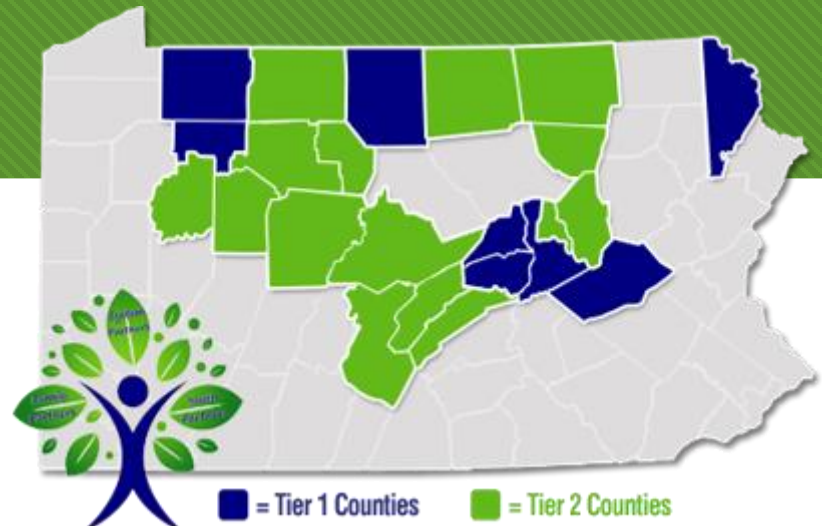


BHARP System of Care in Pennsylvania:

A 15,000 Square Mile View

July 23, 2019



Agenda

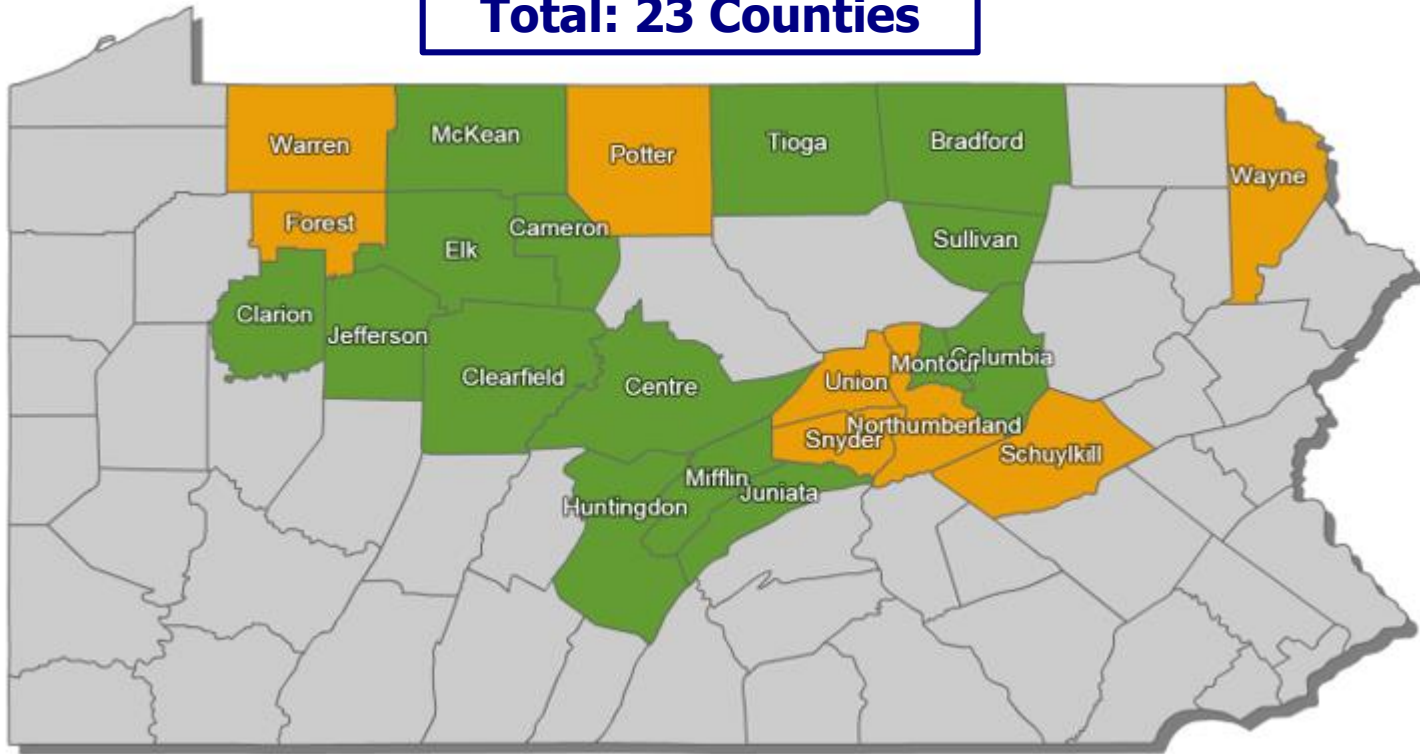
- 1. The BHARP System of Care Project:** Youth-Driven, Family-Driven, and Trauma-Informed System Transformation
 - Background & Implementation
 - Youth & Family Engagement
 - A Trauma System Transformation
 - Sustainability
- 2. Lessons Learned:** A 15,000 Square Mile View

What is BHARP?

