



Magellan of Arizona Regional Behavioral Health Administration for Maricopa County

Governance Board Minutes of February 18, 2009

PRESENT:

<p><u>Community Members of Governance Board:</u> Sue Davis – Board Co-Chair Vice President, emerita, NAMI - Family Member Representative Frank Scarpati CEO, Community Bridges - CEO Adult Provider Representative Nick Margiotta Phoenix Police Department - Community Member Representative Luz Sarmina CEO, Valle Del Sol - CEO Children Provider Representative</p>	<p><u>Magellan Members of Governance Board:</u> Richard Clarke M.D. – Board Chair Chief Executive Officer, Maricopa County RBHA Jeff Boldizar Deputy Chief Executive Officer, Maricopa County RBHA Jim Stringham Chief Operations Officer, Maricopa County RBHA David Covington Chief of Adult Services System, Magellan Dan Wendt Chief Quality Officer, Maricopa County RBHA</p>
<p><u>Board Consultant</u> Charles Curie - Principal, The Curie Group Staff to Governance Board Lynette Tolliver – Governance Board Administrator</p>	
<p><u>ABSENT:</u> Valerie Van Auken Family Member of Child Recipient Representative Kathryn Ayotte Recovery Innovations of AZ, Adult Recipient Representative Shawn Thiele Chief of Child and Youth Services Officer, Maricopa County RBHA</p>	

IN SESSION: 10:00 a.m.

Board Minutes Submitted for January 21, 2009 Meeting:

A motion was submitted to the Board to approve January 21, 2009 minutes. The Board unanimously passed the minutes.

Board Announcement

- Richard Clarke introduced David Covington, Chief Officer for Adult Services System, as a new Board Member for Magellan.
- Southwest Network and CHOICES will provide presentations for the March 18th Board meeting.

MAGELLAN UPDATES

Magellan of AZ Updates

Richard Clarke provided an update to the Board:

- Magellan announced the grand opening of the new residential substance abuse and dual diagnosis Level 1 program called Corazon at Chicanos Por La Causa. The grand opening will be held on February 27, 2009 at 8:30 am at 3639 W. Lincoln Drive.
- The Annual NAMIWALK will take place on March 29, 2009 at Tempe Town Lake. Check in is at 8:30 am and the walk will begin at 9:30 am. All were encouraged to attend the event and to contact their local NAMI office or view the website for more information.
- Magellan of Arizona, The National Alliance on Mental Illness (NAMI) and The Arizona Mental Health Awareness Coalition (AMHAC) have joined to campaign for education and reduction of stigma concerning mental health issues. The campaign is entitled: Mental Illness Strikes 1 in four and it will be running for the remainder of the year.
- My Fest 2009 will be held at Tempe Beach Park on April 11, 2009.

- The members of My Life provided a Legislative Agenda Presentation to the full House of Representatives. Many Representatives had positive feedback and stated that was the kind of agenda and discussion all Arizonans should present.
- May is Mental Health Awareness Month.
 - AMHAC will host a Candle Light Celebration on May 1st, on May 2nd there will be a family picnic, and on May 9th the Youth Leadership conference will be held.
 - Children's Mental Health Awareness week starts the second week of May 2009.
 - Chase Field will hold a Mental Health Awareness Night on May 30th.

Operational Update

Dan Wendt provided an update to the board on the UM/QM Plan and Jim Stringham and Nick Margiotta gave a presentation to the board on the Crisis Benefit:

- Annual UM/QM Plan
 - The UM/QM Plan serves as the framework for Magellan's systemic approach to quality improvement and articulates Magellan's oversight and monitoring activities for the year.
 - The plan was submitted after being reviewed by the Board on November 30, 2008. The Division of Behavioral Health Services (DBHS) responded to the plan January 2009 and requested revisions to the document to meet state compliance. Magellan revised the plan and requested approval from the Board prior to re-sending it to DBHS.

The Board moved and seconded the following Motion:

The Magellan of Arizona Governance Board memorializes the approval of the Magellan Quality Management Plan that was submitted on February 11, 2009, by way of electronic communication between Governance Board members and Dan Wendt, Magellan Chief Quality Officer.

The board voted: All present Board Members replied - Aye. The 2009 UM/QM Plan was approved to move forward.

