

QUARTERLY LYCOMING-CLINTON HEALTHCHOICES REINVESTMENT COMMITTEE MEETING

NOVEMBER 24, 2020

ATTENDANCE:

Deanna Kimble – HC Quality/Clinical Manager; Keith Wagner – Joinder Executive Director; Kelly Gordon – Joinder CASSP Coordinator; Ginny Noble – Joinder Housing Specialist; Shea Madden and Katie Hugo - West Branch Drug and Alcohol Abuse Commission; Carole Gilberti - Community Care Behavioral Health Organization; Jennifer Colon – Recovery Community Connections; and Cathy Bennett, Joinder Administrative Assistant (present for minutes).

OVERVIEW OF REINVESTMENT COMMITTEE OBJECTIVES:

Deanna Kimble welcomed and thanked everyone for their attendance at today’s meeting which was being held by call in or zoom conferencing. She noted that everyone had received the following materials and these documents would be included as attachments to these minutes:

- Attachment A – Agenda
- Attachment B – Allowable and Unallowable Uses for HealthChoices Reinvestment
- Attachment C – Reinvestment Spreadsheet
- Attachment D – Reinvestment Funds History
- Attachment E - Reinvestment Summary
- Attachment F – Family Interaction Training (FIT) For Professionals
- Attachment G – Recent Stakeholder and Committee Recommendations

REINVESEMNT UPDATE:

Deanna Kimble noted that no new plans have been submitted to the Office of Mental Health. She added that we are continuing to move forward on the development of the Short Term Crisis Residential Treatment Facility reinvestment project which was approved in concept by the State; however, they requested additional information and we are waiting for final approval. At present, we are working with Lycoming County CYS on the development of a Request For Proposals but won’t move forward with this until approved by the State.

REINVESTMENT SPREADSHEET, REINVESTMENT FUNDS HISTORY, REINVESTMENT SUMMARY;

Deanna referred the group to these documents which they could further review at their convenience. She noted that the new plans which were most recently approved and submitted by the Reinvestment Committee and approved by the State are also included on the Reinvestment Summary document (Attachment E).

REINVESTMENT DISCUSSION:

Deanna referred the group to Attachment F which summarized the difference between the currently approved reinvestment plan for Parent Child Interactive Therapy (PCIT) and the suggested change to Family Interaction Training (FIT). In summary, Deanna felt that PCIT was more rigidly structured and FIT would allow more individuals to be trained and serve more

clients. Keith expressed a concern that if FIT was not considered an evidence based practice, would CYS and other providers be able to expend funding for this training. Deanna indicated she did not feel this would be a problem as is was still considered a modality of billable outpatient therapy. The Reinvestment Committee agreed that Deanna should submit a revised Reinvestment Plan to request the change from PCIT to FIT.

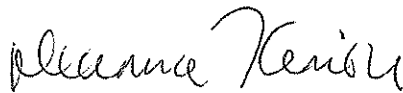
Keith also added that the group might want to give consideration to using future reinvestment funding for services for the older adult population. He noted that the State is looking at this age group as a priority population.

Deanna asked if anyone had any other ideas they would like to present for consideration in the event new reinvestment funds would become available. No ideas were presented.

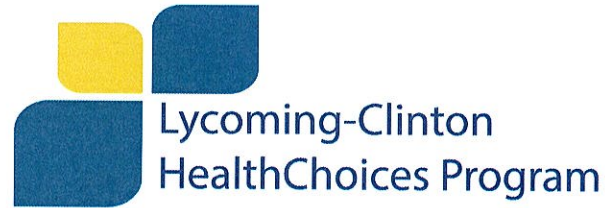
NEXT MEETING:

The next meeting date for the Reinvestment Committee was set for Tuesday, February 23, 2021 at 10:00 a.m. at the Sharwell Building.