- The **Behavioral Health Alliance of Rural Pennsylvania** (BHARP) System of Care (SOC) Project
- **July 2015** – Awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) System of Care Grant
- **Core Activities** to be Developed:
 1. Youth-Driven SOC
 2. Family-Driven SOC
 3. Trauma-Informed SOC
 4. SOC Leadership Teams in each Tier 1 County and at the BHARP level

The Counties

Total: 23 Counties



Tier 1 Counties participate at the highest level and **Tier 2 Counties** have the opportunity to access training and resources developed as part of the grant.

Implementation

- Leadership teams will include at least **25% Family Partners and 25% Youth Partners as well as System Stakeholders**, such as Behavioral Health, Substance Abuse, Juvenile Justice, Child Welfare, and Education.
- **Tier 1 Counties** will develop strategies that support the core activities as well as their own needs.
- The **BHARP Leadership Team** will also support the core activities with a focus on developing a trauma-informed SOC.
- An **Operations Team** made up of BHARP staff, member counties, Community Care staff, and SAMHSA staff will provide guidance and oversight to the grant.

Our Mission

Family-Driven

Comprehensive Strength-based

Youth-Driven

Accepting

Fidelity Sustainable Philosophy Umbrella

Inter-connected Change Person-centered

Collaborative

Seamless Partnership

Non-threatening Coordinated

Data Collection

- SAMHSA Grant Requirement
- Partnership with the **Youth and Family Training Institute (YFTI)** at the University of Pittsburgh
- **Target Population:** Youth and Young Adults ages 0-21 involved in the system
- The Counties conduct the required interviews independently.
 - System Level Data
 - Individual Youth and Family Level Data (NOMs)
 - National Evaluation
- The data collected is then processed and transformed into **real-time data dashboards** by YFTI.

Real-Time Data Dashboards



BHARP's Main Dashboard Menu

Each of the seven submenus is clickable and contain several dashboards within a specific category such as **Enrollment**, **Mental Health**, and **Outcomes**.

Enrollment



How are youth entering BHARP?

Total # of Enrollments: 296

Grant Year: Year 1, Year 2 ▼

County: Forest, Northumberland ▼

Agency: Forest-Forest County, Inc. ▼

Gender: Male, Female, Transgender Male ▼

Ethnicity: Non-Hispanic, Hispanic ▼

Age Group: Birth to 3 years, 4 to 5 ▼

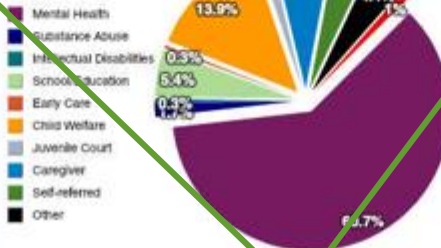
Race: African American or Black, White ▼

Income: < \$2,500, \$2,500 - \$4,999 ▼

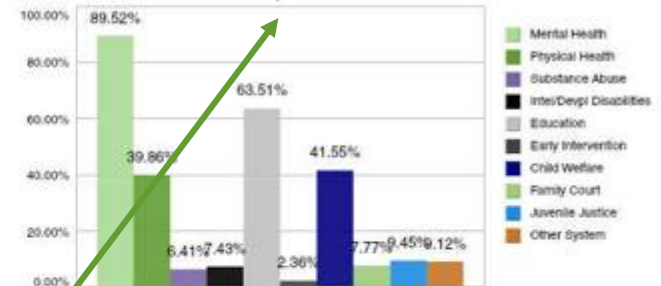
Sexual Orientation: Heterosexual, Gay ▼



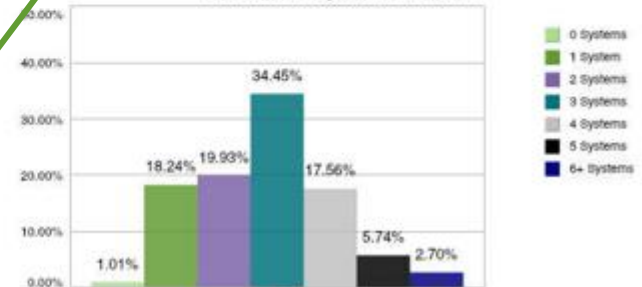
Enrollment by Referral Source



Systems Involved



Number of Systems Involved



This Enrollment Dashboard provides a snapshot of **system involvement** and **referral source**. The map and parameters on the left-hand side allow users to filter by their individual county as well as additional **demographic** information such as Gender and Age Group.



