

QUARTERLY LYCOMING-CLINTON HEALTHCHOICES REINVESTMENT COMMITTEE MEETING

February 23, 2021

ATTENDANCE:

Jacque Miller – HC Director; Deanna Kimble – HC Quality/Clinical Manager; Elena Farr – HC Fiscal Officer; Ginny Noble – Joinder Housing Specialist; Katie Hugo - West Branch Drug and Alcohol Abuse Commission; Jennifer Colon – Recovery Community Connections; Peg Wesneski – CCBHO Clinical Manager; Teresa Bower – Diakon; and Cathy Bennett, Joinder Administrative Assistant (present for minutes).

OVERVIEW OF REINVESTMENT COMMITTEE OBJECTIVES:

Jacque Miller 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 been emailed these documents prior to the meeting and that they would be included as attachments to these minutes:

- Attachment A – Agenda
- Attachment B – Allowable and Unallowable Uses for HealthChoices Reinvestment
- Attachment C – Reinvestment Update Report (Deanna Kimble)
- Attachment D – Reinvestment Summary
- Attachment E – Reinvestment Funds History
- Attachment F – Lycoming-Clinton CFST Survey Comments
- Attachment G – Recent Stakeholder and Committee Recommendations

As there were no new members present at today's meeting, Jacque noted that she would not need to review the allowable and unallowable uses for reinvestment funds however the summary would appear as an attachment to these minutes (Attachment B).

REINVESEMNT UPDATE:

Deanna Kimble reported that no new plans have been submitted to the Office of Mental Health. In regard to approved plans, she noted that White Deer Run is moving forward with their Trauma Focused-CBT training with staff trainings scheduled for the months of March and April. She noted that the change from Parent Child Interactive Therapy (PCIT) to Family Interaction Training (FIT) was approved in January. In regard to the Short-Term Crisis Residential Treatment Facility, the Request For Proposals draft is completed and once we've received the OK from the State, the RFP can go out. She added that we are in the process of contracting with Crossroads Counseling for the provision of Stimulant Disorder Treatment Outpatient Services. In regarding to existing reinvestment plans, she noted that between October 1 and December, 31, 2020 West Branch Drug and Alcohol served 7 members with funds. Community Based Support Services is open at Recovery Community Connections and Jennifer Colon will be providing an update on their services later in this meeting. She also noted that Keystone Central School District is accepting referrals for school based intensive outpatient services. (See Attachment C)

REINVESTMENT SUMMARY AND REINVESTMENT FUNDS HISTORY:

Jacque Miller noted that there are currently no additional reinvestment funds at this point in time. She added that there are still funds from multiple years open and this information is summarized in Attachments D and E.

UPDATE ON SERVICES PROVIDED BY RECOVERY COMMUNITY CONNECTIONS:

Jacque Miller noted that Jennifer Colon, Executive Director of Recovery Community Connections (RCC), would be providing an update of their program which receives reinvestment funds. Jennifer noted that the receipt of reinvestment funds helped RCC relocate to a larger site in January at 120 East Third Street, near Liberty Church. She noted that RCC is comprised of men and women in various stages of recovery from substance use and/or mental health disorders who have committed themselves to be a voice for the community. RCC provides certified recovery support services and is working toward the provision of certified peer support services. Services and activities are focused on recovery-oriented principles, recognizing the central role consumers play in their own treatment, rehabilitation, recovery, and lives. Since relocating to the new site, more individuals have become involved in the program and there are some group sessions now being offered. Jennifer also talked about a software platform they were using through Recovery Link which measures internal and external outcomes. A suggestion was made to consider preparing a flyer or brochure about RCC which could be distributed throughout the community.

CFST SURVEY COMMENTS:

Deanna Kimble distributed a summary of the comments received from the 560 Consumer/Family Satisfaction Team (C/FST) individuals who were surveyed as part of an annual State requirement for HealthChoices (See Attachment F).

