



*Magellan of Arizona Regional Behavioral Health Administration for Maricopa County*

Governance Board Minutes of October 21, 2009

**PRESENT:**

**Community Members of Governance Board:**

**Sue Davis – Board Co-Chair**  
 Vice President, Emerita, NAMI - Family Member at Large Representative  
**Kathryn Ayotte**  
 Adult Recipient Representative  
**Frank Scarpati**  
 CEO, Community Bridges - CEO Adult Provider Representative  
**Joe Prawdzik**  
 CIT Consultants LLC - Community Member at Large Representative  
**John Romero**  
 CEO, People of Color Network (PNO) - CEO Children Provider Representative

**Magellan Members of Governance Board:**

**Richard Clarke Ph.D. – Board Co-Chair**  
 Chief Executive Officer, Maricopa County RBHA  
**Jeff Boldizar**  
 Deputy Chief Executive Officer, Maricopa County RBHA  
**Jim Stringham**  
 Chief Operations Officer, Maricopa County RBHA  
**Shawn Thiele**  
 Chief of Children and Youth Services Officer, Maricopa County RBHA  
**David Covington**  
 Chief of Adult Services System, Maricopa RBHA  
**Dr. Michael Brennan**  
 Chief Medical Officer, Maricopa County RBHA

**ABSENT:**

**Charles Curie**  
 Board Consultant - Principal, The Curie Group  
**Karen McLaughlin**  
 Family Member of Child Recipient Representative  
**Lynette Tolliver**  
 Governance Board Administrator

**IN SESSION: The meeting was called to order at 10:10 a.m.**

**Board Minutes Submitted for September 16, 2009 Meeting:**

A motion was submitted to the Board to approve September 16, 2009 minutes. The Board unanimously approved the minutes without discussion.

**Board Announcement**

- Richard briefly discussed the agenda.
  - Cyndi Bloom, new Director of Provider and Community Communications will present an update on recent Community Relations events to marshal perception and change and the good things Magellan is doing in the community.
  - Jennifer Thorsen and Jeff Boldizar will present responses to recent questions that have been posed regarding rehabilitation and work benefit programs as they relate to recovery. The discussion should bring about ideas and a better understanding of where Magellan stands with regard to recovery and resiliency.

**MAGELLAN UPDATES**

**Magellan of AZ Updates**

Richard Clarke provided an update to the board:

- There has been discussion in the State and in Maricopa County regarding systems that serve children and young adults to age 21 abandoning their Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation standards and the resulting difficulty this would bring in meeting the acute hospital needs for this population.
  - In order to receive Federal Medicaid funds, JCAHO accreditation is required by law. Hospitals want an alternative to JCAHO which is DNV, but it is only approved by Medicare for Federal funding, which was an oversight on the part of CMS and the Medicaid Agency. When JCAHO was eliminated a couple of years ago, DNV was approved by the state for Medicaid, however, the regulations, say JCAHO is required. Correcting

- Adult PNO's
  - Between now and December, there will be a Public Dashboard for Outcomes online.
    - ✓ The Dashboard is still being refined to make it more understandable to the public.
    - ✓ This tool shows improvements over the last six months.
    - ✓ A specifications manual is being prepared as a result of a meeting with the State.
    - ✓ It should be available to the public the first week in December 2009.
    - ✓ With the 18 measures, there is an overarching part to give an overview of all clinics.
      - The PNO statistics may be approached differently.
      - Clinic specialties could vary, which may affect the measures.
      - Length of clinic operation will also be a factor.
      - The newest version of the Dashboard will be made available to the Governance Board.
    - ✓ The discussion on the Dashboard will be discussed again at the November Governance Board Meeting.
  - Contracting Status:
    - ✓ Magellan has been working with Providers and PNO's through workgroups on strategies for reducing services so as to minimize the impact on recipients overall. Recommendations have been made to DBHS.
    - ✓ On October 19, 2002, the State released their FY10 plan for cuts. There are \$6.1M in cuts in General Mental Health and Substance Abuse. The plan eliminated all funding for T-XXI, Adult Substance Abuse and some funding from SMI T-XXI. An additional \$1M in funds were reduced in the T-XXI and \$500K in one of the T-XIX areas. Behavioral Health did not receive the full \$10.1M cut. The internal Magellan team will strategize in the next one and one-half weeks on how to roll these changes out and manage them by studying:
      - Who is delivering the affected service?
      - Will it be necessary to eliminate service(s)?
      - Will Block Funding be reduced and have the System manage it?
    - ✓ FY10 Contracting:
      - Magellan has been working with the Provider community regarding silo reconciliation, equalizing rates, and residential fee-for-service. It is modeled out, and bridge funding is continuing in the interim.
      - Contracting should be finalized in the next couple of weeks.
      - B3's funding pages will be mailed out to Providers. The first draft of amendments has been made. The first set of B3's will be sent out this week. It will take 10 days to complete. Providers will be called in advance to give them a guideline amount for them to plan.
      - There is an Evergreen clause, allowing bridge funding to continue even though new contracts aren't finalized. The Providers will be able to plan for future growth once the contracting is completed.
      - An additional \$33M will go to Titled resources to enable service to more children and adults.
      - There are problems with reductions to the Non-Titled side, and there will be an effort to shift to grow the Titled side for those who qualify. Currently, 58% of the population is on the Titled side as a result of these efforts.
      - Non-Titled Substance Abuse Treatment funds have received cuts.
      - Alternatives to cuts must be developed without affecting the quality of care.
      - Services can't be refused unless there is a mental health issue (impaired capacity to make a decision). The clinician must assess this and ask that the person receive services, but he/she might circumvent access to care.
      - Kathryn Ayotte, Adult Recipient Representative asked the Board to proceed with care because recipients can't afford to lose their benefit or to pay high co-pays. Richard Clarke responded saying that Magellan has discussed this with the Provider community to prevent negative effects on the population and is committed to that level of integrated conversation.
  - Computer Giveaway Program - Cyndi Bloom, Director of Employee and Provider Communication
    - ✓ The Computer Giveaway Program is in its third year. In 2008, 400 computers were given away (350 to recipients and 50 to Providers). In 2009, 300 will be available to give away (250 for recipients and 50 for