A Rural Population

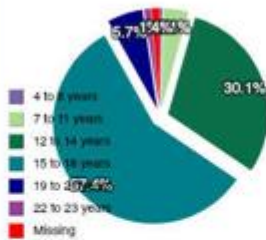


Total # of Enrollments: 236

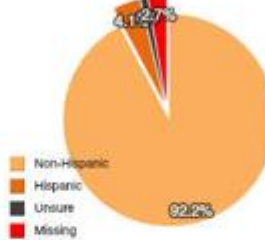
Grant Year: Year 1, Year 2
 County: Forest, Northumbria
 Agency: Forest-Forest County, Inc.
 Gender: Male, Female, Transgender Male
 Ethnicity: Non-Hispanic, Hispanic
 Age Group: Birth to 3 years, 4 to 6 years
 Race: African American or Black, White
 Income: < \$2,500, \$2,500 - \$4,999
 Sexual Orientation: Heterosexual, Gay

Demographic Characteristics

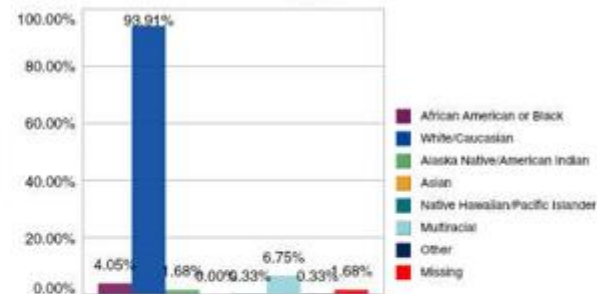
Age Group



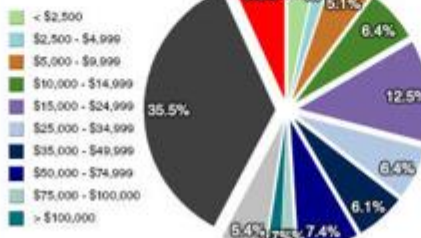
Ethnicity



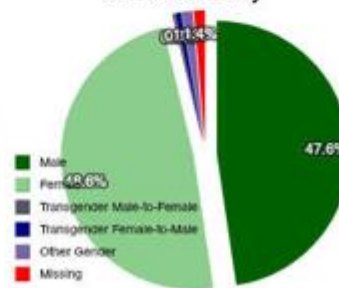
Race



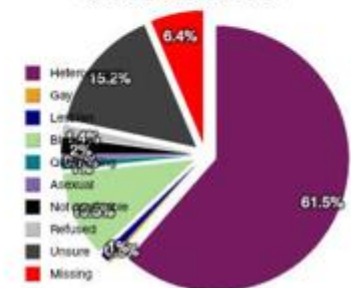
Income



Gender Identity

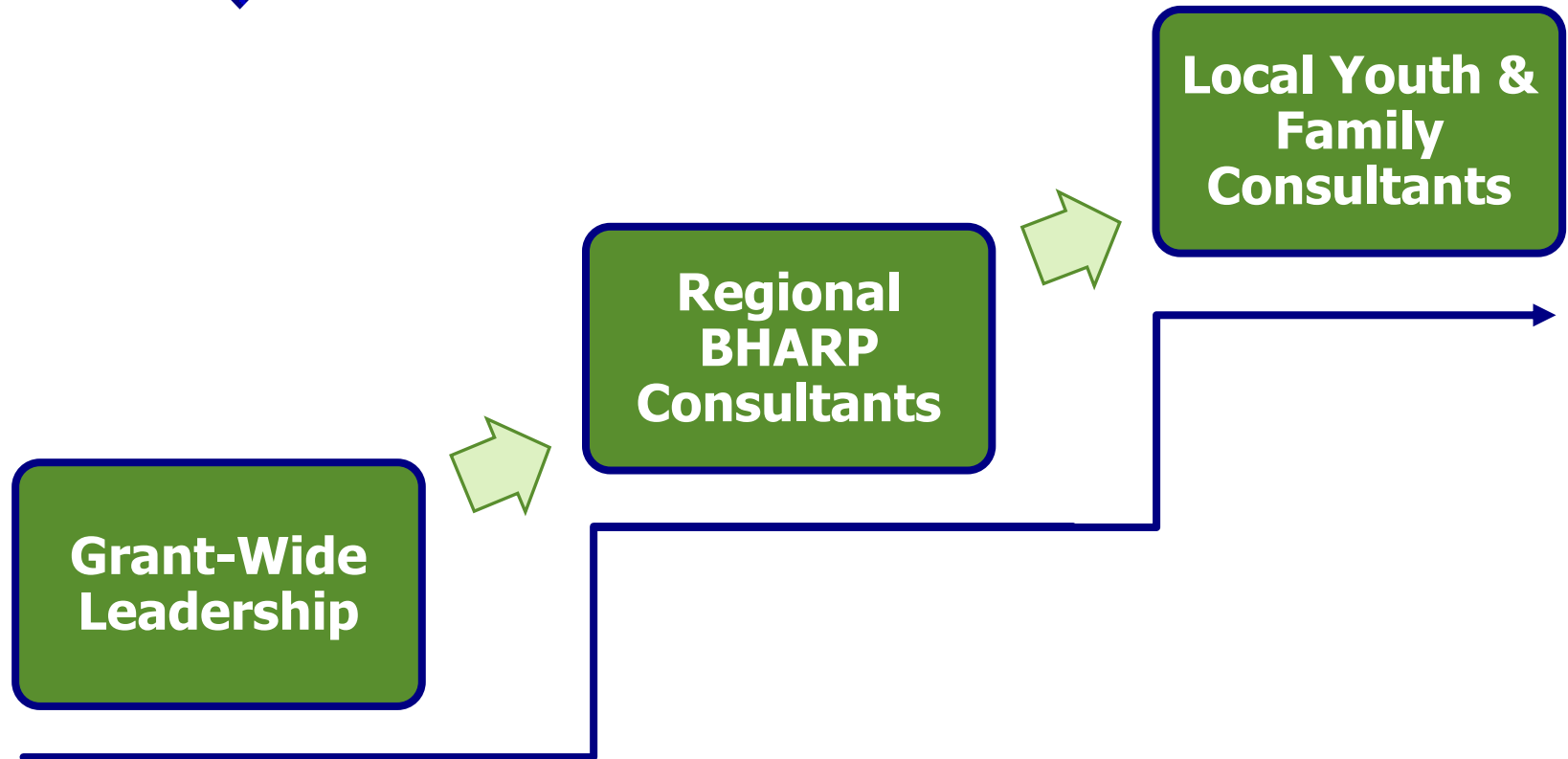


Sexual Orientation



The **demographic parameters** are built into every dashboard. This dashboard however, in addition to the parameters, specifically provides summary information for **Age, Ethnicity, Race, Income, Gender Identity, and Sexual Orientation.**

