



Magellan of Arizona Regional Behavioral Health Administration for Maricopa County

Governance Board Minutes of July 09, 2008

PRESENT:

Community Members of Governance Board:

Ted Williams – Board Chair
 CEO, ABC Housing - CEO Adult Provider Representative
Matt Kennedy
 STAR - Adult Service Recipient Representative
Sue Davis
 Vice President, emerita, NAMI - Family Member Representative
Nick Margiotta
 Phoenix Police Department - Community Member Representative
Luz Sarmina
 CEO, Valle Del Sol - CEO Children Provider Representative
Valerie Van Auken
 Family Member of Child Recipient Representative

Magellan Members of Governance Board:

Andrew Mebane M.D.
 Chief Medical Officer, Maricopa County RBHA
Brenda Benage
 Chief System Transformation Officer, Maricopa County RBHA
Dan Wendt
 Chief Quality Officer, Maricopa County RBHA
Erin Somers
 Representative for Chief Community Relations Officer, Maricopa RBHA

Staff to Governance Board

Lynette Tolliver – Governance Board Administrator

ABSENT:

Chris Carson M.D. – Board Chair, Chief Executive Officer, Maricopa County RBHA
Gaye Tolman, Chief Recovery and Resiliency Officer, Maricopa County RBHA

IN SESSION: 10:00 a.m.

Board Minutes Submitted for June 11, 2008 Meeting:

A motion was submitted to the board to approve June 11, 2008 minutes. The board unanimously passed the minutes.
 A motion was submitted to the board to approve June 25, 2008 minutes. The board unanimously passed the minutes.

MAGELLAN UPDATES

Operational Update

Sarah Maloney provided an update to the board:

- Initiative Data Demographics
 - Magellan is continuing work on the missing demographics problems. The two main areas being worked on are: The rejected intake dates prior to 9-1, Magellan collaborated with DBHS and proceeded with edit lifts for the Magellan RBHA, which had been announced to all the Providers. Providers had resubmitted those intakes and are transitioning accordingly. Magellan will continue to monitor the expected total decrease.
 - Through discovery, Magellan found that there were four Providers that needed support from Magellan’s Eligibility Department (MED). The MED staff visited these Providers to guide, train, and problem solve to better assist them in entering intakes correctly.
 - The top three reasons for missing Data Demographics are: 1) Need to be closed out of the system. 2) The 9-1 date issue. 3) Indication of the Clinical Liaison.

ACTION: The board will receive information from Sarah Maloney regarding Clinical Liaison rosters.

- Data Validation MAR 12
 - The MAR 12 group are individuals classified as Non-SMI determined, Non-Title 19 or Non-Title 21. Magellan is working on validating this group for benefits of services needed. If people are receiving services, they are given an opportunity to receive services from a sliding scale provider or other resource that can provide the service needed.

- This is being conducted through 2 phases: 1) Providers were sent spreadsheets with MAR 12 member's currently receiving services that needed to be validated. Providers answered: yes, that is correct for this individual, or no this individual is SMI or Titled. Magellan has received 50% of the total back as being Titled or SMI. Magellan is now locating root errors to transition the individual to the proper category.
- The board discussed the law change requiring individuals to re-renew their AHCCCS benefits every 6 months. This will take effect within 90 days. The board raised concerns regarding the escalation of uncertainty for the people having problems receiving services through Non-Title 19 standards now, and that this issue should be looked into.

ACTION: The board will receive an update regarding access to services for Non-Title 19 recipients at a future board meeting.

PNO Transition

Karen Lennox provided an update to the board:

- PNO Transition Plan Update
 - Magellan is continuing negotiations with two PNO's, Southwest Network and Choices. The PNO's have met all the criteria.
 - The target date has been moved to July 28, 2008 due to open financial issues.
 - Karen distributed to the board the results of the review process where the PNO's were given a Readiness Review Tool and asked to submit information to Magellan. The transition work groups have been working on policies and procedures for all transitioning clinics. A second set of documents regarding policies and procedures has been submitted to OBHL.
 - Magellan is working by a phased approach. There are five clinics per PNO that are to be transitioned. Two are scheduled for prior to September 1, 2008, and the three other clinics are scheduled prior to October 1, 2008.

Clinical Update

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

- Case Management Forum Notes
 - This document has been sent out to a verity of people in the RBHA System. Through this document, a list of Frequently Asked Questions (FAQ) will be developed for Case Managers seeking information. Future forums will respond to the specifics of the clinical plans.
 - The Physician staff has a quarterly forum with a number of trainings to keep staff informed. There are some Physicians who do not use computers. Magellan is hoping that those not using the computer will be trained on the programs needed to complete the job requirement.
 - The board had concerns regarding time management for Case Managers with their requirements for trainings, meetings, and caseloads. Magellan has created Case Manager Coaches who train them on all aspects of the job, including time management.
 - The board questioned the severity and number of caseloads and how it affects the Case Managers' jobs. Magellan has split the caseload ratios: ACT teams are 1 to 12; Specialty teams are 1 to 18; regular support caseloads are 1 to 30; and Connective teams are 1 to 7.

ACTION: The board will receive an update from Carole Matyas regarding Case Management organized caseloads.

- Transfer Policies
 - The board wanted clarification regarding information received that stated clinic sites were closing which resulted in making transfers unavailable. Magellan stated that this was inaccurate. Magellan had changed the transfer policy and manages them more closely for effective and more productive transfers. A part of this change is that the Regional Director must approve all transfers.
- Clinic Mergers
 - Magellan has been looking at the size and the scope of the clinics and has merged the management of Washington with the East Phoenix sites. Byron Hoston is now the Site Administrator for both sites and Debra Laurie is their Clinical Director. The reason for this merger is that each site has 300 to 400 recipients and a low number of teams. This change will assist in making the management teams consistent during the clinic transitions to the PNO's.
 - The Glendale site and Osborn site will merge with Robert Fleet as the Site Administrator and Margaret Beresford as their Clinical Director.

