Quarterly Newsletter
November 2015 • Volume 3, Issue 1

The Rural DIFFERENCE

BEHAVIORAL HEALTH ALLIANCE OF RURAL PENNSYLVANIA

BHARP System of Care Project

BEHAVIORAL HEALTH ALLIANCE OF RURAL PENNSYLVANIA

In April 2015 a team of BHARP staff and BHARP member county staff, with the consultative support of the state Office of Mental Health and Substance Abuse Services and System of Care Partnership, came together to develop a Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grant (SOC) application. In July 2015 the grant host county program, Columbia/Montour/Snyder/Union county joinder, received notification that the grant was funded. SAMHSA funded the full requested amount: $1,000,000 per year for 4 years.

During the grant development process, 8 BHARP member counties affirmed their interest in participating at the highest level. These 8 counties are identified as "Tier 1" System of Care counties. They are Forest, Northumberland, Potter, Schuylkill, Snyder, Union, Warren, and Wayne. The remaining 15 BHARP counties will have opportunities to access training and other resources developed as a part of the grant as it evolves.

There are 4 core activities identified in the submission which support system transformation: creating SOC leadership teams in each of the Tier 1 counties, developing a family driven system of care, developing a youth driven system of care, and developing a trauma informed system of care.

Tier 1 counties will have access to $50,000 per year of the grant to support their local goals related to the core activities and additional county priorities which they identify. County leadership team membership will include representatives from the child serving system partners such as behavioral health, substance abuse, juvenile justice, child welfare, education, etc., and at least 25% youth and 25% family partners.

A leadership team also exists at the BHARP level to include at least 25% family partners, 25% youth partners, members of the grant development team, and others representing system stakeholders. This group focuses on the core activities with the primary responsibility of developing and monitoring the trauma informed system of care transformation process. A training vendor or vendors will support Tier 1 county system transformation in the area of trauma informed care.

Staff (or "System Partners") will develop new perspectives on sensitivity and treatment of trauma and new perspectives on engaging the people they serve, supporting them to lead the system transformation toward ways that best meet their needs . . .

The BHARP SOC Project has enormous potential, not just to bring financial resources to the most rural parts of Pennsylvania, but to change the way people participating in social services experience the system. Staff (or "System Partners") will develop new perspectives on sensitivity and treatment of trauma and new perspectives on engaging the people they serve, supporting them to lead the system transformation toward ways that best meet their needs and provide opportunities for the most effective recovery process. ■

THE COUNTY LINE: An Interview with Judy Davis

BH/IDS Administrator for Northumberland County, who is retiring in December after 36 years of service.

Completed by Jen Geiger and Chris Minnich

Chris: "How did you get your start?"

Judy: "I got my start in the system as a domestic violence intern – that is where I began my social work career. I moved to adult probation – it was the 70s and there were no jobs. You took the jobs you could get. It is where I wanted to start. I was the 1st female PO in Northumberland County. I spent time learning the criminal justice system, finding out that I really liked it. It was an opportunity to learn the social services system. I began my networking early on. I was lucky because I knew people who were working in Mental Health. The Mental Health system in the early 80s is not the system of today. There were very little community services – outpatient counseling and med clinic, drug and alcohol had outpatient and rehab. I spent 7 years in adult probation. In 1984 the chief juvenile probation officer was asked to be the MH/MR (BH/IDS) Administrator. He asked me to serve on the MH/MR advisory board. We developed services like partial. In 1985 a caseworker position came open and I moved to MH/MR. I was an intake caseworker. I got promoted to an intake and crisis supervisor and spent 2 years in that position. I then moved to the CASSP Coordinator position for 4 years and then moved to the BSU Director. After the BSU Director, I became the MH/MR Administrator. I found out I became the Administrator from my daycare provider who saw it in the local newspaper, a position I did not actually apply for. I missed direct service. It was the toughest transition from BSU Director to MH/MR Administrator. I really did love hands on work."