A Youth & Family Driven SOC



BHARP prides itself on a **decentralized** implementation approach – focusing on empowering **county-level** ownership and sustainability as opposed to centralizing control.

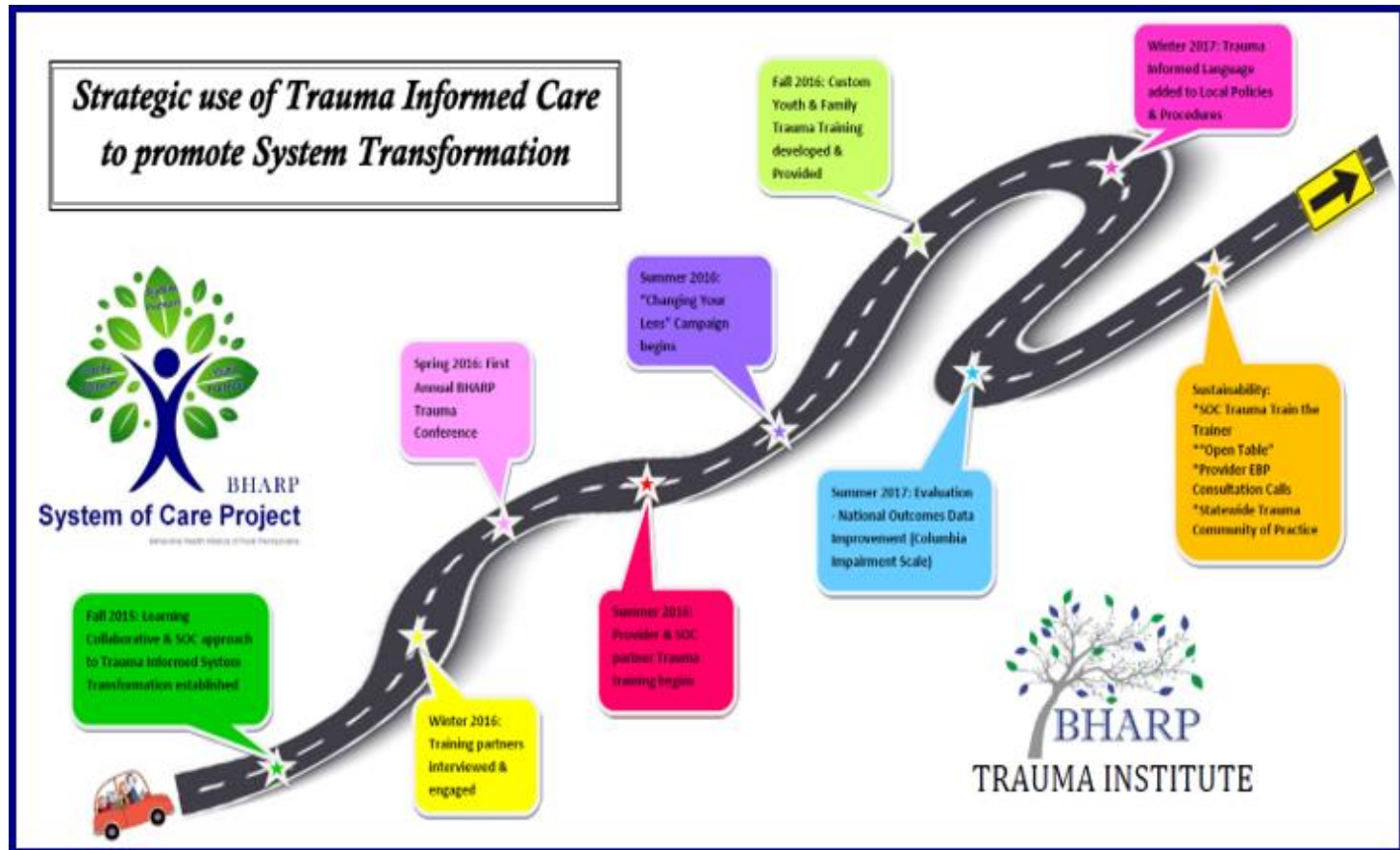
Youth Conference



Family Conference



Trauma System Transformation



Trauma Training: The Numbers



- **Between October 2015 and March 2017...**
 - > **1,683** training encounters provided to **1,207** unique individuals.
- **In 2018 (Grant Year 3)...**
 - > **1,486** training encounters provided to **524** unique individuals.
 - > **4,911 hours** of training provided, including:
 1. Enhancing Trauma Awareness
 2. Deepening Trauma Awareness
 3. Applying Trauma Principles
 4. Trauma 101
 5. The 2018 Trauma Institute
 6. Compassion Fatigue
 - > Additional **2,521.75 hours** of training provided focusing on Open Table Implementation, Cultural Linguistic Competency, County Leadership Teams, Youth Leadership, and Cross Systems Orientation.

