

# The Rural

## DIFFERENCE

BEHAVIORAL HEALTH ALLIANCE OF RURAL PENNSYLVANIA

## BHARP Relocates to Historic Match Factory

The Behavioral Health Alliance of Rural PA has found a new place to call home. In Early February our office was moved across town to the newly renovated Match Factory building at 192 Match Factory Place, Bellefonte PA.

The Match factory was founded in 1899 and functioned until 1947 as one of the largest manufacturers of book and stick matches in the United States. Following the closure of the Match Factory the building housed a local home improvement and hardware store which closed its doors in 1995. After that the factory set empty until the American Philatelic Society purchased the property in 2002 with plans to house their headquarters as well as a stamp reference library. Since then they have been renovating the buildings bit by bit and house 9 tenants including BHARP.

The benefits of the new site include not only the great architectural character of the building, but also plenty of parking, a larger conference room and dedicated offices for the administrative staff. Additionally, there



is onsite meeting space that could be used for trainings and other gatherings facilitated by BHARP. Since moving in we have had lots of visitors and all are impressed with the new space.

To officially celebrate the new office there are plans for an open house in early April. We hope to have providers and other stakeholders come to tour the new site and meet our administrative staff and the BHARP Board Members.

## CRS Learning Collaborative Begins Soon

Certified Recovery Specialists (CRS) and providers for the service will have their own learning collaborative that will begin soon. CRS is a new level of care for the 23 counties and is a service where recovering individuals work on a peer-to-peer basis. These individuals are a vital support for assisting others on their journey of recovery in many areas.

Activities related to development of CRS began in March 2011 when individuals were offered an opportunity to attend a two week training series in State College, PA. The training was made possible through HealthChoices funding for the North Central contract. That same two week series is being offered again in May 2012.

Other development activities included BHARP working together with Community Care on a supplemental service description for CRS services. Once the supplemental service description is approved by OMHSAS, providers of CRS would be able to bill the HealthChoices program for their services.

BHARP chose to establish the learning collaborative because it is an environment that promotes professional development, dialoging, information sharing, collaboration, and networking. Having access to supports and resources during the developmental stage of the service will be very valuable for both providers and CRS individuals.

The CRS Learning Collaborative format will include regional learning sessions that offer trainings in areas identified by providers and individuals that may improve or enhance the development of the service. The regional learning sessions will be followed up by monthly video/teleconferences that provide more in-depth information and technical assistance on the topic covered in the regional learning session. Some on-site technical assistance may be available to providers as well. All of the events and activities within the CRS Learning Collaborative are casual and we always welcome interaction and feedback. In addition, there is no charge to join the CRS Learning Collaborative or to attend a scheduled event.

Finally, BHARP has been successful with the other learning collaboratives in the North Central region. Currently, there is a Co-Occurring Disorders Learning Collaborative and a Certified Peer Specialist Learning Collaborative that provide the same structure and support to providers and individuals. There has been solid participation and members of the learning collaboratives report they have been extremely beneficial. For more information on the CRS Learning Collaborative, please visit our website at: [www.bharp.org](http://www.bharp.org), or contact the Behavioral Health Administrative Unit at: (814) 355-3408.



## **The County Line:** **Clearfield Jefferson Drug and Alcohol Commission**

In rural mid-western Pennsylvania, the Clearfield Jefferson Drug and Alcohol Commission (CJDAC) is moving forward and making it a priority to promote and support recovery and wellness. CJDAC is a jointer of counties that has been faced with significant substance abuse, including heroin abuse and resulting sequela that has led CJDAC to initiate new programs to battle the issues at large. CJDAC is currently involved in two unique programs, a Hepatitis C Screening Initiative, and a county based case coordination service specific for individuals in a medication assisted treatment program with the use of buprenorphine.

### **Hepatitis C Screening Initiative**

The Hepatitis C Screening Initiative commenced with combined efforts of the Clearfield Jefferson Heroin Task Force, Du Bois Regional Medical Center (DRMC) and the CJDAC in 2007. A grant from Roche Pharmaceuticals allowed for the initial purchase of Hepatitis C Home Access Screening tests. It quickly became evident that additional funds were needed to do follow up PCR testing and associated case management services. DRMC became an integral team member providing laboratory testing and funding, as well as access to two physicians in the Infection Control Department that have become the primary source of treatment. They continue to support the program with yearly contributions for the PCR testing and physician access.

While the project continued, CJDAC applied for a grant with the Bureau of Drug and Alcohol Programs through the Department of Health. They were chosen as one of five for a pilot program that funds screening tests and case management services. This service is offered by CJDAC for any substance user in the Clearfield or Jefferson counties as well as any resident with at least one risk factor. Twenty-four percent of all screening tests return positive needing further follow up services. Ninety-one percent of the positive screening tests are identified as substance abusers.

