



ADMINISTRATION

KEITH WAGNER
MH Administrator

SHEA MADDEN
D&A Administrator

JACQUELINE MILLER
HC Director

SHARWELL BUILDING
200 EAST STREET
WILLIAMSPORT, PENNSYLVANIA 17701-6613

570-326-7895
1-800-525-7938
Fax : 570-326-1348

QUARTERLY REINVESTMENT COMMITTEE MUNITES

8/23/2022
10:00- 11:00

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

+1 267-603-3952

Phone Conference ID: **744 027 378#**

- I. Introductions and sign-in
- II. Overview of the Reinvestment Committee objectives if there are any new members (Jacque)
- III. Information update provided by HealthChoices - Reinvestment funds available for future reinvestments as of 8/23/2022 - **\$938,431**.
 - i. The attached excel spreadsheet was reviewed to discuss suggested changes to the previously approved reinvestment funds. The proposed changes, as shown on the excel sheet, were approved.



2021 Excess Funds
Approved Reinvestme

- IV. Changes in reinvestment plans from prior reinvestment committee approvals-**Approved**
- V. Current reinvestment contract summary, Excess funds Summary (prepared by Elena/presented by Jacque)



Reinvestment plans
payments.pdf



Reinvestment Funds
History to date.xlsx



REINVESTMENT
PLAN UPDATES_AUG

- Current Reinvestment plans updates/status/outcomes (Deanna)
- OMHSAS approval letters, requests, and communications concerning reinvestment (Deanna)



CPST Literal
Comments_AUG...

- V. Sharing of Consumer/Family satisfaction team (CFS/T) member comments (Deanna)
- VI. Stakeholder feedback, recommendation(s) and requests for further study to determine feasibility of recommendations using future reinvestment funds: (#8 and #9 added)

Next Scheduled Meeting: November 22, 2022, 10:00-11:00

Recent Stakeholder and Committee Recommendations

1. Jennifer drew attention to the inadequate supports provided to incarcerated individuals with behavioral health needs. The committee discussed the current services and supports that are presently available in both Lycoming County Prison and the Clinton County Correctional Facility (MH and SUDs assessments, case management, and peer support) and what forms of additional help might be beneficial to this population. Suggestions included assistance with re-establishing MA eligibility, securing housing, and supports to help facilitate transition back to the community.
2. To help adults who are struggling to parent with mental health or substance use issues, parenting education and supports are recommended as a potential future reinvestment plan.
3. Carole shared that the new federal Family First Preservation Act will require counties to develop resources and processes that support family preservation and prevents children from being placed out of the home in residential treatment facilities. Reinvestment funds may want to be directed towards activities and services that provide support to at-risk families.
4. Deanna shared plan ideas that have derived from Oversight and Internal Meeting discussions. Keith suggested moving forward with gathering information and data regarding Peer Specialist Transitional Supports to present for the consideration of the committee.
5. Teresa Bower noted that there is a shortage of counselors who are knowledgeable in eating disorders, such as anorexia. She also noted the ongoing shortage of services by psychiatrists. Jacque agreed with both her suggestions and added that the shortage of psychiatric services is a problem nationwide.
6. Denise Feger from Crossroad discussed consideration of any available reinvestment funds. Crossroads is considering starting a structured mental health outpatient program that would run about 9 hours per week. It would look like the structure of the methamphetamine program or their structured Intensive Outpatient (IOP). They would use these services for individuals in mental health court and those facing chronic mental illness.
7. HealthChoices staff shared about a program called MST-PSB and shared an outline of the program including how it could benefit the members of Lycoming/Clinton counties.
8. Katie Hugo shared that it has been a long time since there has been a local training for CRS staff. She suggested having a local training for CRS and CPS staff to make it easier to train staff locally.
9. Kelly Gordon suggested trainings for providers on schizophrenia (what it looks like, how to intervene), and Traumatic Brain Injuries.