Train the Trainer

- 16 individuals from the Tier 1 Counties were trained to provide “Trauma 101” training by **Lakeside Global Institute**.
- The idea was for **local availability** of base level training to local communities as needed and free of charge.
- Trainers **represent** families, the Justice System, Behavioral Health, Child Welfare, Community Care, High Fidelity Wraparound, and Community Action agencies.

Trauma Institutes



April 28, 2016
"The Kickoff", Bringing
Trauma Informed Care
to *The Rural Difference*
with **Dr. Sandra Bloom**

June 24-25, 2019
Supporting Families with
Trauma History
with **Dr. Scott Sells**

March 30-31, 2017
"Changing Your Lens"
Campaign
with **Dr. Bruce Perry**

March 20-21, 2018
Trauma Informed
System Transformation
with **Dr. Sandra Bloom**



Monthly Trauma Tips

TRAUMA TIPS FEBRUARY 2019

THE EMERGING, DEVASTATING EVIDENCE THAT CHILDHOOD TRAUMA COULD AFFECT THE NEXT GENERATION

By Jenny Anderson

It is a well-documented and deeply sad fact that if you suffer from trauma as a child, you are more likely to suffer as an adult. People with a childhood history of trauma have a greater risk of being obese, getting cancer, suffering from heart disease and mental illness, and dying sooner. They're also more likely to engage in risky behaviors—smoking, illicit drugs, and high-risk sex—which is also predictive of bad outcomes.

Now researchers are going a step further, examining whether a parent's trauma might materialize in their children's health.

A new study, published in *Pediatrics*, found that for every type of "adverse childhood event" (ACE) a parent went through, their children had 19% higher odds of poorer health and 17% higher odds of having asthma. ACEs are serious traumas or stressors that happen in a child's early years, including physical abuse, sexual abuse, emotional abuse, physical neglect, and domestic violence, among others. An expanded definition also includes witnessing violence, facing racial or ethnic discrimination, and living in an unsafe neighborhood.

Félice Lê-Scherban, the study's lead researcher and an assistant professor in Drexel's Dornsife School of Public Health, said that we are probably underestimating the effects of trauma by looking at only how it impacts the person who experiences it directly. "Looking intergenerationally gives us a more comprehensive picture of the long-term processes that might affect children's health," she said.

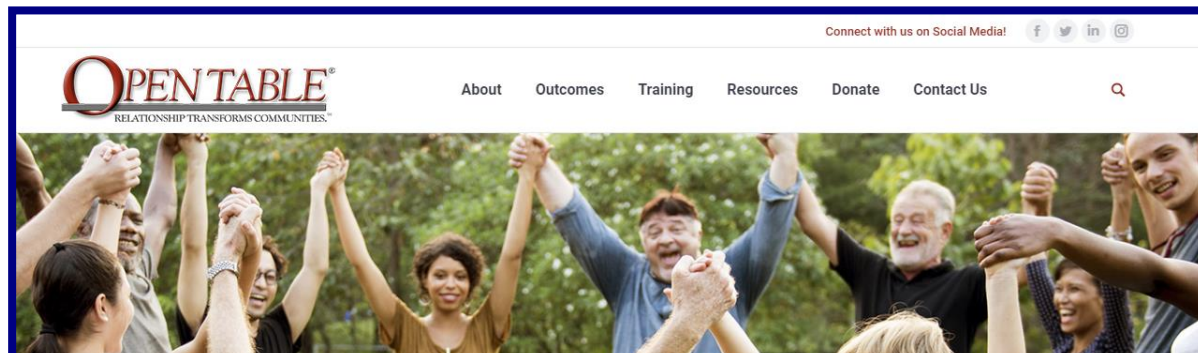
The study used surveys taken by 350 Philadelphia parents who answered questions about their own "ACEs" as well as questions about their children's health, health behaviors and health-care access. The respondents were overwhelmingly female (80%), and 45% were African American. The results held when the authors controlled for income and education.



Open Table

- Research shows that an individual or family can implement their **own vision for better lives** with the support of a small group of volunteers.
- Each Table is composed of a group of **volunteers** that make a year-long commitment to act, **through relationship**, as a team of life specialists, encouragers, and advocates.
- The Table works together to set goals, foster accountability, and implement a plan to **create change**.

www.theopentable.org/



Handle with Care

- If a law enforcement officer **encounters a child** during a call, that child's information is forwarded to his/her school before the bell rings the next day.
- The school implements individual, class, and whole school **trauma-sensitive curricula** so that traumatized children are "Handled with Care".
- If a child needs more intervention, on-site trauma-focused mental healthcare is **available** at the school.

Visit Our Website!