With the statistical data collected, it is evident the need continues and the current model of engagement is working. The program continues to show positive screening rates comparable to Philadelphia and Pittsburg but greater rates of engagement and treatment compliance. To date, Clearfield and Jefferson counties have shown a 67% rate of engagement with an infection control specialist. In addition, the Commission was also able to secure a Rural Health Outreach (RHO) Grant in 2009 through HRSA with the goal of providing mobile vaccine sites across Clearfield and Jefferson Counties for Hepatitis A and B that are an addition to the mobile screening sites already created by state funding.

The goal remains to educate, screen and promote recovery through access and treatment for hepatitis C. CJDAC works closely with the Heroin Task Force and DRMC to continue the grant work, as well as identify local agencies and foundations that support the initiative. Without the help of the community and agencies such as Cen-Clear Child Services, Clearfield Jefferson Community Mental Health, The Discovery House, the Red Cross, Glendale Medical Center, Penn State Du Bois, and Pyramid Health Care, the program would not be the success it is today.

### **Buprenorphine Case Coordination:**

In a similar effort to promote recovery and reduce negative long term outcomes and ramifications of substance abuse, CJDAC has initiated a new program to work closely with providers who utilize buprenorphine as a medication assisted treatment for opioid dependence. Through the Behavioral Health Alliance of Rural Pennsylvania, a Case Coordination Reinvestment plan emerged. CJDAC has decided to utilize the available funds for a buprenorphine case coordinator to coordinate services specifically for those in buprenorphine treatment.

After development and networking with the community and service providers, a model incorporating a case coordinator was established and started in the fall of 2011. This model offers pharmacologic and recovery planning by utilizing 4 physicians in the 2 county regions, multiple counseling service providers, and identified pharmacy teams for each area. The central piece to this model is the case coordinator who is physically located at the CJDAC but works with all the team members and directly with the clients. The coordinator provides specialized, focused coordination needs for those in medication assisted treatment programs with buprenorphine. This allows for continuity of care, personalized program management and increased client involvement, which should lead to better outcomes and promote recovery.

As the program grows and needs change, CJDAC hopes to continue to develop networking, demonstrate the value of such services, and facilitate other agencies to replicate the model. CJDAC wants each and every client to have the ability to experience success and stay in recovery on a long term basis. The program is dedicated to high quality service and care, and utilization of services and referrals to ease the transitions of change as life and recovery demand.

# Distinguished Member Departs with Honor

When you start a career in the human services delivery system in Pennsylvania you quickly come to learn the landscape is forever changing. Over the past seventeen years there has been one constant that many of us have not only come to know but actually depend on. No matter which venue she participated in; mental health, intellectual disabilities or early intervention, Cindy Zembryki was often the voice of reason, but more importantly the voice of the people she dedicated her life to.

When Cindy Zembryki stepped down as the Administrator for Cameron/Elk MH/MR/EI in December 2011, to begin her retirement, she did so with a prestigious distinction. Ms. Zembryki was the 2011 recipient of the "COMCARE Administrator of the Year Award". The award is given each year to one Administrator in the State of Pennsylvania, who has been identified by their colleagues, for their outstanding service and dedication to the field.

Cindy has been the Cameron/Elk MH/MR/EI Administrator for the past 17 years. She spent the previous eight years serving as the MR Director for the same Joinder. She was an active member of the BHARP since its inception, served on the Executive Committee and also participated on numerous workgroups and committees.

Cindy had an abundance of passions, but the one that was probably the most ubiquitous was the development and implementation of recovery oriented services in our rural counties. This was demonstrated on several occasions, but most notably through her work on the development of the BHARP Recovery and the "Recovery in the Sticks" conferences. These are just two of the many examples that Cindy promoted in a tireless manner; as only Cindy could. She could be relentless in her pursuits, but was always respectful of the opinions that were brought to the table that differed from her own.

Other accolades included the spearheading of a forensic housing program in the nine counties in the Northwest portion of the North Central HealthChoices contract. She also led the development of a Physical Health/Behavioral Health Initiative for those same counties.

Any attempt to write a summation of all of Cindy Zembryki's accomplishments, would never begin to do justice to her illustrious career. And while Cindy was likely appreciative for the Administrator of the Year Award distinction, the true winners were the magnitudes of Mental Health, Intellectual Disability and Early Intervention recipients and their families, who Cindy has advocated for over the years. Thank you Cindy! You will be missed by all...