Providers. As of last week, 40 applications have been received. There is a deadline of November 6, 2009 for application submission, to be distributed in December 2009.

- ✓ Computers are in good running order and are less than 3 years old with an operating system, mouse, keyboard and instructions.
- ✓ Volunteers are needed to review and grade the essays submitted with these applications. Interested parties should contact Alexandra Zavala (Ext. 88288 or [aazavala@magellanhealth.com](mailto:aazavala@magellanhealth.com)).

#### **Recent and Upcoming Community Events** – Cyndi Bloom, Director of Employee and Provider Communication

- Highlighted by Cyndi Bloom (handout of all events provided)
  - Sue Davis confirmed the fact that the Arizona State Hospital has closed its Adolescent Treatment Unit because RBHAs statewide didn't feel a need to refer patients to that facility.
    - ✓ Richard Clarke added that this is a result of the tremendous work of the Provider community, ADHS/DBHS, and all the RBHA's across the state in developing alternatives that include bringing services to these recipients in their communities. This has resulted in reducing the need for in-patient services at the Adolescent Treatment Unit at the Arizona State Hospital.
  - Foto Novellas were created for distribution to youth across the valley to advise on how to deal with problems they and their families are facing.
  - Thursday, October 22 – 9:00 a.m. – At the 3<sup>rd</sup> Annual Arizona Head Start Association Birth to Five Mental Health Conference for Head Start staff, parents and families, Magellan will staff a booth, provide printed information, and answer questions.
  - Sunday, October 25 – 10:00 a.m. – At Festival Telemundo in partnership with Channel 39, Magellan will reach out to 30,000 Hispanic families.
  - Suicide Prevention Initiative:
    - ✓ Shawn and David have been involved in broadcast and print media coverage.
      - Last week there was an article in the *Arizona Republic* in the Phoenix section and the Valley and State section on Magellan's Crisis Intervention Training.
      - Magellan has made great inroads on this topic into Spanish television (Telemundo), radio and print media.
  - A progress report is being printed and supplemented with fact sheets regarding recipient profiles and distribution of funds. It should be available by the end of the month, and Cyndi will bring them to the November Board meeting.
- **Rehabilitation and Work Benefit Programs** – Discussion: Jeff Boldizar and Jennifer Thorson, Employment and Vocational Director, Magellan Health Services of AZ
  - Housing, employment and community involvement affect Recovery. The current level of recipient employment is 16% - 18%. The State employment goal is 25%, but the long-term goal is 40%.
  - Jennifer Thorson presented a discussion about her department and the Ticket to Work and Freedom to Work programs.
    - ✓ The Employment and Rehab Department works closely with the Department of Economic Security (DES)'s Rehabilitation Services Administration (RSA), an adult rehab program and the DBHS Employment Department and Rehab Department to ensure that the Intergovernmental Agreement Between the Department, RSA, and all RBHA's is upheld and that all of the various protocols developed by the different organizations are followed per state guidelines.
    - ✓ The purpose is to increase the number of employed people with psychiatric disabilities who are successful and satisfied with their vocational roles. Funding for this has not been cut at this point.
    - ✓ There are three staff who work with Jennifer with Gaye Tolman's support in the Recovery and Resiliency Department.
    - ✓ There is ongoing training, technical assistance, and monitoring in collaboration with Magellan's Learning Department and all PNO's, working directly with the Rehab Specialist. All teams have to have at least one Rehab Specialist.
    - ✓ The overall goals:
      - Increase the number of recipients working by 10%. Magellan is currently at 16% with the SMI population. State goal is 25%. This puts Magellan ahead of the rest of the country. The 40% goal should be attainable.