<http://bharpsystemofcare.org/>



BHARP
System of Care Project

- FOR FAMILIES
- FOR YOUTH
- FOR YOUNG ADULTS
- SYSTEM PARTNERS & COUNTY LEADERSHIP TEAMS
- TRAUMA RESOURCES

SELECT A LANGUAGE

FOLLOW US:

301 SCIENCE PARK ROAD, SUITE 308
STATE COLLEGE, PA 16803
BHARP OFFICE: (814) 926-2952
FAX: (814) 926-2972



ABOUT US | GET HELP NOW | CALENDAR | CONTACT US | ATTENDANCE ENTRY

With a Rural Difference

23
Pennsylvania Counties
caring
with a
Rural Difference

The Behavioral Health Alliance of Rural Pennsylvania (BHARP) is organized to support the implementation of the HealthChoices, Medicaid Managed Care Program in 23 rural counties in the central region of Pennsylvania. The BHARP System of Care Project is implemented by the Behavioral Health Alliance of Rural Pennsylvania in partnership with Columbia/Montour/Snyder/Union County Joinder, grantee, and the 23 BHARP member counties.



Family-Driven
Comprehensive Strength-based
Youth-Driven
Accepting
Fidelity Sustainable Philosophy Unbiased
Inter-connected **Change** Person-centered
Collaborative
Seamless Partnership
Non-discriminatory Coordinated

In April 2015 a team of BHARP staff and BHARP member county staff, with the consultative support of the Pennsylvania 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.

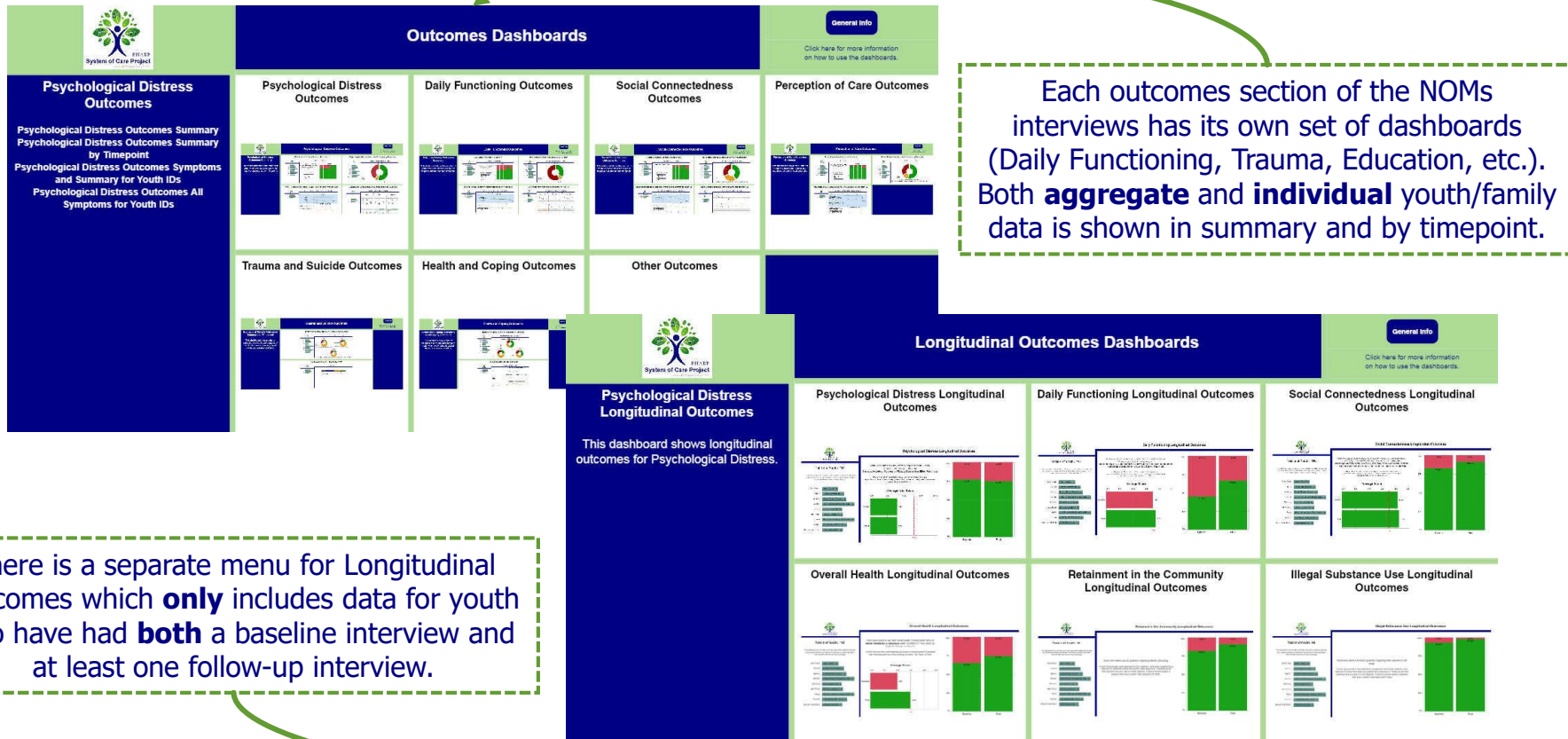
Participating Counties

During the application development process 8 BHARP member counties affirmed their interest in participating in the grant activities 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. Tier 1 counties are allocated grant funds each year to support their local goals related to the core activities and additional county priorities which they identify. The remaining 15 BHARP counties will have opportunities to access training and other resources developed as a part of the grant as it evolves.