Jen: "Do you have 1 case that has never left your mind?"

Judy: "There are a few that I think we could have done a better job with. I have seen generations of families in the system. The people who we have had the most impact on are the people in the mental health system and the criminal justice system.

Outpatient counseling was not the answer to serving people with serious mental illness. We developed partials and they were helpful but they alone were not the answer. We developed drop-in centers, consumer run organizations, and for people with developmental disabilities, we supported self-advocacy and creative residential options. The closure of Lauralton Center helped me learn a lot. It was a scary time but it was one of the most successful times and rewarding times in the system. The CHIPP initiatives were another opportunity for us. People were given choices like where they wanted to live and what they wanted to eat that they had not had for many years."

Jen: "What about the children's system?"

Judy: "Early on we were the recipients of a L.I.F.E. (Living in Family Environments) grant. We started to incorporate and develop cross systems services. We developed a mental health ICM program provided by juvenile probation and children and youth. This program worked till the mid-90s when the juvenile justice and child welfare programs could not sustain the programs due their own mandates along with the mental health licensing requirements. The development of CASSP was the most exciting time. CASSP for me was the way we were able to keep kids out of the residential system. It continues to enhance our system. In the late 1980s we were able to bring many kids out of residential through the

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Improving Retention Engagement & Continuity of Care

"You had me at hello" – Yes, it is possible to inspire someone in the first meeting, even if that meeting is on the phone. Businesses and behavioral health agencies have been developing effective engagement strategies for decades that target specific interactions, such as phone calls, face-to-face meetings, or through e-technology. Simple modifications to how staff answer phones, ask engaging questions, or coach people to recall appointments can increase the customer's sense of hope, memory and interest in the business, including behavioral health services. Agencies often times have the clinical skills to implement these simple modifications to improve staff-client interactions, but may need help uncovering existing processes that can undermine innovation.

The Behavioral Health Alliance of Rural Pennsylvania (BHARP) Recovery Workgroup with support from Community Care Behavioral Health has taken the lead to develop a training program that helps providers integrate effective strategies without disrupting daily operations or exhausting limited resources. BHARP has launched a new training program to bring these effective engagement strategies to treatment providers. Dr. Julianne Hayes of the BHARP Recovery Workgroup has teamed up with Dr. David Loveland of Community Care to provide a combination of on and off-site trainings as well as webinars tailored to the specific needs of agencies.

Training options include enhancing engagement, retention, or the continuum of care for individuals receiving services. Four webinars have been produced that outline the array of effective strategies to engage or retain clients over time. The protocol of the tailored trainings involve a series of brief discussions with providers around an identified theme, such as increasing show rates in treatment after a completed assessment. Agencies are coached through a quality improvement process known as plan-do-study-act (PDSA). PDSA cycles are brief, usually around four weeks, and focus on one small activity. Agencies, like clients, can be inspired through a focus on their skills, values and strengths; thus the training protocol is designed to model the effective strategies of activation.

There are currently 7 unique mental health or drug and alcohol programs choosing to participate in this coaching opportunity. Programs range from outpatient, peer services, case management, recovery centers, intake call centers and family based services. As outcomes for the initiative become available, the BHARP Recovery Workgroup plans to create successive webinars to share in the learnings and offer additional coaching opportunities as the need presents.

We welcome and encourage your input as we design for the future. To access the current webinars and resources, please visit www.bharp.org and look for the link under the RESOURCES tab or Contact Dr. Julianne Hayes at **jhayes@bharp.org**. ■

Pennsylvania Housing Affordability & Rehabilitation Enhancement Fund

Safe, affordable housing has long been identified by individuals with serious mental illness, substance abuse disorders, or co-occurring mental health and substance abuse disorders as a critical component to their recovery. Yet access to safe, decent, and affordable supportive housing options can be a significant challenge across the Commonwealth, and particularly in rural areas. The Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) has provided much needed housing assistance.