- Extend the use of employment services. Magellan provides long-term support. There are mentors across the PNO network.
- Increase transitional employment opportunities to get recipients in the community into real jobs, getting real experience.
- ✓ The Ticket to Work Program started in 1999 through the Social Security Administration to remove barriers and provide choice by allowing people to choose between work while keeping their health care coverage and preventing them from being forced to remain in the State Rehab Program. Packets were distributed to the Board. More information is available in the packet regarding choices in employment networks while being able to remain in the State Rehab Program.
- The Medicare extension began in January 2001 and provides 4-½ more years of Medicare coverage bringing the total to 8-½ years. The person must be working and Social Security will continue to pay for Medicare Part A, but the participant would be responsible to pay for Part B if they choose to enroll in Part B. Expedited reinstatement, effective January 1, allows beneficiaries who have had to leave their employment due to their medical condition to continue to receive benefits and to re-enter the system without re-application within 60 months of stopping working and receive benefits for up to 6 months until their medical condition to be determined.
- ✓ The Freedom to Work Program began January 1, 2003 and allows participants to buy into this program. Participants must be residents of Arizona, have a Social Security number, either receiving Social Security Disability payments or having been determined to have a disability by Disability Determination Services, and have countable income from work. Their income may not exceed 250% of the established federal poverty level without counting their Social Security income. There will be further refining of the wording. Tracking this status for trending purposes isn't available. CHOICES is currently employing recipients as "Lobby Hosts," making them eligible to enroll. Per a recent financial screening, there are currently 8,500 people who are not AHCCCS-eligible and approximately 90% fall under the 250% income level. A goal should be established to include as many eligibles as possible in this program.
- ✓ Arizona Bridge to Independent Living (ABIL) has been partnering with Magellan. Magellan is offering training to all clinic staff. Ann Mac Neil, a member of Jennifer's team, has completed and passed the training. This program is very secure and should be utilized. RSA has been involved in the training, and recipients aren't being closed out as often as before.
- ✓ Jennifer's Department will be meeting with all Rehab Providers on Thursday, October 22, to bring new people into the system.
- ✓ Richard reported that last year, Magellan funded the hiring of eleven Rehabilitation Specialists on support teams. This year, Magellan is funding Linkages to do targeted business development attached to recipients and the Provider community. Tangibly, Richard asked what is being done to be sure there is a strategy plan.
  - Rehab Specialists are going to be monitored and supervised to be sure they are offering the services they should provide.
  - Other RBHA's have set a Vision target to get 25% – 40% over time as a goal. One RBHA has set an employment guideline of 100% in every ISP. This includes volunteerism and staff knowledge of the Freedom to Work Program to be able to discuss it with recipients to explain they won't lose any benefits. Peer family mentors are vital. There was 15% participation, and it is now at 84%.
  - Jeff represented Richard at the grand opening of Triple R's Clubhouse and was very impressed. There are chalkboards listing volunteers and part-time or full time employment. Within months a lot of the chalkboards in other Triple R clubhouses are filled with names. The goal is to fill all boards in the clubhouses.
  - David Covington commented on competitive employment being most important.
  - Richard called for a much deeper strategy to put their hearts, minds, and souls into this effort.

*ACTION: Include the Dashboard discussion in the November Governance Board Meeting agenda for further input.  
 Invite PNO CEO's to the next meeting to listen to and participate in the Dashboard discussion.  
 Find out the status of the employment goal.  
 Are all ISP's reflecting the effort to bring up the numbers of employed recipients?  
 Sue Davis request an organizational chart showing staff changes. Jennifer will provide this.*

<b>OPEN DISCUSSION</b>
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- None

#### **OLD BUSINESS**

- None

#### **NEW BUSINESS**

- None

#### **PROPOSED NEW BUSINESS**

- None

#### **PUBLIC COMMENT**

- Inez Cross, Helping Heart Residential Facilities
  - Several recipients have wanted to change clinics to meet their needs. Inez would like to have information about all clinics in the PNO's and what each PNO offers as a network.
  - She has been told there is a three- to six-month waiting list to receive help finding employment. Many feel it would take less time to find employment on their own.
  - There is anxiety among recipients about working 40-hours. They have few skills, so there should be skills training to make them more confident.
  - They are fearful of losing benefits and need counselors with information regarding Ticket to Work, etc. to inform recipients.
  - Transportation is being cut back, and it has become a further challenge in getting around.
  - \$500,000 is for the co-pays for dual eligible population for behavioral health, but recipients and some case management teams don't understand that term. Co-payments are difficult to understand and when they go to a pharmacy, there is much confusion and sometimes, anger on the part of these dual eligible recipients.
- Karen Smith – NAMI Trainer, Mother of a Recipient
  - Ms. Smith is requesting to have the Board's assistance and support for her son to get through the difficult Part D Medicare routes and to receive his medications. Even though he has a "fabulous case manager," it has been very confusing.

#### **NEXT MEETING**

The Board will meet on the following dates: **Wednesday, November 18, 2009 for Board Meeting.** All Board Meetings will take place at Magellan Health Services, 4129 East Van Buren Street, Ste 150, Phoenix AZ, 85008 – Cottonwood Conference Room from 10 am – 12 pm. Locations for the Development Sessions will be communicated to Board members directly.

Meeting adjourned at 11:42 a.m.