Respectfully Submitted,



Deanna Kimble
HC Quality/Clinical Manager



ADMINISTRATION

KEITH WAGNER
MH Administrator

SHEA MADDEN
D&A Administrator

JACQUELINE MILLER
HC Director

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QUARTERLY REINVESTMENT COMMITTEE AGENDA

11/24/2020

10:00- 11:00

- I. Introductions and sign-in
- II. Overview of the Reinvestment Committee objectives if there are any new members (Deanna)
- III. Information update provided by HealthChoices
 - New Reinvestment plans updates/status (Deanna)
 - OMHSAS approval letters, requests, and communications concerning reinvestment (Deanna)
 - Current reinvestment contract summary, Excess funds Summary (Elena)
 - Current reinvestment plan outcomes (Deanna)
 - Recommendation that Committee approve change to prior approved reinvestment plan for Parent Child Interactive Therapy (PCIT) to instead Family Interaction Training (FIT) – (Deanna to explain differences)
- IV. Stakeholder feedback, recommendation(s) and requests for further study to determine feasibility of recommendations using future reinvestment funds
- V. Current Stakeholder and Committee Recommendations (see attachment)

Next Scheduled Meeting: February 23, 2021 10:00-11:00

HEALTHCHOICES REINVESTMENT

Counties are permitted to retain Capitation revenues that are not expended during the contract period to reinvest in programs and services in their County. These funds, called **Reinvestment Funds**, must be spent in accordance with a DPW Office of Mental Health and Substance Abuse Services (OMHSAS) approved reinvestment plan.

Reinvestment Funds provide a unique opportunity for the creative use of funds to fill identified gaps in the treatment service system (unmet and under met needs) and to test new innovative treatment approaches.

Reinvestment Funding is a mechanism to help counties develop a comprehensive treatment system that not only supports recovery for persons with mental health and substance abuse treatment needs, but for their support structure as well.

Allowable uses:

1. Development of Medical Assistance (MA) eligible Supplemental Services that are in-lieu of or in addition to In-Plan services
2. Behavioral health services supports that are not MA eligible (non-medical) such as consumer drop-in centers, Warm Line, housing supports, or respite.
3. Training and consultation that is required to implement a new service or support for MA eligible individuals.
4. Start-up costs for In-Plan Services, during capacity building, including provider assistance. Any unmet service access standards are considered for reinvestment funds, as a priority.

Reinvestment Funds CANNOT be used for:

1. Incentives payment to a BH-MCO or Payment of In-Plan Services.
2. Administrative costs such as medical management, quality management activities, outcome studies, etc.
4. Training not connected to the development of a specific service or program.
5. Transportation costs available under the Medical Assistance Transportation Program (MATP).
6. Services targeted primarily for non-Medical Assistance (MA) eligible persons or to the community at large.

Stakeholders must be involved in all stages of the planning and decision making process. Information provided to stakeholders during the planning process includes:

- Results of data analysis performed to document utilization trends, populations served, unmet needs, etc.
- Results of Consumer and Family Satisfaction Surveys and Community Needs Assessments.
- Research and outcome data regarding the potential treatments or services.

Stakeholders are also provided with regular updates about reinvestment projects being implemented at numerous consumer, HealthChoices, and Community Care forums.