DATA SHARING FROM CASSP COORDINATOR:

The Joinder recently hired a new CASSP Coordinator, Kelly Gordon, and plans are to have an update from her in the future once she has relevant information to share with the group.

ADDITIONAL RECOMMENDATIONS FOR USE OF REINVESTMENT FUNDS:

Jacque Miller asked if anyone had any other ideas they would like to present for consideration in the event new reinvestment funds would become available. 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. Attachment G also contains a summary of current stakeholder and committee recommendations.

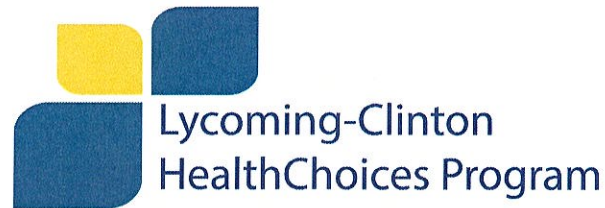
NEXT MEETING:

The next meeting date for the Reinvestment Committee was set for Tuesday, May 25, 2021 from 10:00 a.m. to 11:00 a.m. at the Sharwell Building.

Respectfully Submitted,



Jacque Miller
HealthChoices Director



ADMINISTRATION

KEITH WAGNER
MH Administrator

SHEA MADDEN
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QUARTERLY REINVESTMENT COMMITTEE AGENDA

2/23/2021

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)
- IV. Update from Jenny Colon of Recovery Community Connections, Inc. concerning their current reinvestment plan.
- V. Stakeholder feedback, recommendation(s) and requests for further study to determine feasibility of recommendations using future reinvestment funds. -Sharing of CFS/T member comments (Deanna). Data sharing from CAASP Coordinator (Kelly)
- VI. Current Stakeholder and Committee Recommendations (see attachment)

Next Scheduled Meeting: May 25, 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.

REINVESTMENT UPDATE

2/23/21

I. Reinvestment Plans APPROVED:

- **White Deer Run Trauma Focused-CBT Training (\$21,550):** training dates are TBD due to COVID19 restrictions.
- **FIT for Providers (\$20,000):** plan was submitted to OMHSAS in January.
- **Short-Term Crisis Residential Treatment Facility (\$427, 522):** still waiting for feedback from OMHSAS regarding submitted plan; RFP is in final stages of development.
- **Stimulant Disorder Treatment Outpatient Services (\$71,438):** moving forward with partnering with local provider, and implementing program.

II. Existing Reinvestment Plan Updates:

- ***Supportive Housing Plan/Housing Funds and Safe & Healthy Homes Funds.***
 - ✓ Between October 1 and December 31, 2020 WBDAAC served 7 members with funds.
 - ✓ 100% of total members assisted have maintained their housing
 - ✓ ZERO members experienced IP admissions, crisis utilization, ER use, or were incarcerated. All continue to participate in treatment.
 - ✓ 100% of members served reported enhanced quality of life. Reported benefits include:
 - helped him become more independent
 - better recovery environment
 - able to have a place to recover from shoulder surgery
 - enjoying his new place and being on his own
 - substance free
 - continues to surround himself with those in the recovery community
 - no probation violations
- **Community Based Peer Support Services (\$100,000):** facility is open and operating, recruiting and hiring staff, and offering support.
- **School Based Intensive Outpatient Services (\$25,000):** open and accepting referrals in Keystone Central School District

