

# In Their Own Words... Joe Pyle

Anne Saporito 01 February 2010

Joseph Pyle, MA, has more than 25 years' experience in behavioral health serving as both a clinician and administrator, with over eight of those years as CEO of behavioral health organizations. He presently is serving as President of the Thomas Scattergood Behavioral Health Foundation. We spent some time with Mr. Pyle recently, discussing best practices in public health and how his organization strives to foster improvements throughout the region:

## **What ideas influence your work today?**

A core component of how I think about systems, and where the Scattergood Foundation is going, is the notion of re-integrating behavioral health and physical health. There was a long period when, as a field, we were carving out and isolating behavioral health services. Now there is a change toward re-connecting and re-integrating.

## **What thinking has emerged over time in your own career?**

For me, evidence-based practice begins with someone in an organization saying that a focus on

quality, integration, and training is important.

Because the people we serve have issues that are so multi-dimensional, organizations need to commit themselves to a model of care, at all levels. It may be of less importance the [particular] care model an organization adopts — just that the organization is committed to training to a model of care throughout the services and in working externally with partners and other agencies.

### **Do you see this happening successfully anywhere in the Philadelphia region?**

CcTC (Children's Crisis Treatment Center) really views integration across multiple platforms, bringing community and culture into consideration for the whole picture of service delivery. Tony [Valdés, Executive Director] also has a real sense of commitment to training, which I find very important. He has spent the last three years training all staff on trauma-informed treatment, and I'd like to see more organizations adopting a core model for services and commit to training and improving quality of those services.

And there are other local organizations delivering strong quality care through successful models of service integration. What Patty Gerrity is doing at the 11th St. Family Health Services of Drexel University, and Natalie Levkovich at the Health Federation of Philadelphia — here are innovative models of primary

care integrated with critical behavioral health services in a brief intervention model. These programs are rapidly transforming both policy and practice.

## **Tell us about the work of your organization, the Scattergood Foundation.**

The Scattergood Foundation is a small organization, a result of the partnership formed to operate Friends Hospital, the country's first psychiatric hospital. It was founded by Quakers and based in the deep consideration for moral treatment of individuals with behavioral health needs. Back then, the fundamentals of convening conversations [bringing people together for discussion to find a common ground] were used to solve problems — and we still need to do this today. Convening conversations through philanthropy is a critical catalyst for impacting the field, and every day we need to continue to foster collaboration and to inform people about what behavioral health really is.

The Scattergood Foundation uses these principles as a lens through which to identify and support strong organizations in the region. We know that leadership is key in determining whether an organization can be integrative and collaborative in nature, and we want to support people willing to identify themselves as leaders and willing to be in front of others on decision-making.

## **What types of goals give Scattergood its direction?**

We are really interested in systemic reform. If the way service delivery has traditionally been funded is not in the best interest of the people we're trying to serve, then let's work to change it systemically.

As an example, Scattergood is currently partnering with the Montgomery County Office of Behavioral Health and JEVS Human Services to look at an innovative approach for services to people with co-occurring behavioral health and intellectual disabilities. Here is a program that three different entities are funding with the ideology that collaboration and integration can lead to better outcomes. If we can help support this new approach to service delivery, then we can ultimately effect change on a larger scale.

## **What are your hopes for the future of the field?**

Quality outcomes are extremely important to me. To explore the tension between two different perspectives... to listen to one another, find common ground, and move forward together. To me, that's innovative.

When Toyota puts out a new product, they invest an incredible amount of resources into re-engineering that product and making sure the quality of that product is high. When we invest in a new initiative in behavioral health, nobody is funding 30-40 percent

of our efforts just to ensure the quality is there. What's challenging — and so hard — about leadership in human services is, "How do you provide day-to-day services, improve quality and continue to think strategically?" Working with smart people who really want to collaborate with others is a key part of improving quality outcomes, and very important to me personally.

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