 Tier 1 Counties  Tier 2 Counties

Outcomes Dashboards



What Does the Data Say?



Total # of Youth: 121

This dashboard only includes youth who have both a baseline interview and at least one follow-up interview. The follow-up is the most recent interview they have and can be a discharge.

Grant Year: Year 1, Year 2 ▼

County: Forest, Northumberland ▼

Agency: Forest-Forest County, Inc ▼

Gender: Male, Female, Transgender Male ▼

Ethnicity: Non-Hispanic, His ▼

Age Group: Birth to 3 years, 4 to 5 years ▼

Race: African American or Black, White ▼

Income: < \$2,500, \$2,500 - \$4,999 ▼

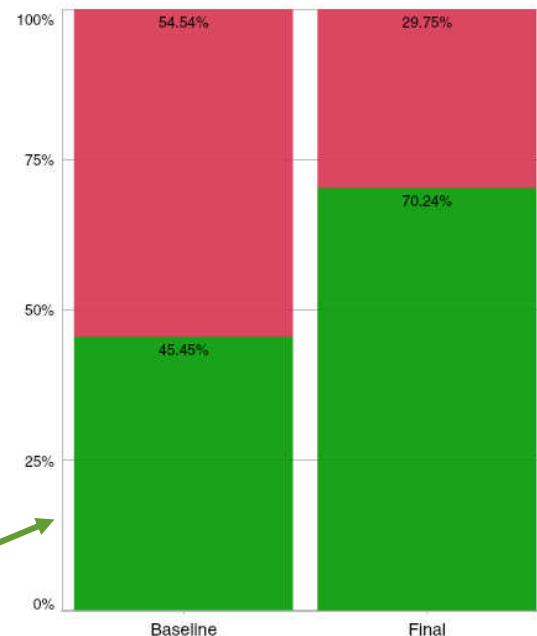
Sexual Orientation: Heterosexual, Gay ▼

Daily Functioning Longitudinal Outcomes

Youth were asked how well they were functioning in daily life in the past 30 days, regarding the following categories:
Handling Daily Life, Getting Along with Family, Getting Along with Friends, Doing well in School/Work, Ability to Cope, Satisfied with Family Life

Higher scores for questions reflect the **highest** functioning level.
5 = Strongly Agree, 4 = Agree, 3 = Neutral
2 = Disagree, 1 = Strongly Disagree

A youth must have at least 4 responses and a positive outcome (green) is assigned when the mean of the total score is > 3.5.



The **Longitudinal Dashboards** use SAMHSA criteria to determine positive (green) and negative (red) outcomes. The BHARP grant has seen a **positive** increase of **25%** in its youths' ability to function in daily life.

What Does the Data Say?



Total # of Youth: 114

This dashboard only includes youth who have both a baseline interview and at least one follow-up interview. The follow-up is the most recent interview they have and can be a discharge.

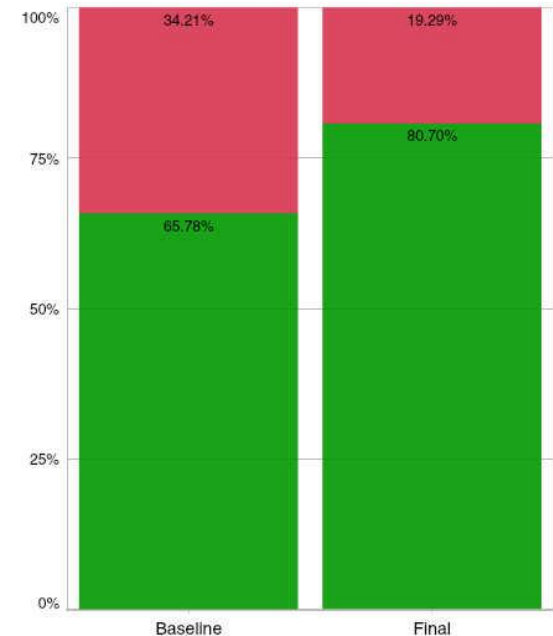
Grant Year: Year 1, Year 2
County: Forest, Northumberland
Agency: Forest-Forest County, Inc.
Gender: Male, Female, Transgender Male
Ethnicity: Non-Hispanic, Hispanic
Age Group: Birth to 3 years, 4 to 5 years
Race: African American or Black, White
Income: < \$2,500, \$2,500 - \$4,999
Sexual Orientation: Heterosexual, Gay

Overall Health Longitudinal Outcomes

Youth were asked to rate their overall health. Overall health refers to **mental, emotional, and physical** health.

A higher score for the question reflects **better** health overall.
Excellent (5), Very Good (4), Good (3), Fair (2), or Poor (1).

A youth must provide a valid response and a positive outcome (green) is assigned when he/she answers any of the following: Excellent, Very Good, or Good.



In addition to green vs. red percentages, the Longitudinal Dashboards show an average score for youth in that specific outcome. The BHARP grant has seen its average Overall Health score **positively** increase from 2 (Fair) to 3 (Good).