PHARE was established by Act 105 of 2010 (the "PHARE Act") to provide the mechanism by which certain allocated state or federal funds, as well as funds from other outside sources, would be used to assist with the creation, rehabilitation, and support of affordable housing throughout the Commonwealth.

The PHARE Act does not allocate any funding but rather outlines specific requirements that include preferences, considerations, match funding options, and obligations to utilize a percentage of the funds to assist households below 50% of the median income. The PHARE Act provides a fairly broad canvas regarding the types of programs and the specific uses of any funding to allow flexibility in working with other state and federal acts and programs.

The Marcellus Shale impact fee legislation, Act 13 of 2012, (the "Impact Fee Act") specifically allocates certain amounts from the impact fee into the PHARE Fund to address needs surrounding increased availability of affordable housing and rental assistance for low and moderate income persons and families, persons with disabilities, and elderly persons in counties where unconventional gas wells have been drilled. Since its inception in 2012, approximately $34 million in PHARE funds are assisting over 4,000 families through home rehab and repair, rental assistance, development, and expanded homeownership. Of the nearly $34 million awarded, BHARP counties have been awarded approximately $9.3 million. BHARP awarded funds have been utilized for a variety of housing initiatives, including rental and utility assistance, security deposits, heating assistance, rehabilitation and emergency repairs, and support for approved Low Income Housing Tax Credit Properties.

These housing initiatives have provided much needed assistance to individuals and families throughout BHARP's fifteen PHARE eligible counties, as well as the other twenty-two eligible non-BHARP counties. Several BHARP counties have received multiple funding awards, some specific to assisting our priority populations, while others also assist non-priority populations.

. . . state or federal funds, as well as funds from other outside sources, would be used to assist with the creation, rehabilitation, and support . . .

Rural areas often experience some of the same challenges as cities and suburbs: blight, foreclosure, homelessness, and a lack of available affordable housing. However, the lower density of our rural areas often leaves them with even fewer resources to address these critical issues. Governor Tom Wolf has recently signed into law an expansion of the PHARE Act, the State's Housing Trust Fund. Act 58 of 2015 will expand the Housing Trust Fund to all sixty-seven counties, with revenue drawn from future growth in the existing Realty Transfer Tax. Historically, PHARE has been funded by a portion of Marcellus Shale drilling impact fees and was limited to use by the thirty-seven Pennsylvania counties that host drilling wells. The expansion of the PHARE Act could mean additional competiveness for available funding.

As previously stated, rural areas often experience the same challenges as cities and suburbs; however, there may be additional challenges including poor quality housing, fewer accessible units, limited transportation, and lack of safe, affordable housing in general. In order to overcome these challenges BHARP counties are encouraged to seek support for future applications, highlighting rural housing challenges, to provide crucial assistance for those in need.

An Interview with Judy Davis

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ICM program and Family-Based Mental Health Services and specialized foster care. Advocacy programs developed locally like Parent to Parent Connections, Inc. that now function as a mentoring program, an advocacy program, and as the C/FST provider. We believed in supporting family run and consumer run organizations. Our relationship with families and consumers has been one of the things I value the most. It keeps us moving, it keeps us committed, and it helps us not lose sight of who we serve."

Chris: "What is on your wish list for the system?"

Judy: "The system has grown in leaps and bounds. The one thing, if I had my wish – that wish would be that there would be true collaboration in the social services systems from the bottom up and the top down. The systems would really recognize the positives in each of the systems. We have to find a way to have one cohesive plan for people - that we have 1 plan for people in the behavioral health system, the justice system, child welfare, etc. The behavioral health system needs to figure it out first. Why do people need to have 5 different plans? The systems need to come together in some fashion."

Chris: "What is your favorite quote?"

Judy: "The miracle is not that we do this work but that we are happy to do it." – Mother Theresa ■

Visit Us Online at:

www.bharp.org

QP+

Seeking Expansion

The QP+ is an initiative that was started by all of the Drug and Alcohol Single County Authorities in the 23 counties. This initiative began January 2015 for a group of providers who wanted to look more closely at what changes and improvements could be made within their organizations. The goal is to improve the services and programs already being offered by providers through quality and performance related activities.