ATTACHMENT D

REINVESTMENT SUMMARY

Year	Program/Service	Code	Amount	Category
2008	D&A Case Management	WBD&A	\$ 76,766	S
	Mobile Psych	Skills	\$ 287,122	M
2009	Dual Diagnosis Outpatient	Crossroads	\$ 74,174	B
	MH Drop in Center	Skills	\$ 55,591	M
2010	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
2011	ASAM Network Wide Training	WBD&A	\$ 28,055	S
	Child Respite	Diakon	\$ 71,268	M
2012	Evidence Based Trauma Treatment	CSG/Crossroads	\$ 99,536	B
	Supportive Housing	WBD&A	\$ 39,803	S
	Healthy Homes	MHHD	\$ 20,589	M
2013	Certified Peer Services	CSG	\$ 138,392	M
	Supportive Housing	WBD&A	\$ 88,733	S
	Healthy Homes	WBD&A	\$ 20,589	S
	Supportive Housing	MHHD	\$ 62,484	M
	Community Based D&A	Crossroads	\$ 159,985	S
2017	Child Respite	Diakon	\$ 72,226	B
	Methamphetamine use disorder	TBD	\$ 71,438	
2018	PCTT (Parent-Child Interaction Therapy)	TBD	\$ 20,000	
	Trauma Informed CBT for SUD	White Deer Run	\$ 21,550	
	School Based MH Intensive OP Services	TBD	\$ 25,000	
	CRS & CPS Peer Support	Recovery Community Connections	\$ 100,000	
	Short-Term Crisis Residential for Youth	TBD	\$ 427,522	
TOTAL			\$ 2,425,252	

Total funds spend per organization		
	Amount	% of total spending
Skills	\$ 702,938	40%
WBD&A	\$ 306,952	17%
Crossroads	\$ 283,927	16%
CSG	\$ 208,623	12%
Diakon	\$ 149,279	8%
MHHD	\$ 83,053	5%
Beacon Light	\$ 25,000	1%
TOTAL	\$ 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 69%
TOTAL \$ 1,759,752.00

Breakdown of Spend (All MA services) for prior year:
 Substance Abuse \$ 4,503,497.00 21%
 Mental Health \$ 17,138,904.00 79%
TOTAL \$ 21,742,401.00

S	Substance Abuse
M	Mental Health
B	Both

Lycoming-Clinton HealthChoices
Reinvestment Funds History

<u>2013 Reinvestment Funds -</u>	<u>Total Funds Available</u>	<u>Funds Spent</u>	<u>Remaining Funds Available</u>
Reinvestment Description			
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. CSG 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	\$ 93,281	\$ 16,021
<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 MHID	\$ 62,484	\$ 62,484	\$ -
<p>Reinvestment is utilized for Contingency Funds for members/clients of MHID in need of affordable, safe, and independent housing. Plan was extended one more year, until 2020. To date, MHID 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>			

Lycoming-Clinton CFST Survey Member Literal Comments

Expanding/Enhancing Medication Management Services:

- Have tried so many medications but I need more coping skills rather than medicine.
- Need more coping skills than meds.
- Coping skills were helpful but got redundant. I felt heard. Meds weren't helping but talking was.
- Dr. has a good listening ear, he listens to me about how my medicines make me feel. I can talk to him if I have questions. He is very in tune and cares about his patients.
- Telepsychiatrist is doing his job so far. I like that he agrees with using CBD pills for treatment, instead of going straight to RX.

Gaps in Services:

- I asked for help like **Divorce support groups or alcoholism family counseling and support**, wasn't given any resources or encouraged.
- Need help **finding housing and talking to someone to help me find housing**
- **I'm anorexic and am having trouble finding a counselor who knows about eating disorders.**
- Just had another baby and struggling again with **post -partum depression**
- **Wish I could get help and support as a caregiver to daughter with schizophrenia**, she is off psych meds for schizophrenia and hard to handle.

Increasing Access and Addressing Access Barriers

- **Step transportation** is only available at certain times and makes it difficult to get to behavioral health appointments.
- I don't think the **consequence for missing appointments** should be probation without treatment.
- Scheduling should be more **flexible for parents work schedules**
- I missed my second appointment, not in a row, and **banned me for 6 months** from services.
- **Banned from services for missing 2 appointments**, was not able to get another provider.
- **Banned from services for 6 months, not able to get into another provider.**
- **I'm on 6 month probation because I missed appointments**
- I like the **flexibility of group times.**
- **The counselor works around my work schedule.**

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.