## BHARP Establishes Housing Contingency Fund

The Behavioral Health Alliance of Rural Pennsylvania (BHARP) has established a Housing Contingency Fund through the HealthChoices program. The funds are used to serve MA-eligible individuals across BHARP's 23 county region and are administered by the Behavioral Health Administrative Unit (BHAU).

Contingency funds may be used to cover necessary expenses related to helping priority individuals secure housing and maintain tenancy, including security deposits, utility deposits, cleaning and maintenance repairs necessary to pass housing inspections, and emergency rent. Single and aggregate uses of the Housing Contingency Fund shall be capped at \$1,000.00 per priority tenant. In addition, the following expenses will be decided on a case-by-case basis and will be subject to a \$250.00 funding cap: tenant damages in excess of "normal wear and tear" made to the apartment and essential furnishings and other essential household goods (cookware, linens, etc.).

Requests for the use of the Housing Contingency Fund must be made in writing and submitted by County MH/MR/SCA office or Designee. Requests should be based on the individual's prioritized needs related to establishing tenancy, health and safety, and meeting basic needs. Based on these criteria, County staff will work with the individual to prioritize needs and expenses. A budget will be completed to assure the applicant will be able to sustain expenses (i.e. rent and utilities) after the Housing Contingency Fund has been awarded. If

# BHARP RECOVERY Survey



**SURVEY DIRECT LINK:**

<http://www.surveymonkey.com/s/BHARP-Recovery-Survey-2012>

Or find the electronic link at [www.bharp.org](http://www.bharp.org)

Please take about 5 minutes to complete this survey. This survey was first used in the spring 2009 to establish a baseline of the recovery environments in our coverage area. This survey will be used to ascertain if we have made any progress in the recovery orientation within our county and provider systems. We are not asking for agency or individual names on the survey.

If you prefer to take the survey using a hard copy you can find a copy at the [www.bharp.org](http://www.bharp.org) website or call the office at 814-355-3408. Please fax paper surveys to 814-355-3520.

YOU MAY DISTRIBUTE THIS SURVEY INFORMATION TO AS MANY COUNTY OR PROVIDER STAFF PERSONS AS POSSIBLE  
~ Thank you!

**Visit Us Online at: [www.bharp.org](http://www.bharp.org)**



**BHARP**

Behavioral Health Alliance of Rural Pennsylvania

192 Match Factory Place  
Bellefonte, PA 16823

# 2012 BHARP Wellness Campaign

BHARP is promoting a wellness campaign that will serve to assist the service system to create and sustain linkages between an individual's behavioral healthcare and physical healthcare. The wellness campaign also supports individuals to attain and maintain recovery and wellness. The three main objectives are to create awareness, to provide information and education, and to build and distribute resources.

The BHARP Recovery Workgroup adapted a SAMHSA wellness campaign poster to distribute as a wellness flyer to all stakeholders including the public. The flyer encourages individuals to follow a healthy lifestyle, to see a primary care doctor at least twice per year, to talk to their doctors about smoking/use of alcohol, and to ask questions about their medical care and conditions. The flyer also lists the eight dimensions of wellness as emotional, financial, social, spiritual, occupational, physical, intellectual, and environmental.

*BHARP is encouraging and supporting the wellness campaign to be seated in communities and to take on a local flavor.*

One of our first efforts is to inform primary care doctors of the importance of communicating with individuals about behavioral health issues. We are sending a letter outlining the BHARP wellness campaign to three hundred primary care practices in the north central contract region. The letter contains a SAMHSA brochure entitled "Talking with Your Adult Patients about Alcohol, Drug, and/or Mental Health Problems: A Discussion Guide for Primary Health Care Providers." The brochure provides an insert with sample questions for the doctor/nurse to use with patients.

Another effort will focus on developing and distributing a resource manual for primary care practices and behavioral

health programs around physical and behavioral health care communication, collaboration, and coordination. The manual will be available in hard copy, on disc, and on-line. It will cover such topics as enhancing collaboration across systems, how physical health impacts mental health, how mental health impacts physical health, and how alcohol/drug use impacts both mental health and physical health. The primary message being that communication between individuals, behavioral health professionals, and primary care providers is essential to overall wellness.

BHARP is encouraging and supporting the wellness campaign to be seated in communities and to take on a local flavor. Community events will be hosted around whole health and wellness. These events will be open to the public and all stakeholder groups will be invited. The BHARP Recovery Initiative is especially interested in engaging the SHIP (State Health Improvement Plan) groups that operate in each BHARP county. The PA SHIP raises a broad awareness of public health issues and stimulates increased involvement of all sectors in the community – health care providers, businesses, community-based organizations, educational institutions, faith-based organizations, all levels of government and families. It is a step toward a common agenda for health. More information on SHIP is available at the Department of Health website.