Providers who remain engaged in the process of change and who have obtained positive outcomes are recognized as being "Distinguished Providers" within the BHARP counties. These providers exceed some of the standards that have been identified by BHARP. Distinguished Providers are supported as BHARP's preferred choice in treatment and services. This support occurs through individual counties and with all the BHARP counties collectively.

Providers participating in QP+ focus primarily on four areas for drug and alcohol services. These areas include: 7 & 30 Day Follow-Up Rates, Against Medical Advice (AMA) and Administrative Discharges, Coordination between Provider and County, and Utilization of Peer Services.

Basically, providers monitor these areas for improvement through analyzing ways they can implement strategies that will create better outcomes for the services that are provided. The QP+ providers then report their data quarterly to BHARP.

Qualified providers for the QP+ initiative include ones that have a higher utilization within the North Central HealthChoices contract. The levels of care that are involved at this time in the initiative are drug and alcohol short term non-hospital rehab and long term non-hospital rehab.

The long-term benefit of being a QP+ provider is the noticeable improvements in outcomes that take place within organizations. Undoubtedly, these providers offer better services to the individuals they are serving and stand apart from other providers through their efforts in the improvements that are made. Additionally, providers who achieve the status of a Distinguished Provider receive other recognition that is outlined in QP+ provider agreement.

The BHARP QP+ is expanding and seeking other providers for consideration in the initiative. If your agency/facility is interested in more information or being part of the QP+ initiative, please contact Curt Proctor at the Administrative Unit at: (814) 380-1991, or by email: **cproctor@bharp.org**. ■

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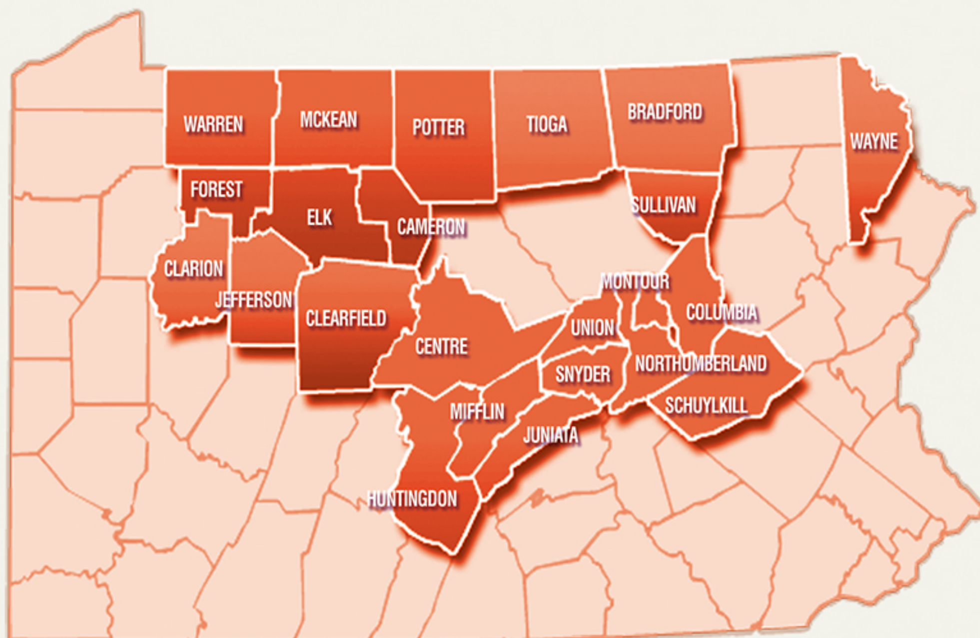
The Rural DIFFERENCE

Behavioral Health Alliance of Rural PA

The Behavioral Health Alliance of Rural Pennsylvania, established fall 2006, is comprised of County MH/MR 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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