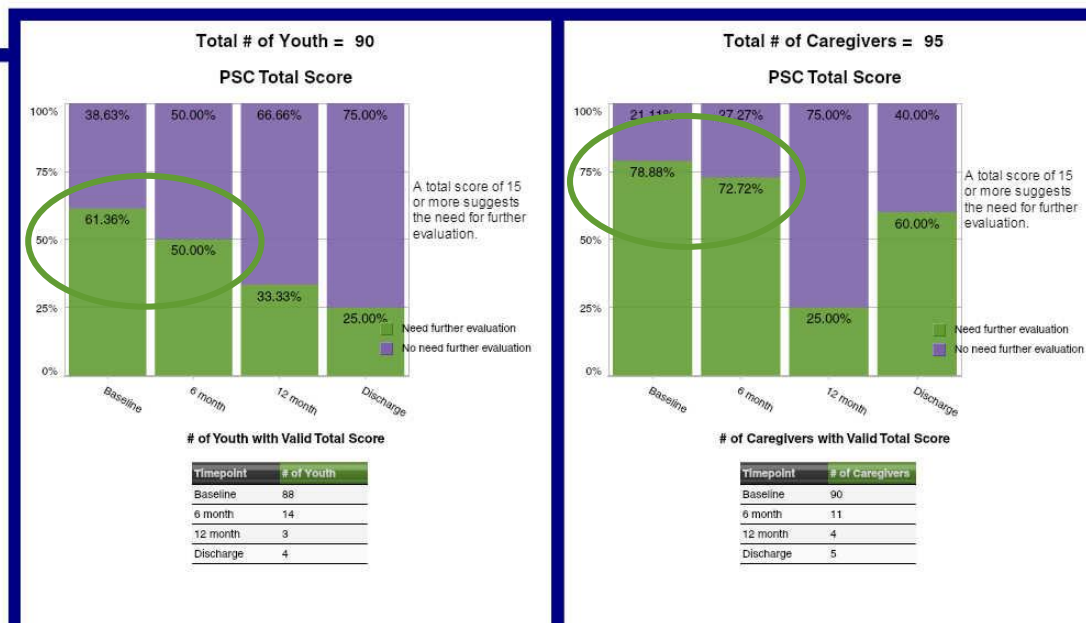
Differing Perspectives:

Youth & Caregivers



Pediatric Symptom Checklist Total Score Outcomes – Youth & Caregiver

Grant Year: Year 3, Year 4
 County: Forest, Northumberland
 Agency: Forest-Forest County, h
 Gender: Male, Female, Transgender Male
 Ethnicity: Non-Hispanic, His
 Age Group: Birth to 3 years, 4 to
 Race: African American or Black, White
 Income: < \$2,500, \$2,500 - \$4,9
 Sexual Orientation: Heterosexual, Gay



In the **National Evaluation Dashboards**, BHARP noticed how **Youth and Caregivers** perceive progress differently. In this case, a higher percentage of green indicates greater behavior problems.

From Baseline to 6 Months, although both Youth and Caregivers saw improvement, Caregivers reported much **higher** behavior problems than Youth did.

Differing Perspectives:

Males & Females



Columbia Impairment Scale (CIS) by Assessment

Columbia Impairment Score (CIS) reported by Youth

Total # of Youth = 97

A total score of 15 or higher is considered clinically impaired. Range: 0 - 52.



of Youth with Valid Total Score

Timepoint	# of Youth
Baseline	88
6 month	37
12 month	18
18 month	4
24 month	1
Discharge	4

Columbia Impairment Score (CIS) reported by Caregiver

Total # of Caregivers = 116



of Youth with Valid Total Score

Timepoint	# of Youth
Baseline	109
6 month	36
12 month	30
18 month	6
24 month	1
Discharge	2

The demographic parameters allowed BHARP to compare the progress of **Males** and **Females**. In this case, a higher percentage of green indicates more overall impairment.

Females reported much **higher** impairment at 12 months than Males did. This information can help clinicians find ways to engage and understand female clients **differently** than males.



Columbia Impairment Scale (CIS) by Assessment

Columbia Impairment Score (CIS) reported by Youth

Total # of Youth = 121

A total score of 15 or higher is considered clinically impaired. Range: 0 - 52.



of Youth with Valid Total Score

Timepoint	# of Youth
Baseline	114
6 month	40
12 month	24
18 month	3
24 month	3
Discharge	4

Columbia Impairment Score (CIS) reported by Caregiver

Total # of Caregivers = 114



of Youth with Valid Total Score

Timepoint	# of Youth
Baseline	102
6 month	34
12 month	23
18 month	2
24 month	4
Discharge	2

Males

Females

Lessons Learned

Intentionality
Commitment
Transparency
Consistency
Time
Relationships
Plan-Fullness
Leadership
Data Diligence
Empowerment
Collaboration
Journey
Attention

A couple words about sustainability and the future...

- BHARP applied for a continuation grant, to begin August 31, 2019. These grant awards are not yet announced.
- We also applied for a no cost extension (NCE). There is no word on that application as well. Our focus was on finishing trauma training particularly in the schools. Most of the dollars for the NCE will go to the Tier 1 counties for local implementation of trauma training. BHARP has slowly transitioned from being the primary purchaser of trauma training.
- The intent of the grant was to continue to empower BHARP member counties to sustain their efforts locally. As a result:
 - School districts are now funding Lakeside training (mostly Neurologic)
 - Tier 2 counties are also funding trauma training
 - Counties are contracting with families and youth for consultation directly

Questions or Comments?

Thank You!!