- Crisis Benefit Presentation
 - The Overview - Redesigned to create a crisis safety net for Non-titled non-SMI Adults.
 - The Guiding Principles - To improve and focus on how people are treated at the front line of service delivery.
 - The Outcome - Facilitate access to an integrated continuum of care; improve cost effectiveness, reduce the utilization of higher levels of care, and decrease the chance of an individual's entering into the criminal justice system.
 - Crisis Taskforce: Consisted of 85 representatives from the community who provided input during the taskforce meetings, which resulted in numerous recommendations and improvements regarding needs and barriers in the Maricopa County crisis system.
 - Safety Net:
 - 1) Continue to offer current Crisis Benefits.
 - 2) Develop better coordination and a warm transfer from the crisis system to community-based and RBHA resources with Crisis Navigators.
 - 3) Expand access to Crisis Related Urgent Community-Based SMI Evaluations and Title XIX/XXI Screening.
 - Develop a Community-Based Web of Resources and follow-up services for individuals coming into contact with the crisis system.
 - Repositioning of Services - Services offered by block or Fee-for-Service (FFS) providers for non-titled non-SMI individuals, strategy for redirecting these services to Safety Net Services and working with providers on a system transformation plan.
 - Next Steps - Community Plan, Provider Education, Provider Manual Changes, Member Handbook Modifications
 - Board Discussion:
 - The Board asked if the Crisis Benefit would be contracted by July 1, 2009. Magellan answered that it would.
 - The Board asked if there had been feedback from the Arizona Department of Health Services (ADHS) or the Legislator regarding their agreement with the Crisis Benefit. Magellan stated that

through a meeting with the state, the state did not understand why there was a need for a Crisis Benefit. Magellan does feel confident that the Crisis Benefit will move forward; however, successful implementation will depend upon locked funding in our system. Magellan stated that providers would have the choice to take these locked funds and reposition the funds towards the Crisis Benefits.

ACTION: The Board will receive an update regarding DBHS's response to the Crisis Benefit.

Children's Update

Richard Clarke provided an update to the Board.

- DBHS requested a Corrective Action Plan to increase intensive case management within the Children's PNOs.
 - The Children's PNO's worked together to develop corrective action plans for the vacancies within the system. The system requires 191 Case Managers (CM) by June 2009. As of February 18th, the system is staffed with 134 CM's.
- Magellan is engaged in intensive data clean up for the CASII Performance Tool.
 - The CASII Performance Tool was established late in the system, therefore, 15,000 CASII's still needed to be accurately entered into the system to get the encounters processed completely. Magellan is working in collaboration with the provider networks to assist in the clean up efforts.
- Transition Age Youth Project
 - Training for the project started on February 18, 2009. Magellan is collaborating with the Juvenile Probation Office (JPO), Child Protective Service (CPS), and the Arizona Department of Juvenile Corrections (ADJC) to work towards a better orchestration of services between the agencies.
- National WRAP Around Initiative
 - The National WRAP Around Initiative held their national meeting in Maricopa County. Magellan's Provider System has representation as members/partners. The National WRAP Around Initiative discussed the progress that Maricopa County is having with the children's system and the Arizona 12 Principles.
 - Three main issues were discussed: How can we align the state RBHA's and providers to commit to further development around driving the 12 Principles? Who could be approached for funding? Who would be responsible for moving the WRAP Around system and the 12 Principles from a process measurement to an outcome?
- The Board asked if there were any updates regarding recoupment from the children's system for FY08.
 - Magellan is currently in negotiations with the DBHS. In the last 6 months, Children's Providers moved from a 46% encounter average to a 97% encounter average.
 - Funds were routed and not fully encountered for services due to transitional development. Funds were encountered into development costs, training, and infrastructure. Magellan is working with the Governance Board and DBHS to obtain approval for encounter relief with the desire to not recoup back significant dollars from the Children's System overall. DBHS seems supportive, however all involved parties are working on the methodology for the final encounter roll-ups with a desire to be set for the end of February 2009.

ACTION: The Board will receive an update regarding recoupment for the children's system FY08'.

Clinical Update

Carole Matyas provided an update to the Board in several areas:

- PNO Transition Update
 - In February 2009, Magellan will transfer South Central and Arcadia clinics to CHOICES. These clinics will bring the total to eight clinics transferred to CHOICES.
 - Magellan will have 10 clinics left to transition, including the two new clinics, Gateway Clinic opening March 2, 2009 at 5222 E. Baseline Rd. and the Saguaro Clinic scheduled to open in April 2009.
 - The Board asked if the co-location issue had been resolved. Magellan stated that it has not. Gateway Clinic does not yet have a designated co-located provider; all recipients receiving co-located services at the East Mesa Clinic will continue to receive these services at the East Mesa site.
 - The Board asked how the co-location services issues are being worked out with the Office of Behavioral Health Licensure (OBHL). Magellan stated there are discussions around co-located providers becoming prepared to do their own billing and medical records documentation across the system. Magellan has sent letters to providers with two options as to what Magellan can do to help with encountering value and

reconciliations while not being held accountable: 1. Magellan could do the data pull from ClaimTrak for co-located providers, process them, and then send data to providers. 2. Magellan could also look at the NPI numbers tagged to the Magellan 10.

