



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 MINUTES

2/27/2024
10:00- 11:00

- I. Introductions and sign-in
- II. Overview of the Reinvestment Committee objectives if there are any new members (Jacque): **No new members were in attendance.**
- III. Sarah Santucci from KEYSTONE CONSELING is joining us to provide a brief overview of their Path to Licensure plan and to share their outcomes. **Keystone Counseling developed the Path to Licensure program to make a difference in the ongoing problem with recruiting and hiring licensed clinical staff in Lycoming-Clinton. Individuals seeking licensing typically must pay an agency hundreds of dollars to obtain licensing supervision, which is a financial hardship. This program offers free licensing supervision and practice hours to master's level individuals seeking licensure to provide mental health services, in exchange for a two-year commitment to work for Keystone Counseling. The two clinicians currently being supported have expanded access to services for our members in Clinton County and have served more than 150 members to date with over 1,000 hours of counseling. The reinvestment plan has one more year of implementation, and both candidates are on track to obtain their licenses.**
- IV. Current funds available for reinvestment: **The following funds have been identified for reinvestment spending, but have not been designated to a proposed plan as of yet--**
 1. 2021 - \$98,000 (funds not spent by WDR in prior reinvestment plan)
 2. 2022 - \$12,098
 3. 2023 - \$884,950**Total: \$995,048**
- V. Current reinvestment contract summary, Excess funds Summary (prepared by Elena/presented by Jacque): **No questions were asked regarding the Contract summary or Excess Funds summary.**



Reinvestment Funds
History to date.xlsx



Reinvestment funds
spend in 2023.pdf

- V. Current Reinvestment plans updates/status/outcomes (Deanna): **Teresa asked for additional clarification about the closing of the Drug-Free Treatment for Opioid Use Disorder plan, and how the Bridge Device works. Deanna explained that the provider was able to keep the devices not used for use in the future, as needed. The Massimo Bridge is a single use device that is worn by an individual for 5 days, placed behind the ear; during this time, the device provides neural stimulation that alleviates physical symptoms resulting from discontinuation of opioids.**



- VI. Sharing of Consumer/Family satisfaction team (CFS/T) member comments: ***Deanna shared that the Q4 member literal comments include concerns and feedback that we've heard routinely over the last year and in prior years. Most specifically, comments regarding lack of available psychiatrists, and the deficit of providers who serve individuals with Autism. Members indicate that they wait 6 months or more for a psychiatry appointment, have few face to face options, and time with the psychiatrist is short. Similarly, members with ASD and their families often wait as long for appointments and/or must travel out of the area for services needed. Jessica shared that she has had excellent experiences and results working with Geisinger Danville psychiatry, which serves adolescents and adults, and this provider is in the Lycoming-Clinton network.***

Stakeholder feedback, recommendation(s) and requests for further study to determine feasibility of recommendations using future reinvestment funds. ***Committee members offered several suggestions for future use of reinvestment funds. Teresa, Kelly, and Amber discussed the possibility of supporting a Sober Living facility in our counties; currently, individuals interested in Sober Living to transition from treatment must choose homes located hours from our counties and their support systems. Deanna noted a recent trend of members admitted to mental health and substance use disorder inpatient treatment, requesting discharge to Sober Living facilities. Shea shared that these types of facilities have traditionally been difficult to sustain, and we've received little support over the years from our community to open one. In addition, a Sober Living facility is now required to be licensed. The present barriers to implementing a Sober Living-type facility in our counties include identifying a provider, meeting all the standards and requirements for licensing, and ongoing sources of funding. Because these types of facilities are not an MA billable service, a non-medical reinvestment plan may be an option, which could cover start-up expenses, training, and licensing activities. However, we would need to provide a solid plan for sustainability after reinvestment funds are spent for the plan to be approved. Jacque suggested considering partnering with neighboring counties to open a regional facility, to help with sustainability.***

Jacque recommended the implementation of an adult residential treatment facility (RTF-A) in our counties to keep members close to their homes, providers, and supports.

Next Scheduled Meeting: May 28, 2024, 10:00-11:00

Cumulative 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. PH/BH collaboration – imbedding a Provider in local PCP offices.
9. Kelly Gordon, CASSP Coordinator, suggested we continue to explore in person supports for deaf and hard of hearing especially for children.
10. Vanessa's updates from Provider meetings: supported housing for the SMI population, developing a mobile family therapist position to work alongside SBOP staff, fire setting specialty, Stepping Stones social skills group, and EMDR expansion.