- Overview of Magellan
- Public Sector approach
- Public Sector contracts
- Maricopa case study
- Building a model that fosters engagement
- What does it mean?
Magellan Health Services

- Leading specialty health care management organization
  - Behavioral health
  - Radiology
  - Specialty pharmacy
- Behavioral Health
  - Health Plan
  - Employer
  - Public Sector
- Publicly traded (MGLN)
Magellan’s Public Sector Division

- Our vision is to be the partner of choice for individuals and organizations working to improve the lives of children, adults, and families with mental health needs.

- Specialty expertise, resources and leadership within the larger Magellan organization.

- The Public Sector division has transformed itself to reflect the goals of the President’s New Freedom Commission Report *

Public Sector Expertise

- First managed Medicaid contract: Award of Iowa Plan contract in 1995
- Other Similar Public Sector Programs: TN, IA, PA, FL, NE
- Public sector staff
- Unique public sector values
- Local Operations
- Innovations:
  - reinvestment program
  - self-directed managed care pilot
Public Sector Contracts

- With States or Counties
- Typically Medicaid funds
- Full Risk or ASO
- Performance standards
- Limits on profits
- Goal: Improve quality
  - Improve access
  - Predictable expenditures
Maricopa County RBHA –
Magellan Case Study
Maricopa Overview

- Phoenix and environs – 4th largest county in USA
- Largest public sector behavioral health contract
- Diverse population
- Approximately 500,000 members
- Approximately $550M
- Bid announced June 2007
- Started September 1, 2007
We Asked for Input... and Listened

- Engaged community via 200 meetings in English & Spanish with stakeholders including:
  - service recipients,
  - family members,
  - providers,
  - advocates,
  - attorneys for Plaintiffs in class action law suits
  - representatives of judicial and correctional systems,
  - children’s system advocates
- Tailored outreach strategies to ethnic minority communities
- Created MagellanForMaricopa.com English/Spanish website; included a confidential Feedback Form
- Mailed postcards to stakeholders inviting verbal and written feedback
- Sought advice and guidance from 22 local consultants
Conducted Web-based Outreach
Our Program is Based on:

- Collaboration/shared decision making
- Accountability
- Transparency & integrity
- Recovery & resiliency
- Excellent performance & customer service
- Cultural competency
Shared Decision Making:
Governance Board
Governance Board Overview

- Shared decision-making
- Accountable directly to RBHA and ADHS
- Community has true voice: 50% Magellan/50% community membership – with staggered terms
- Stipends for community members
- Broad accountability, responsible for:
  - Shaping vision & strategy
  - Planning,
  - Determining budget priorities, including clinical
  - Decision-making, and
  - Oversight of RBHA
Proposed Shared Governance Board Structure

**Arizona Dept. of Health Services (ADHS)**

**Magellan Health Services of Arizona, Inc.**

**RBHA Governance Committee**
*Twelve (12) Members: 50% Stakeholders; 50% Magellan*
- Overall program vision and direction
- Clinical Policy
- Overall Recovery/Wellness Policy
- Provider Reimbursement Guidelines
- Network composition
- Reviews QI, Complaint/Grievance Reports
- Reviews best practices and action plans
- Clinical Budget Priorities
- Training Policy
- Reinvestment Policy
- Establishes Advisory committees and ad hoc teams
- PNO Policy

**RBHA Provider Network**
- Subcontracted Provider Network
- RxAmerica (will hold pharmacy contracts)
- PNOs
- CRN

**RBHA Community Feedback Meetings**
- Monthly meetings open to public
- Representatives from Magellan senior management and Governance committee to attend every meeting
- Meetings address all issues of concern to stakeholders

**Ad Hoc Committees/Workgroups**
- Includes Ad Hoc Direct Services Transition Committee
- Convened as needed to address specific time-limited issues

**RBHA Provider Network**

**Magellan Service Center Maricopa County**
- All day-to-day operations, including claims payment/processing
- Staff are all Magellan employees

**Magellan of Arizona Quality Improvement (QI) Committee**
- Responsible for developing and implementing the RBHA QI Plan
- Monitors RBHA performance
- Generates/analyzes required reports
- Oversees activities of QI subcommittees

