Planning and Evaluation (ASPE) awarded twenty-four grants to states to plan and develop Certified Community Behavioral Health Clinics (CCBHC). Pennsylvania was among the twenty-four states chosen to participate in this twelve-month planning grant.

CCBHC's are designed to improve behavioral healthcare by improving access to and participation in, a specified array of behavioral health services. Additionally, the clinics will significantly improve care coordination through comprehensive information sharing among all entities involved with an individual. The overarching goals of a CCBHC are to create easy access to services and provide crisis intervention and treatment to the most vulnerable populations through the delivery of recovery-oriented, evidence-based, person-centered services that incorporate primary healthcare and that are trauma informed.

Services required to be available through a CCBHC include: Screening and Assessment, Crisis Services, Patient-Centered Treatment Planning, Outpatient MH/DA, Primary Care Screening and Monitoring, Case Management, Psychiatric Rehabilitation, Peer Support and Family Support Services, Services for Veterans, and linkages to criminal justice, foster care, child welfare, education, etc. Some of these services must be provided by the CCBHC directly, while others can be provided by a contracted outside agency, or Designated Collaborating Organization (DCO).

There were 13 agencies across the Commonwealth selected by the Office of Mental Health Substance Abuse Services (OMHSAS) to participate in the planning grant. Two of the providers selected are from the Health Choices Northcentral contract and have been serving their communities for many years. With no guarantee of being selected, these providers have invested significant time and agency resources into applying to become CCBHC's.

Cen Clear is located in Clearfield/Jefferson counties and is one of two North Central providers participating in the grant. When asked what this project means to the organization and the individuals they serve, Mark Wendel, Director of MH/DA stated:

The CCBHC is taking us to the next level of quality, consumer driven, and trauma informed treatment and support services. This aligns with Cen Clear's mission in becoming the leading MH&DA provider! For the members we serve, it will increase the quality and coordination of care for those who are eligible for the service. We intend to break down the many silos in providing treatment and offer better support for those in recovery.

The Guidance Center, located in McKean County is the other participating North Central provider. Executive Director, Ed Mialky believes:

The CCBHC will strengthen the array of services already being delivered at The Guidance Center and encourage more participation through easy access and the development of new services. Individuals in McKean County will benefit greatly from this new approach, and our staff is looking forward to challenge.

OMHSAS and Mercer, in collaboration with the counties, Community Care, BHARP, providers, and individuals in service, conducted a Readiness Review with Cen Clear on June 28, 2016 at their Clearfield location and June 29, 2016 in Punxsutawney. The Guidance Center had their review on July 13, 2016 in Bradford. The feedback given at the reviews was mostly positive, with no insurmountable barriers that would prevent either agency from becoming a CCBHC.

Moving forward, states participating in the grant are required to submit program proposals to SAMHSA by October 23, 2016 for phase two, the Demonstration Phase. The demonstration project grants will fund the selected CCBHCs for two years, with "go live" implementation slated for July 1, 2017. Pennsylvania is seeking to become one of only eight states that will receive the demonstration portion of the grant. ■



## BHARP System of Care Project

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### System of Care Update: Tier 1 Counties Full Speed Ahead

To the credit of the "Tier 1" System of Care counties\* and the entire implementation team, the System of Care Project is solidly in the implementation phase of development. The work continues to focus on the core activities identified in the grant. These activities are to develop county child serving system leadership teams in the Tier 1 counties, to develop youth and family driven systems of care, and to support system transformation toward becoming trauma informed.

The grant design intentionally placed significant emphasis on developing systems locally around the core activities. Tier 1 county commitment and involvement in the process to date has been exemplary. Many counties have hired at least a part time system of care project director and have active county leadership teams. Some of the Tier 1 county work includes:

- A screening of "Paper Tigers," a film about a trauma informed school presented at a Tier 1 County high school,
- A Family Day where families were invited to offer feedback, share support for one another, and meet service providers, Community Care Behavioral Health and other representatives in the system,
- "Trauma 101" training for a church group of lay ministers and for staff at a local junior/senior high school, and
- Numerous mental health awareness activities during Mental Health Awareness Month in May.



Arguably the most impactful commitment locally has been to trauma informed care training. As a part of the "BHARP Trauma Institute," local county child serving systems were asked to organize a cohort of 30 individuals to participate in "Enhancing Trauma Awareness" (ETA) training, provided by Lakeside Educational Network. Currently, 191 individuals from the Tier 1 counties are receiving ETA training. These individuals represent human services agencies such as behavioral health, drug and alcohol, child welfare and juvenile justice, but also include school nurses, transportation providers, emergency response personnel and many others who support people in various aspects of their lives. Local county involvement in recruiting and supporting people to attend the training is clearly the key to the success in transforming the system into a trauma informed system of care.

We look forward to the ongoing development by the Tier 1 counties with an eye toward widespread implementation of system of care enhancements across the BHARP member counties and beyond. ■

\*The Tier 1 counties are Forest, Northumberland, Potter, Schuylkill, Snyder, Union, Warren, Wayne



## BHARP Has Moved To A New Location

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Behavioral Health Alliance of Rural Pennsylvania

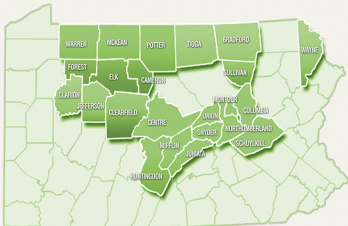
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## *The Rural* DIFFERENCE

## Behavioral Health Alliance of Rural PA

The Behavioral Health Alliance of Rural Pennsylvania, established fall 2006, is comprised of County MH/ID Administrators, Human Service Directors and Single County Authorities from 23 counties in north central PA.

The primary purpose of the BHARP is to allow the 23 counties in the north central region to participate in the implementation and monitoring of DPW's contract with Community Care Behavioral Health for the provision of Health Choices in the north central zone.



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