



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

5/24/2022

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 4/30/22 - \$1,164,986. We plan to use \$389,201 to fill Risk & Contingency to the State Maximum, so that will leave us with a total of **\$775,785**
- IV. Current reinvestment contract summary, Excess funds Summary (prepared by Elena/presented by Jacque)



Reinvestment fund balances 5-24-22.pdf



Reinvestment Funds History to date.xlsx



Current REINVESTMENT plans

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

- V. Stakeholder feedback, recommendation(s) and requests for further study to determine feasibility of recommendations using future reinvestment funds:



CFST Literal Comments May 2022

- VI. Sharing of Consumer/Family satisfaction team (CFS/T) member comments (Deanna)

- VII. Current reinvestment ideas:

- All below reinvestment ideas were reviewed with the committee members during the meeting and the details of each plan (See attachment: proposed reinvestment plan summary) were discussed. The committee members approved all the reinvestment ideas.
- a. Provider technology upgrades: Electronic Health Record (EHR), integrated data systems, telehealth, etc.
 - b. Implementation of evidence-based treatment for Problem Sexual Behaviors (PSBs), Multi-systemic trauma (MST-PSB), including training for Trauma focused Cognitive behavioral therapy (TF-CBT) for Problem Sexual Behaviors.
 - c. Hoarding Intervention and Support Services to include therapy and community-based in-home assistance.
 - d. Family and Caregiver education provided at Mental Health Inpatient (MHIP) and Substance Use Disorder Inpatient (SUD IP) facilities (what to expect, what happens next, discharge/aftercare, etc.)
 - e. Mental Health First Aid for Schools
 - f. Autism services and supports for teens and transition age youth
 - g. Structured Mental Health Outpatient program -Transition Support for members' leaving incarceration, mental health court and people facing chronic mental illness (Crossroads Counseling)
 - h. Transition to Independence (TIP) program for Transition Age Youth (TAY) (operate as an Intensive Outpatient (IOP) or psych rehab model)
 - i. Summer therapeutic programming for children
 - j. Expansion of Parent/Child Interactive Therapy (PCIT) (mobile/in-home model)
 - k. Crisis Residential Program
 - l. Foreign language interpreter HIPPA compliant hand-held translation devices - Pocketalk devices, which are the most highly rated and popular translation device being used by medical and psychiatric professionals. The devices are \$250-300, they currently have 82 languages included, and there is no annual fee. Consider purchasing devices to have on hand for Providers to use and/or purchasing them for specific providers, including offering devices to our providers who have CPS and CRS services such as CSG, Crossroads, and Skills and RVHDC.



PROPOSED
REINVESTMENT PLAN

VIII. Current Stakeholder and Committee Recommendations (see attachment)

Next Scheduled Meeting: August 23, 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.