**Lycoming-Clinton HealthChoices
Reinvestment Funds History**

<u>Reinvestment Description</u>	<u>Total Funds Available</u>	<u>Funds Spent</u>	<u>Remaining Funds Available</u>
2013 Reinvestment Funds -			
Certified Peer Services	\$ 138,392	\$ 138,392	\$ -
<p>Reinvestment funds were used for expansion of CSG CPS services and implementation of stand-alone 2nd choice for CPS services, to be provided by Skills. Skills' program was transitioned to the medical spend after reinvestment ended. CSB hired and certified two new CPS and one CSP Supervisor and all three received Forensic Peer certification; one peer also participated in Wellness Recovery Action Plan (WRAP) training. Skills hired and certified four CPS and one CPS Supervisor, and all three received Forensic Peer certification. 48 members were being served at the time reinvestment ended. Providers noted a 15% reduction in utilization of Crisis and a 31% decrease in admissions to MHIP; members reported a 50% increase in self-esteem and social functioning.</p>			
Supportive Housing - WBDAC	\$ 109,302	\$ 91,406	\$ 17,896
<p>Reinvestment is utilized for Contingency Funds for members/clients of WBDAC in need of affordable, safe, and independent housing. Plan was extended one more year, until 2020. 13 members were served last year. 100% of members maintained their housing; 92% of members did not access higher levels of care or were incarcerated; 100% of members reported enhanced quality of life and that having stable housing is providing a safe environment in which they can recover.</p> <p>Healthy Homes - WBDAC (amount included in supportive housing WBDAC)</p> <p>This reinvestment plan revision intends to expand financial support available to help members maintain safe and healthy housing. Members in need of financial assistance to treat other home based health compromising conditions that prevent attendance at counseling, jobs, or school, may be considered for funds on a case by case basis. To date, 7 members have been assisted with funds and 100% have maintained their housing.</p>			
Contingency Fund Use - Supportive Housing MH/ID	\$ 62,484	\$ 62,484	\$ -
<p>Reinvestment is utilized for Contingency Funds for members/clients of MH/ID in need of affordable, safe, and independent housing. Plan was extended one more year, until 2020. To date, MH/ID has served 11 members with supportive housing funds; 100% of members reported enhanced quality of life and that having stable housing is providing a safe environment.</p>			
Community Based D&A	\$ 159,985	\$ 159,985	\$ -
<p>Reinvestment funds were utilized to support training and implementation of Community Care model; provider was Crossroads Counseling. One team was recruited and trained for each county. Service was transitioned to the medical spend following reinvestment start-up. 16 members were being served at the end of reinvestment; 70% of youth being served had maintained sobriety since intake. Only one member was placed out of the home due to relapse. 100% of parents were willing to participate actively in treatment; families reported 34% improved communication and better insight into the dynamics of addiction.</p>			

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ATTACHMENT E

REINVESTMENT SUMMARY

Year	Program	Category	Amount	Unit	
2008	D&A Case Management	WBD&A	\$ 76,766	S	
	Mobile Psych	Skills	\$ 287,122	M	
2009	Dual Diagnosis Outpatient	Crossroads	\$ 74,174	B	
2010	MH Drop in Center	Skills	\$ 55,591	M	
2011	MH Drop in Center	Skills	\$ 211,675	M	
	Decision Support Center	CSG	\$ 20,463	M	
	Enhanced Mobile Psych Rehab	Skills	\$ 148,550	M	
	Child Respite	Diakon	\$ 5,785	M	
	Dual Diagnosis Treatment Team	Beacon Light	\$ 25,000	M	
	Substance Abuse Resource Center	WBD&A	\$ 23,811	S	
	Supportive Housing	WBD&A	\$ 31,195	S	
	ASAM Network Wide Training	WBD&A	\$ 26,055	S	
	2012	Child Respite	Diakon	\$ 71,268	M
		Evidence Based Trauma Treatment	CSG/Crossroads	\$ 99,536	B
Supportive Housing		WBD&A	\$ 39,803	S	
2013	Healthy Homes	MH/ID	\$ 20,569	M	
	Certified Peer Services	CSG	\$ 138,392	M	
2017	Supportive Housing	WBD&A	\$ 88,733	S	
	Healthy Homes	WBD&A	\$ 20,569	S	
	Supportive Housing	MH/ID	\$ 62,484	M	
	Community Based D&A	Crossroads	\$ 159,985	S	
	Child Respite	Diakon	\$ 72,226	B	
2018	Methamphetamine use disorder	Diakon	\$ 71,438	B	
	PCIT (Parent-Child Interaction Therapy)		\$ 20,000		
	Trauma Informed CBT for SUD		\$ 21,550		
	School Based MH Intensive OP Services		\$ 25,000		
	CRS & CPS Peer Support		\$ 100,000		
Short-Term Crisis Residential for Youth		\$ 427,522			
			\$	2,425,262	

