

QUARTERLY LYCOMING-CLINTON HEALTHCHOICES REINVESTMENT COMMITTEE MEETING

FEBRUARY 25, 2020

ATTENDANCE:

Jacque Miller – HC Director; Deanna Kimble – HC Quality/Clinical Manager; Elena Farr – HC Fiscal Officer; Kyle Galer – Joinder CASSP Coordinator; Shea Madden, Executive Director and Katie Hugo, Staff - West Branch Drug and Alcohol Abuse Commission; Carole Gilberti – Director and Valerie Liptak – Staff - Community Care Behavioral Health Organization; Teresa Bower, Staff – Diakon; Cathy Bennett, Joinder Administrative Assistant (present for minutes); and Calvin S; Sue Ann B; Intisar M; Blake M; and Regina W – community representatives.

OVERVIEW OF REINVESTMENT COMMITTEE OBJECTIVES:

Jacque Miller welcomed everyone and thanked the community representatives who were in attendance for today’s meeting. She explained that an important part of today’s meeting would be for the group to reach a decision as to what services should be recommended for funding in the Reinvestment Plan that was due to be submitted to the State by March 1, 2020.

She distributed the following materials to the group and these documents will be included as attachments to these minutes:

- Attachment A – Agenda
- Attachment B – HealthChoices Reinvestment – Allowable and Unallowable Uses
- Attachment C – Reinvestment Fund Balances as of 1/31/20
- Attachment D – Reinvestment Update as of 2/25/20
- Attachment E – Reinvestment Funds History (2008 to Present)
- Attachment F – Reinvestment Summary (2008 to Present)
- Attachment G – Recent Stakeholder and Committee Recommendation
- Attachment H – Priority Reinvestment Plan Concepts

As there were consumer representatives present, she provided a brief overview of what reinvestment funds are and how they become available, as well as the allowable and unallowable uses for these funds (Attachment B).

CURRENT REINVESTMENT FUNDS BALANCES (AS OF 1/31/20):

Jacque Miller briefly reviewed reinvestment funding information for the group, including the current reinvestment fund balances as of 1/31/20 (Attachment C), as well as the Reinvestment Funds History (Attachment E) and Reinvestment Summary (Attachment F) from 2008 to present. She noted that the amount under discussion for today’s meeting was the current reinvestment funds available in the amount of \$665,510.

REINVESEMNT UPDATE THROUGH 2/25/20:

Jacque Miller referred the group to Attachment D which summarized the programs that are currently being provided through the use of reinvestment funds. Respite Services for children is a program being provided by Diakon that provides funding assistance to families so that they can secure a caretaker to be present with their child(ren) in the event they need to be away from the home for a period of time. She noted that the funding for this program will be exhausted by June 30, 2020. Two programs currently funded by reinvestment funds are being provided by the Lycoming-Clinton MH/ID Program and West Branch D&A and have been in place since February of 2019. These include a Supportive Housing Program which, to date, has assisted 50 individuals with rent or security deposit funding to help secure safe, affordable, permanent housing in Lycoming and Clinton Counties and the Safe and Healthy Homes program which has assisted 16 individuals by providing funding to eliminate unsafe and unhealthy conditions in their home such as mold, bed bugs, clean up from hoarding, etc. Funding for these programs are in place until June 30, 2020 and plans are to request a one year extension to allow the providers additional time to expend the remaining funds.

