

BHARP's Sally Walker Brings Unique Experience to Unique Role

The Behavioral Health Alliance of Rural Pennsylvania (BHARP) was launched in December 2006 with a clear mission to “Ensure that all individuals receiving behavioral health services in the North Central Region have access to a comprehensive array of high quality, cost effective, community-based, and recovery-oriented services that maximize their potential for recovery.”

BHARP is now the primary contractor to DHS for Behavioral HealthChoices (BHC) in 24 counties, including Greene County, which became the final county in the state to exercise their right of first opportunity.

A non-Profit Corporation, BHARP comprises County MH/ID Administrators and Human Service Directors, along with Drug and Alcohol Single County Authorities from 24 counties, mainly in north central Pennsylvania.

The mission was clear, no doubt. But the process that led to BHARP did not follow a straight line. BHARP was created almost 10 years after the state started what was already a piecemeal process to build out BHC region by region or one county at a time.

Sally Walker, Chief Executive Officer of BHARP, recalls that “There were some of our counties that really doubted health choices would ever make it clear out into the rural counties.” Several counties had already prepared to be primary contractors until BHARP was established by the state at the request of OMHSAS, Walker noted.

Walker’s background and skill set were ideal for the BHARP challenge. When she was hired, Walker was working as state director for a behavioral health company based in Ohio. In that role, she was the state director for their Pennsylvania programs. Walker, a registered nurse, and a graduate of Penn State, was already very much aware of Pennsylvania’s ‘T’ and our rural population.

She had previously worked at Meadows Psychiatric Center in Centre County as a nurse and then in a management position where she ran the alternative programs. Walker helped to start mobile crisis services and had oversight of some community residential rehabilitation centers in Centre County.

“We managed a wide range of outpatient family-based services for Huntington, Mifflin, and Juniata Counties,” Walker said. “Through all those various programs and the startups, we were able to launch at the Meadows, I had worked closely with many of the counties that were part of the BHARP contract from the start.”

“They decided that our group of counties, the 23 original counties would be a single contract and would be held directly between the state and a BHMCO,” Walker explained. There were far more questions than answers as the counties began to meet and strategize on how to proceed.

“How is it going to be structured? Were we going to need staff? Who was going to hire staff? What was going to be the legal entity for all of that?” Walker said, listing just a few of the logistical challenges.

Ultimately, the counties posted a job for a site director role and in January 2007 Walker was hired to help pull together the plan to provide care in 23 rural counties in North Central PA.

COMCARE played a key part in assisting in the BHARP launch. “COMCARE really has done a lot of the heavy lifting around educating the legislators about the importance of the Pennsylvania model from that county right of first opportunity and the opportunities there to have the integration with the county human services,” Walker said. “The technical support, the guidance that COMCARE board members and the administrators across the state provided as we felt our way through this process was invaluable,” Walker said.

Walker understands that consumers in every county generally need access to the same types of services and, further, that Behavioral Health Choices is the ideal model for delivering fully integrated physical and behavioral health services.

Still, the sheer distance BHARP covers forces providers to improvise. For instance, when the Philadelphia College of Osteopathic Medicine opened a clinic in Sullivan County, Walker and the county jumped on the opportunity to open the first telehealth in the state for outpatient psychiatry and counseling services.

“We were within their building and the physical building that the medical center had. And we had office space there and the therapists or the psychiatrists would use telehealth to treat the patients to see the members,” Walker said.

She noted that while certain technologies, such as a software system designed to match a consumer with the nearest provider for specific services is helpful but there are challenges. In some cases, the mileage – measured as the crow flies – doesn’t always match the closest or most convenient option for consumers.

“You put in the zip codes, it spits up a report that says, yes, you have access, but it doesn't consider the regional element. For instance, people in parts of Sullivan County are not going to go to Bradford to get a service even though that might be closest mile-wise,” Walker said.

“They may instead go to Lycoming County to Williamsport. People in rural counties always have this town or that town where they go to when they need things that aren't available in their immediate area. Don't cross the river, don't go down the mountain, don't go down the valley, right?”

“You have to meet people with services where they're at. If you tell people in Sullivan County who have been going to Williamsport for services that they need to go Towanda, they are not going to do it.”

Walker is confident that Pennsylvania’s carve-out model, which delivers fully integrated care, is ideal for consumers in every corner of the Commonwealth.

“To the amazement of everyone, in our case, the fact that 23 rural counties came together and have stayed together without really having a financial stake, is a testament to the local leaders in our counties. They stayed with us until we moved into that primary contractor role in 2021.”

Walker adds, “What’s unique about our contract is that my board includes the MHID or human services administrator and the single County Authority for each County. We probably have had the highest involvement of these professionals across the state.

Walker, like virtually every other voice in human services, is deeply concerned about staffing challenges. “The state needs to seriously consider if we can have initiatives like the Department of Health did years ago to increase the number of primary care positions. There was a primary care shortage in Pennsylvania and the state took some very pointed actions to change that, including loan forgiveness programs, those types of things. And it was successful,” she says.

