

ADMINISTRATION

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QUARTERLY REINVESTMENT COMMITTEE MINUTES

5/23/2023 10:00-11:00

- Introductions and sign-in I.
- II. Overview of the Reinvestment Committee objectives if there are any new members (Jacque): The group discussed the composition of the Committee, and how it might be expanded with expertise from additional CCBH members and stakeholders in the community. The Reinvestment Committee Flyer has been updated for sharing and posting in provider offices; recommended stakeholders for outreach to determine interest in joining the committee included the VA Center, YWCA, NAMI, and AIDS Resource Alliance. It is crucial that we loop in stakeholders from Clinton County, as the public/community misperception is often that there are "no services" or fewer services available to residents compared to Lycoming County. The Committee will continue to seek recommendations and actively reach out to increase committee membership and proficiency.



Reinvestment Flyer_5_9_23.docx

- III. Reinvestment funds available for future reinvestments as of 12/31/2022 – There is currently approximately \$743,242 available for Reinvestment. HealthChoices has 8 months after the end of CY to submit draft plans to OMHSAS – by 9/1/2023 (1st day of 9th month).
- IV. Current reinvestment contract summary, Excess funds Summary (prepared by Elena/presented by Jacque)





HC Provider

Reinvestment Funds Reinvestment Spendir History to date.xlsx

V. Current Reinvestment plans updates/status/outcomes (Deanna) Three proposed reinvestment plans from 2023 are still waiting on approval; OMHSAS indicated this week that the Pathway to Licensure plan should be approved this month or next month. Also still outstanding are the IBHS with PCIT Interventions plan, and the RTF Expansion plan.





HC Provider REINVESTMENT Technology Enhancen UPDATE_MAY 2023.dc

VI. Sharing of Consumer/Family satisfaction team (CFS/T) member comments (Deanna): Member comments shared this quarter focused on need for consistently available and reliable translation services. There are several translation companies that have been recommended by CCBH, although provider utilization has been minimal, with some complaints regarding inconsistent availability. Routine education about these services at provider meetings will occur to ensure provider awareness of these resources. HealthChoices has been waiting for a response from

OMHSAS regarding the use of Pocketalk devices in lieu of utilizing a translation service, to hopefully mitigate some of the concerns regarding translation services.



- VII. Which reinvestment plan/provider the Committee would like to have a presentation from at the next meeting? (Deanna): The committee would like to continue to have updates and information regarding existing plans, particularly considering the frequency with which we gain new members to the committee. It is also suggested that we reach out to County Commissioners to educate about the reinvestment plans, providers, and outcomes.
- VIII. Stakeholder feedback, recommendation(s) and requests for further study to determine feasibility of recommendations using future reinvestment funds. The Committee considered the current list of recommendations for reinvestment and added two additional concepts for funding (see below). The Committee approved moving ahead with #15 Behavioral Health Fellowships. HealthChoices will put together a reinvestment plan to review with the committee.

Next Scheduled Meeting: August 22, 2023, 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. Parenting/Family education and support with respite
- 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. Connecting with resources, supporting members while waiting for other treatment services.
- 5. Teresa Bower noted that there is a shortage of counselors who are knowledgeable in eating disorders, such as anorexia. **Comprehensive Eating Disorder treatment program.**
- **6.** Teresa Bower 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.
- 7. 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. (DONE)
- **8.** 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. **(DONE)**

- 9. PH/BH collaboration imbedding a Provider in local PCP offices. PCP/IBHS collaboration pilot; PCPs have social workers in their offices to offer brief services/resource connection UPMC and Geisinger offices. Some are commercial/PH billing. Mostly adult patients. Social workers focusing on SDoH; a lot of these clinicians are licensed. Do our adult or child providers know about this arrangement?? How do they connect/network with these SWs for Written Orders, referrals, other needs?
- 10. Crisis residential in LH and/or Adult Crisis Stabilization Residential Facility
- 11. SUD drop-in center
- 12. MH RTF-A, ACT + PHP, Assisted OP with MPR or something developed for TAY
- 13. Cognitive Behavioral Intervention for Trauma in Schools pilot CBITS for SBOP (Crossroad's pilot)
- 14. Children's summer therapeutic programs
- 15. Behavioral Health Fellowships staff recruitment and retention: agreeable to moving forward.

Newly added to the list 5/23/23:

- 16. Emotional Support Animal funding as supplemental to treatment/part of treatment plan
- 17. Supported housing program/ housing facility + support