PRIORITY REINVESTMENT PLAN CONCEPTS:

Jacque Miller noted that seven reinvestment plan concepts had been developed for reinvestment funding consideration based on input received from previous provider and community meetings, including input from this Reinvestment Committee. She asked Deanna Kimble to provide a summary of each concept and noted that Attachment H outlined each plan:

- **Expansion of Parent Child Interactive Therapy** which is a type of play therapy provided to young children and their parents. The adults learn and practice new skills they can use to help with handling their children's behavior. The estimated funding level is \$25,000 to cover "start up" costs for a 6-9 month period. Once established, this program would be a Medicaid billable service.
- **School Based Child/Adolescent Partial Hospital Program or Intensive Outpatient Program** for students ages 13-18 would offer services to children and teens who need more services than can be provided in outpatient therapy, and who are at risk for hospitalization, residential treatment, and other out of home placements. The estimated funding level is \$25,000 to cover "start up" costs for up to a 12 month period. Once established, this program would be a Medicaid billable service.
- **Short-Term Crisis Residential Program for Youth** is designed for youth ages 12-18 who have a mental health diagnosis and act in ways that make them and others unsafe in their homes, schools, and communities. The estimated funding level is \$420,000 to cover "start up" costs over a 3 year period. Once established, this program would be a Medicaid billable service.
- **Community Recovery Services: Certified Recovery Support Services/Drop In Center** for adults and their families, friends, and loved ones who provide peer and family peer support services and advocacy (including transition support from hospitalization and incarceration) to individuals in recovery from substance use disorder and mental illness. It also provides education, information, support, and socialization for those in recovery and their family and friends. It provides a safe

and nonjudgmental space for adults to support one another and to share life experiences. The estimated funding level is \$100,000 to cover “start up” costs. Once established, Certified Recovery Support and Certified Peer Support services are a Medicaid billable services. Family Peer Support Services may be billable in the near future.

- **Recovery House Subsidy** provides a safe, health, drug/alcohol free place to live to help adult women in recovery. The estimated funding level is \$25,510 to help women with their first month’s rent of \$550.00. This would be considered a non-medical reinvestment plan and not a Medicaid billable service.
- **Methamphetamine Treatment Services (Community Based Outpatient Services)** for adolescents and adults are counseling, intervention, and support services for individuals who want help for methamphetamine use disorder. The high rate of relapse and the long-term physical harm that can occur due to methamphetamine abuse emphasizes the need for long-term support services. The estimated funding level is \$70,000 to assist in the development of these services. Once established, this program would be a Medicaid billable service.
- **Trauma-Informed Cognitive Behavioral Therapy (CBT) Training for White Deer Run Staff.** Substance abuse is one way that survivors of trauma try to deal with their memories and feelings. This is a type of therapy that helps individuals overcome the negative effects of traumatic experience and learn how to handle their feelings without using substances. The estimated funding level is \$21,550 and will cover all costs for 4 2-day trainings and consultation. It is felt that this one-time expense will improve staff knowledge and skills and enhance the quality of services provided. This would be considered a non-medical reinvestment plan and not a Medicaid billable service.

DISCUSSION AND VOTE CONCERNING CURRENT REINVESTMENT FUNDS AVAILABLE (\$665,510)

Following Deanna’s review of the proposed reinvestment plan concepts, Jacque Miller asked the group their opinions on these program ideas and which, if any, the group felt should be supported to receive reinvestment funds. Intisar M. expressed her concern that funding was already available to assist adult women in recovery obtain housing from organizations such as West Branch Drug and Alcohol Abuse Commission. She noted that she was involved in working with recovery support services at a drop in center and that this was an area in great need of funding.

Overall the group agreed that the seven reinvestment plan concepts listed on Attachment H were needed services within the community and there was a unanimous vote of support that funding be allocated for each one. As the total cost for funding all of the proposed plans would be \$687,060 which would exceed the currently available reinvestment funds, the group agreed that reductions in funding could be made, where feasible, in order to support all of the concepts as much as possible.

Jacque Miller thanked the committee members for their participation and noted that their input would be used to complete the Reinvestment Plan Document which was due in Harrisburg on March 1st.

NEXT MEETING:

The next meeting date for the Reinvestment Committee was set for Tuesday, May 26, 2020 at 10:00 a.m. at the Sharwell Building.

Respectfully Submitted,

Jacqueline Miller
HealthChoices Director