Walker also highlighted the need for some administrative reforms that would free up resources and lead to more care for more consumers. As an example, she cites a program to provide family-based mental health services. The staffing requirements are so onerous that in some cases, services are reduced.

State regulations mandate that this type of program must include two staffers, one with a bachelor’s degree and another with a master’s degree, and a program director.

Walker explains that “Each of those two teams can serve eight families. In Wayne County and some other small rural counties, you get a provider, they have a team, and then they get a waiting list, but there's never enough of a wait list to warrant a second team. If they add a second team, they have all the corresponding expenses. And if they can never fill the caseload, that team's not going to survive.”

Walker adds that, “We are responsible for 200,000 people... that they can go in and get access to services in a timely manner, and it a quality service that provides a significant benefit to them, is a major accomplishment.”

To learn more about the Behavioral Health Alliance of Rural Pennsylvania, visit www.bharp.org.

Montgomery County’s LeeAnn Moyer Honored with 2024 Dennis Marion Impact Award

LeeAnn Moyer has dedicated more than 40years to public services making sure that people in Montgomery County’s behavioral health community and their families can access the services they need.

As Administrator of the Managed Care Solutions Office, Montgomery County Department of Health & Human Services, Moyer continues to build on a career that includes a key role in the continuous improvement in quality of the Behavioral HealthChoices (BHC) Program in Montgomery County.

Moyer’s work has now been recognized statewide. The Shapiro Administration presented the 2024 Dennis Marion Impact Award to LeeAnn Moyer for her service and for “the positive impact she has had on policy, programs, and people in Montgomery County.”

The award honors Dennis Marion's commitment to public service throughout his distinguished career. Marion served as Deputy Secretary for DHS Office of Mental Health and Substance Abuse Services from 2013 to 2017. Prior to his state service, Marion worked for Cumberland County for 31 years in various positions, including County Administrator, Director of the Drug and Alcohol Commission, and Director of the Office of Mental Health and Intellectual Disabilities.

Most tellingly, the Award recognizes Marion's "passion for public service, and commitment to the people he served did not stop at the boundaries of his work in any single county or agency."

Moyer's career reflects that same broad approach. Her ability to look down the road and identify gaps – and workable solutions – to meet community needs has had an impact across the state.

"I have been very fortunate to serve on numerous statewide committees that were designed to help county officials and providers address significant challenges," Moyer said. "It is a wonderful way to learn and to share experience."

The committees Moyer served on run the gamut, including supporting development of Centers of Excellence, Integrated Care Plans, and the Managed Care Delivery System Subcommittee.

Moyer started her career in Bucks County working in the county's Drug & Alcohol program. In 1995, she helped develop the HealthChoices program and became Operations Officer; In 2003, Moyer moved to Montgomery County serving as BH Deputy Administrator to establish their infrastructure to manage the Behavioral HealthChoices program.

"Initially, I worked as a consultant for Montgomery County engaged to assess the County's readiness for the Behavioral HealthChoices program," Moyer explained. "I was able to help the County develop the infrastructure necessary for the transition from another model that included a partnership with another county and obtain approval from OMHSAS to move forward."

In 2009, Moyer was an active partner involved in the [integrated care pilot program](#) launched by the Commonwealth and the Center for Health Care Strategies (CHCS) to integrate physical and behavioral health care services for adult Medicaid beneficiaries with serious mental illness (SMI) and co-occurring physical health conditions.

The Southeast initiative included Montgomery, Bucks and Delaware Counties with Keystone First and Magellan. Montgomery County, in partnership with providers, developed an integrated model of care. This service was enrolled in the BHC program as Medicaid-eligible. "Pennsylvania was one of the first states to approve and enroll integrated services in the Medicaid program," Moyer said. "Integrative services have been evolving ever since to meet the growing need across the state. I am proud to be a part of it."

COMCARE to Update 2023 Report regarding Integrated Care Models of Care

As part of our effort to keep lawmakers and the Commonwealth informed about the value and the evolution of BHC, we are updating our Behavioral & Physical Health Integration Models report, which was issued in October 2023.

The report was prepared in partnership with Behavioral Health Managed Care Organizations (BHMCOs). It includes 28 specific models of care and a narrative for each that includes a description of the services provided, how integration was achieved, the target population, outcomes, and key considerations before launching the program.

The report also details the positive health outcomes BHC members are receiving; and the efficiencies and savings these models deliver.

The COMCARE team shared the report with all lawmakers, key decision-makers in the Governor's Office including the Policy, Budget and Legislative Secretaries and their staff, as well as with DHS leadership. In addition to compelling models of care, the report also demonstrated that these models are addressing Social Determinants of Health in every corner of the state.

Our goal is to share an updated report with lawmakers in advance of the 2025-26 legislative session, which starts in January. All 203 House seats and 25 of the Senate seats will be on the ballot in November. We look forward to engaging all new lawmakers regarding the BHC program.

Please [CLICK HERE](#) to contact Pete Shelly for more information.