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Governance Committee Membership

- Community representatives (total of 6)
  - 1 consumer/service recipient—adult services
  - 1 family member or guardian of child/adolescent service recipient
  - 1 additional service recipient/family member at large
  - 1 CEO/executive director from an adult provider or provider network organization (PNO)
  - 1 CEO/executive director from a children’s provider or PNO
  - 1 community member at large

- Proposed Magellan representatives (total of 6)
  - Chief Executive Officer
  - Chief Operating Officer
  - Chief Medical Officer or Chief Clinical Officer
  - Chief Community Relations Officer
  - Chief Systems Transformation Officer
  - Chief Quality Officer
Governance Committee Selection Process

- Staggered terms
- Local nominating committee
- Flexible meeting schedule
- Stipend for community members
- Majority voting process
- Diverse representation is expected
Treatment works – but only if it occurs.
Cure?

- Behavioral health conditions are not “cured”
- Symptoms may wax and wane over time
- May recur or intensify as stressors increase
- Ongoing supports promote recovery
- Premature termination is not efficient or clinically sound
Arizona Provider Manual

Critical activities for providers:

- Outreach activities directed to persons at risk
- Engagement of persons seeking or receiving behavioral health services
- Procedures to re-engage enrolled persons who have withdrawn from participation in the treatment process
Treatment Access and Engagement

- Stigma
- Cultural competence
- Recovery focused
- Choice – personal decision making
Stigma

By definition, is a *mark of disgrace or shame*. Stigma has four components:

- Labeling someone with a condition
- Stereotyping people who have that condition
- Creating a division – a superior “us” group and a devalued “them” group, resulting in loss of status in the community
- Discriminating against someone on the basis of their label
Harmful Effects of Stigma

- Trying to pretend nothing is wrong
- Refusal to seek treatment
- Rejection by family and friends
- Work problems or discrimination
- Difficulty finding housing
- Being subjected to physical violence or harassment
- Inadequate health insurance coverage of mental illnesses
Cultural Competence

Includes attaining the knowledge, skills, and attitudes to enable administrators and practitioners within systems of care to provide effective care for diverse populations, i.e., to work within the person’s values and reality conditions.
Cultural Competence:

Knowledge, information, and data FROM and ABOUT individuals and groups that is integrated and transformed into:

- Clinical standards
- Skills
- Service approaches
- Techniques
- Marketing programs . . .

. . .that match the individual’s culture and increase both the quality and appropriateness of health care and health outcomes. (King Davis, 2003)
Cultural Competence Initiatives in Maricopa

- Latino youth enrollment/Utilization Summit
- Native American tribal workgroup
- Social marketing campaign – pilot with Latino community
Recovery

The process in which people are able to live, work, learn, and participate fully in their communities
Choice – Self Directed Care

- Service recipients want true choice
- Creative, flexible alternatives
- Peer support – “Ambassador Program”
- Self-directed care
Maricopa Initiatives

- Service System Ambassadors
- First responder training
- Co-located personnel
- Peer recovery specialists
- Faith based outreach
- Community training
Is Outpatient Commitment the Answer?

- Mental health law which allows the compulsory, community-based treatment of individuals with mental illness.
- Laws exist in 37 states
- Seems like a good idea
- Issues: creates the impression of security, minimal impact on person’s behavior, same consequences as w/o, mandates the professionals behavior
- It is a tool but not the answer
What Can a Legislator Do?

- Listen to consumer and family advocacy groups (NAMI)
- Support anti-stigma activities
- Pay for what works: evidence based practices, outcomes
Ask Your State Mental Health Authority:

1. Do we have active program to reduce the stigma of receiving mental health services?
2. Are the service programs we fund culturally competent and accessible?
3. Do we hold providers accountable for actively following up with persons in need of treatment?
4. Do we embrace a recovery philosophy as a means of engaging people in treatment?
5. Do we ask those receiving treatment how we can reduce access barriers?
6. How do we measure outcomes?
Conclusion

A behavioral health system that is:

- recovery based
- culturally competent and
- promotes choice

encourages treatment access and retention.