- The Board asked if the clinics would still be utilizing the Student Nurses Program. Magellan stated they plan to continue the Student Nurses Program. Currently, Magellan and the PNOs are setting up the summer program sessions.
- The Board asked if all communications have been sent out regarding the transfers of the new clinics. Magellan stated that all communications have been sent and recipients have been notified. Currently, transportation issues are being addressed regarding access to the Gateway Clinic. The Board suggested that a van service be allocated for a few weeks for the Saguaro and Cave Creek clinics to address any immediate needs. Magellan will set up a van service for recipients to ensure transportation is not a barrier for recipients in keeping their appointments.
- Clinic Highlights
 - The Board commented that during the clinic transitions from Magellan to the PNOs, the Functional Assessments have risen from 46% to 86% due to teams providing quality services for recipients.
 - Magellan stated that there are eight clinical work groups currently working between the PNOs and the Magellan Management team that focus on Court Order Treatment, ISP's and Clinical Supervision.
- Open Discussion
 - The Board inquired if there were any critical work force issues. Magellan stated work force issues have been a concern since Magellan took over the contract and historically before. Magellan is working on these issues and has seen some improvements, however Magellan is aware that they still need to work on reaching the goal of where we need to be as a system.
 - The Board inquired if physicians would be working out in the field. Magellan commented having physicians working in the field is difficult at this time due to licensure constraints within the clinic system.

OLD BUSINESS

None

NEW BUSINESS

None

PROPOSED NEW BUSINESS

None

PUBLIC COMMENT

Jill Hogan – Recipient and staff for Mental Health America, Jill had a prepared document that listed concerns regarding the Outcome 360 surveys:

- I have concerns that some uses of the survey could be harmful. Could people reviewing the survey without knowing the recipient's personal situations determine the recipient no longer needs counseling? Are the results of the survey used to judge the performance of the recipient's providers?
- The SRS surveys are done after the recipient's session with their provider. This uses up service time and since the survey is done at the end of each session, there is no time to discuss the outcome of the survey or strive for improvement. Recipients who have filled out the survey have voiced concerns about Magellan staff possibly retaliating if the outcomes are negative. There is a fear that services will be denied or punitive attitudes will be demonstrated to the recipients. I believe since recipients are forced to fill out these surveys in front of their Case Managers, Providers, and other Magellan Staff, the fear of retaliation will make receiving a realistic picture of the staff's performance virtually impossible.
- The web site implies the survey can be taken at home; however, this is not the case. Recipients need to have the choice to take the survey with their provider present or in private at a site of their choosing. Will Case Managers avoid confronting and challenging recipients if the Case Managers fear a low score? Both of these fears of retaliation need to be addressed to insure acceptance and success of this survey.
- Recipients and providers need a clearer understanding about the outcome feedback and how it will be used. Are the two surveys outcomes measured together, or are each treatment team member evaluated separately? One negative survey may not be enough for them to pursue a potential problem with a specific member. Will SRS

outcomes from one provider versus across all recipient interaction with them staff, be compiled in a meaningful way to identify the targeted individuals, or will the scores from each individual recipient just get mixed in with the general outcome averages?

- In closing, I view these surveys as having the potential to help recipients especially in the beginning of a specific service or meeting with a new provider. It does offer recipients and providers immediate real-time feedback. It has been presented that Magellan will use these surveys in a way to encourage recipients to direct their recovery and set a standard for provider relationships. Ideally, I believe that the ORS survey can help recipients monitor their progress and their gains. In the beginning recipients may show resistance and should be encouraged to participate for a period of time. I believe this tool could pave the way to educate recipients on how to identify and voice their needs. However, there needs to be a point when the recipient has the right to determine how often they participate in each survey. In order for this tool to be more widely accepted and successful, there needs to be more explanation regarding who will see the outcomes and how the outcomes will be used.
- Ann Shannon, Community Relations Chief, made copies of Jill Hogan's statements and distributed them to the Board.

NEXT MEETING

The Board will meet on the following dates: **Wednesday, April 15, 2009 for the 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 12:00 pm.