- There have been changes at the 1300 site. Bob Cable, Site Administrator, and Brandon Williams the Clinical Director, have accepted new positions at Magellan.

ACTION: The board will receive an updated version of the site management team's spreadsheet list from Carole Matyas.

- Single Case Agreements (SCA) Update
 - Magellan has been reviewing SCA's and starting July 1, 2008 has begun renewing new and existing SCA's.

OLD BUSINESS

Cultural Competency Update

Teresa Pena provided the board an update.

- The Magellan Cultural Competency Department (CC) projects.
 - Teresa described an overview of the department's current projects such as collaborating with other departments for best practices needed for services requested by consumers of all ethnical backgrounds.
 - In December of 2007, Magellan CC held a forum for Latino Youths Penetration Rates Workgroup. Attendees of the forum representing PNO's, Magellan Staff, and Consumers brainstormed ideas regarding how to improve penetration rates. From the forum, people volunteered for the workgroup to obtain a more hands-on approach for better solutions. August 14th will be the first workgroup session. The workgroup is open for people to join.
 - Currently, Magellan CC is working on a pilot training for Engagement of Retention for Native Americans. In March a forum had been presented to form a workgroup, people contributing were Tribal Representatives, PNO members, Consumers, and Magellan Staff.
 - The board discussed concerns of the late start for the Latino Youths Penetration Rates Workgroup and requested past data regarding the Latino Penetration Rate.
 - The board questioned if retention is getting any better or different per agency or is it equal across the board? Magellan answered that retention issues are across the board.

ACTION: The board will receive data from Teresa Pena regarding Latino Penetration Rates.

ACTION: The board will receive an update from Teresa Pena regarding retention probabilities.

ACTION: The board will receive an update from the Engagement of Retention for Native American workgroup by Teresa Pena.

ACTION: The board will receive an update on the diversity committee and begin to receive minutes from meetings from Teresa Pena.

Tobacco Tax Discussion

- The board discussed their concerns regarding the equality of how the \$1 million in Tobacco Tax reduction funds were distributed in Maricopa County.
 - Executive Management reported to the board that Magellan had made a decision to change the initial \$43,000 reduction related to consumer-run operations and hold them harmless. The point still in discussion is how that money will be taken out of the community system. The board's understanding is that when the money was proportionally reduced among the agencies, Magellan had 30% of the money through their clinics, yet still operated as if there was no reduction taken out. This is different from the rest of the state, and so this issue has, and is being discussed among some of the board members. The board stated that it does not have the authority to direct Magellan's financial decisions but can help in the matter of expenditures that may cause detrimental outcomes.
 - The board stated that it does have the authority to help shape the vision and policy as to how those funds are spent; and that, Magellan should share the Tobacco Tax hit equally with the other Providers.
 - The board proposed a motion that this be a Visionary Policy decision and a recommendation, not an expenditure decision.
 - The board amended the policy to say: Magellan should take its proportional hit.
 - The board suggested that it is a good idea to put this forward as a recommendation, not as a policy decision.
 - The board asked if the policy should be broader in nature so that as adjustments are made, the RBHA will take its fair share of cuts, not just related to the Tobacco Tax.
 - The recommendation was to look at the entire context of the operating budget to determine if Magellan has already absorbed considerable losses in terms of the clinics.

- The board stated that there were two issues: the unexpected reduction in Tobacco Tax funds which will be discussed this week specifically and a recommendation specifically for this issue. Then, there was the broader sense of how corporate will function to address these areas in the future.
- The board discussed the variables of fairness. There may be different variables that the board should look at and discuss further.
- The board suggested two motions: 1. The Board should have more input on decisions based upon what The Charter mandates and should find a way to work with Magellan on a policy process as to how these kinds of decisions will be made. 2. The Board recommended that Magellan corporate take their proportional share of losses from the Tobacco Tax cut along with the providers, but consumer-run agencies should be exempt from Tobacco Tax cuts.
- The board voted on the second motion that Magellan corporate should take their proportional share of losses on the Tobacco Tax cut along with the providers, and consumer-run agencies would be exempt from Tobacco Tax cuts. Six Board members voted, “Aye,” two voted, “Nay,” and two “Abstained.”
- The board recommended establishing a process and procedure for future decisions regarding financial issues.

ACTION: The board requested to discuss the process and procedure for future decisions regarding financial issues at the next board development session.

Non- Title 19 Funding

- The board decided to table this issue for the next meeting board development session and requested that the Chief Financial Officer be present.

NEW BUSINESS

Resiliency and Recovery Discussion

- The board discussed how it is essential that individuals receiving services in the community should speak out about their concerns regarding services.
- The board talked about different views of changes in the system and decided to discuss this issue with Gaye Tolman at the next board meeting.

PROPOSED NEW BUSINESS

None

PUBLIC COMMENT

- Randolph Henry – STAR spoke of concerns regarding food being provided and thanked Magellan for hearing their concerns.
- Suzanne Legander – STAR discussed systemic issues regarding: 1) Phone calls not being answered enough at the clinics. If calls are not answered after a certain amount of rings, the call is transferred to an after-hours voice mail with a message only saying to leave a message without a name of the clinic. This leaves callers questioning if they had dialed the correct number. 2) There is a feeling of more and more staff turnovers, especially at the Case Management level. 3) Food boxes are only allowed to a person once every 2 months. When STAR purchases food for individuals, there is no reimbursement and any cuts that occur start with food privileges.

NEXT MEETING

The board will meet on the following dates: **Wednesday, July 30, 2008 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 12:25 pm.