

## Arizona pursues more direct role in outcome evaluation in Maricopa

### Judge faults state for lack of progress

Stakeholders could argue for a long time about the historic shortcomings of the nation's largest public-sector behavioral health contract in Maricopa County, Ariz., but it is becoming clearer that close scrutiny is not among the features the program lacks. In recent months, it has arguably become more evident than ever that the success of this public behavioral health system stands as a major priority for state government, starting at the top with Gov. Jan Brewer.

"The new ingredient to the whole mix is that this is a high-priority item for the new governor; she has taken a leadership role," Will Humble, interim director of the Arizona Department of Health Services, told *MHW*.

While speculation abounds over whether the administration might align with a recommended system overhaul recently suggested in a report from the monitor of progress in a longtime lawsuit over deficiencies in the behavioral health system (see *MHW*, Jan. 26), state officials for now say they are focused on stepping up efforts to evaluate Maricopa County program outcomes.

Humble, a former deputy director in the public health area, said last week that his department is working on coming up with some objective outcome-based criteria to evaluate the Maricopa program's performance, as part of an overall effort to move from a process-based evaluation to an outcome-based one.

"We just need to do a better job at our quality assessment, in collecting meaningful outcome data," Humble said. "This exists now, but much of the data resides with our contractors."

Yet while the administration intensifies its review of progress in

#### Key Points...

- State officials want to steer the move to a more outcome-driven system.
- Court bristles over progress in Maricopa, orders new status report.
- Magellan points to increasing community control in county program.

the state's largest county, the state continues to take hits for the overall pace of its efforts. The Arizona Republic reported last month that at the latest court review of progress related to the longstanding class-action lawsuit *Arnold v. Sarn*, Arizona Superior Court Judge Karen O'Connor said state officials had largely ignored the findings of the January report from the court's Office of the Monitor. The judge has ordered the state to issue an updated progress report by early September.

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Richard Clarke

The monitor's report suggested that there had been some backsliding in progress in Maricopa County since the state in 2007 replaced former managed care contractor ValueOptions with Magellan Health Services, Inc., which is now more than halfway through a three-year contract to manage the system. Looking at the status of a group of individuals with serious mental illness in Maricopa County, representing priority class members in the lawsuit, the monitor's office reported problems related to high case-loads and an insufficient focus on recovery.

While some observers have suggested that the program's long history demonstrates the need for a structural change toward a provider-driven system not under a large managed care contractor, others have said Magellan is making important progress on the main goals of the state and the court (see *MHW*, Feb. 2).

### Community control

Richard Clarke, chief executive of Magellan's Arizona operation, last week reiterated his company's position from the time when the court monitor's report was released earlier this year: Data indicate that the Maricopa program is achieving improvements on several fronts, offering no sign that a major change in direction is needed.

"I don't believe this is a system in crisis. It is a system under transformation," Clarke told *MHW*.

He cited the growing role of community organizations in the Maricopa County program as a key element toward bringing about the recovery-driven service system that stakeholders are seeking. At present, 14 of 23 clinic sites in the system are under community ownership, he said, and by the time the next status conference is held in September all of the clinics will be under community control.

Clarke added that a community organization has been selected to assume ownership of the county program's urgent care center as well. Already, urgent care services have served as a potent example of Magellan's progress under its existing contract, Clarke said, as the program has seen a reduction in wait times for urgent care from the previous norm of a couple of hours to just minutes now. He added that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) recently awarded the urgent care center a "gold seal of approval."

Clarke pointed to other significant accomplishments since Magel-

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lan's arrival in Maricopa County:

- The program has stepped up participation from peers and family mentors in clients' treatment planning, with more than 80 percent of clients now receiving such assistance.
- The program continues to add organizations to its provider network, with recent additions serving to enhance both the recovery orientation and attention to issues affecting ethnic minorities.
- There has been a continued growth in use of innovative Assertive Community Treatment (ACT) teams to reach out to the most seriously ill clients and forestall crises such as homelessness. "We

have a little over 1,600 people in ACT programs now," Clarke said. "We have the largest evidence-based practice model around ACT in the country."

Clarke added that an examination of national outcome measure data that is now furnished to the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that Arizona (for which Maricopa County represents two-thirds of the total profile) fares better than most states on measures such as client employment status, homelessness, and rehospitalization rates.

While he acknowledged the pressures at the state level to move faster in light of the longstanding court settlement issues, Clarke said Magellan remains focused to its ongoing effort to "move this thing

under community control and then drive quality."

State officials appear poised to assume a more direct role in quality monitoring as well. Humble referred to his public health background in saying that the Department of Health Services' approach needs to resemble that of the state's response to the threat from the H1N1 virus: collect good surveillance data and use it to assess where you are and where you need to be.

Humble said it is too early to tell whether the governor's engagement on the behavioral health issue will lead to a call for a dramatic change in direction for the largest public-sector behavioral health program. Yet he added, "I think everyone recognizes that there's an opportunity right now because this is a priority for the new governor." •

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