Finally, the BHARP Recovery Initiative's wellness campaign will sponsor a media campaign on health and wellness. Again the target group is the community along with the system stakeholders. The media campaign will emphasize the same messages as the overall wellness campaign including the eight dimensions of wellness, the top three ways to promote wellness (follow a healthy lifestyle, work with a primary care doctor, and ask questions), and the critical importance of communication, collaboration, and coordination of care.

In addition, there will be opportunities for technical assistance to be provided to local campaigns, groups, and/or events. The technical assistance can be requested through the Behavioral Health Administrative Unit (BHAU).

# Local Recovery-Oriented Projects

Rural life revolves around local communities, connections developed, and relationships built. We recognize the importance of nurturing personal and community connections, of partnering and working together across systems and services, and of taking advantage of natural and community supports. Rural environments often present a unique form of stigma and the culture can impact services delivered and personal recovery efforts. Rural culture offers an opportunity to engage local individuals and groups in becoming part of the recovery process in individual lives and in the community at large.

The BHARP Recovery Workgroup hosted a recovery conference in September 2011 where the theme was making community connections. That conference focused on nurturing relationships with our faith/spiritual community partners and our physical health care partners. The afternoon sessions were group discussions on the challenges and potential strategies around building local connections with these community groups. The participants were later afforded the possibility of obtaining seed money to initiate a local project that had the primary purpose of reaching out to the community, forming partnerships, and forging lasting relationships. We believe that strengthening relationships will lead to improved outcomes for persons with mental health and substance abuse disorders and will also serve to promote acceptance and inclusion.

The seed money was distributed utilizing a mini-grant application and selection process. Proposals listed the project goal, objectives, action items, time frames and expected outcomes. Eleven proposals were received and seven were selected for funding. A brief summary of the projects follows:

Beacon Light in Forest/Warren counties will be building relationships with the local ministerium through having a luncheon, distributing brochures, and printing a clergy resource list for persons in services.

Clear Concepts Counseling and Families of Addiction in Huntingdon, Mifflin, and Juniata counties are using the mini-grant award to create a curriculum to share with the faith-based community, to develop a mentoring relationship with pastors and individuals/families, and to establish on-going relationships that will ensure the future of the initiative.

The project team from Columbia/Montour/Snyder/Union counties will be training individuals in recovery using a NAMI curriculum to make presentations to local faith-based groups. They will also distribute a brochure titled "Reaching Out to someone with a Mental Illness".

The Clarion County Drug and Alcohol program will present information on recovery-oriented systems of care to their community churches and physical health care providers. The presentations will be given during a luncheon.

In Northumberland County the project team will have meetings with the ministerium to gather information on identified needs regarding mental health. They will then develop a resource booklet of mental health services/information to distribute to local spiritual leaders.

The project team from Schuylkill County will hold an information sharing session with the faith community to present information on local program/services available for addressing needs for Behavioral Health, Substance Abuse, and Intellectual Disabilities. The team will create an informational forum or primary point of contact for clergy for use in covering any future needs that arise.

Bradford/Sullivan counties will have a local project initiated by the Main Link Consumer Support Center. The team will link spiritual communities to available resources, educate the spiritual groups on the local recovery movement, and introduce the spiritual aspect of recovery into the local movement.

All the projects will be expected to make quarterly reports on their implementation and progress in meeting their objectives. Three of the teams presented on their efforts to date on a webinar at the end of February 2012. Following the June 30, 2012 quarterly reporting period the BHARP Recovery workgroup will review the outcomes of the projects and will initiate a second round of local project mini-grants. The requests for proposals may be open or they may be based on one or two of the operational projects that have achieved significant results.

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## BHARP Establishes Housing Contingency Fund

County staff determines the individual to be eligible for funds, the request is submitted to the BHAU's Housing Coordinator who will assure funding availability, and authorize the release of funds. The BHAU submits payments for purchased services directly to the landlord, utility company, county, or vendor. Housing Contingency Funds may not be disbursed directly to the tenant.

To date, a total of 144 requests for Contingency Funds have been submitted to the BHAU Housing Coordinator. These funds have assisted individuals and family throughout several of the BHARP counties. One individual requested the use of

funds after she and her son were facing eviction. This individual had broken her leg in November, and then was unable to collect unemployment. This had led her to falling behind in rent, leaving her with an eviction notice from her landlord. The Housing Contingency Fund was able to assist with the back rent owed, and subsequently she and her son were able to stay in their home. When asked how the Contingency Funds had helped her family, she had stated that "It was wonderful. It was a blessing."

In today's times, it can be difficult for individuals and families to find housing, and often more difficult to keep housing. The BHARP Housing Contingency Funds have been instrumental in alleviating this stress in many lives.