Total funds spend per organization

Program	Amount	% of total spending
Skills	\$ 702,938	40%
WBD&A	\$ 306,932	17%
Crossroads	\$ 283,927	16%
CSG	\$ 208,623	12%
Diakon	\$ 149,279	8%
MH/ID	\$ 83,053	5%
Beacon Light	\$ 25,000	1%
\$ 1,759,752		100%

Breakdown of Reinvestment to date by dollars and percentages:

Substance Abuse	\$ 589,885.00	34%
Mental Health	\$ 1,169,867.00	66%
TOTAL	<u>\$ 1,759,752.00</u>	

Breakdown of Spend (All MA services) for prior year:

Substance Abuse	\$ 4,603,497.00	21%
Mental Health	\$ 17,138,904.00	79%
TOTAL	<u>\$ 21,742,401.00</u>	

S	Substance Abuse
M	Mental Health
B	Both

Family Interaction Training (FIT) for Professionals

Target Population: Lycoming-Clinton children's providers, child members, and their families.

What is FIT?

Family Interaction Training (FIT) is a behavioral training program developed for use by professionals in a wide range of disciplines to teach parents of young children the parenting strategies commonly used in evidence-based practices and programs. The training is intended for professionals who work with children and families in a therapeutic, clinical, teaching, training, or related setting. The FIT curriculum focuses on strengthening the parent-child relationship, structuring the environment to prevent misbehavior, and using effective strategies for addressing misbehavior.

Why should we consider FIT instead of PCIT for reinvestment funding?

- ✘ Implementation of a PCIT program involves substantial commitment to training which is held outside of PA, ongoing consultation, and significant costs, which are barriers to provider expansion.
- ✘ PCIT trainings are rigidly structured—existing training vendors do not offer the option of a local training. Because only 2-3 staff are trained at a time, expanding network capacity for PCIT will take longer to realize.
- ✘ HC would prefer to implement the new and innovative mobile PCIT model, considering the expressed community need for more mobile services for families. However, this model has not been approved by OMHSAS. The current site-based model requires the member to travel to the provider agency, and transportation is a barrier.
- ✘ FIT is not an EBP, but it employs critical elements of evidence-based parenting and parent training programs including Incredible Years Parenting Program, the Triple P Positive Parenting Program, and Parent Child interaction therapy (PCIT).
- ✘ The training curriculum can be provided and used by both MH and SUD professionals in a variety of settings, vs. PCIT which is age and site-specific.
- ✘ A local training can be scheduled, and up to 25 professionals can be trained at a time for a cost similar to training 2-3 in PCIT.
- ✘ FIT would support our ongoing HealthChoices mission for Children's Services Integration (CSI) to formalize and operationalize a consistent and comprehensive framework that will help guide providers and stakeholders in developing, supporting, and evaluating all children's services, in all levels of care. It will move us closer to building a common language and universal practices among our children's providers.

How much funding would be needed and how would it be spent?

The estimated funding level is \$20,000. This amount is expected to cover the costs of hosting a local training for 25 professionals from in-network children’s providers located in our counties. Below are the actual costs for FIT provided to another CCBH contract:

Description	Expense	Running Total
Training Time		
Training material, curriculum, and activity preparation Tailoring training content to participants’ needs Live training time (11 hours)	\$3,000.00	\$3,000.00
Individual Video & Skills Review		
Review video submissions Provide written feedback on skill 25 participants, 2 videos per participant	\$7,500.00	\$10,500.00
Consultation Time		
Meet individually with providers and/or organizations Facilitate implementation Provide feedback on barriers and concerns	\$1,500.00	\$12,000.00
TOTAL		\$12,000.00

How will this service continue to be funded?

FIT is not a service, it is training to enhance delivery of family focused strategies and practices in all current treatment settings.

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.