HEALTHCHOICES ADVISORY BOARD

Magellan Behavioral Health of Pennsylvania, Inc. 1 W. Broad Street, Suite 210 Bethlehem, PA 18018

May 19, 2016 @ 2:00 PM

- I. Introductions: Those in attendance were: Ben Morison, Deb Nunes, Ronnie Colbert, Susan Counterman, Donna Keutmann, Pat McGarry, Kim Benner, Liz Fox, Tom Walker
- II. Review of February 18, 2016 minutes

Community Healthcare Report:

Member/Family Advisory Committee – Ronnie Colbert

- Working with a friend who is Autistic with a bowel problem and who goes to a special school.
- Conference call about helping someone released from jail who needs to go to Drug & Alcohol and treatment.
- Haven House is doing well. Volunteers planted flowers and vegetables in the back of the building.
 - ✓ Donna: Haven House hosting a CPS Training June. We have had folks contact us who are interested in taking this training. However, the memorandum of understanding that exists between OMSHAS and OVR only allows for \$800.00 dollars of funding towards CPS Training which is between \$1,300.00 \$1,400.00 depending on which vendor provides the training and the location. This leaves individuals with a chunk of money outside of what they are able to come up with. Are there sponsorships for individuals who have obtained OVR funding and do not need to cover the total cost but can be covered for training? Lehigh Valley Hospital has a grant and are looking to hire a CPS for the outpatient clinic.

• Provider Advisory Committee – Kim Benner

- CHA Meeting with Provider updates with no significant issues.
- Department of Labor and Professional Exemption Status recently went into effect and will become law 12/1/2016.
- Promise re-enrollment continues.
- Personal Care Homes looking into funding under Managed Care as part of Aging MLTSS.

• Children's Advisory Committee – Pat McGarry

 BHRS – Magellan offered a rate increase for a three month period. During this time period a local BHRS workgroup has been initiated with a possible goal of identifying outcomes.
 A State wide BHRS group are moving to put the BHRS bulletins, up to 40, into regulations and a draft prepared by the end of July. The BHRS group met this past

- Tuesday including representatives from Managed Care, two children who had come through the system, advocacy groups, parents, providers, one county MH Office Representative, basically a broad spectrum of about 60 people attended.
- They will do subsequent smaller groups to be done by video and audio conferencing and pulling the groups back together at some point in the future.

• NAMI – Donna Thorman

- NAMI Anti-Stigma Campaign is doing great things in the Lehigh Valley. Churches, health groups and youth groups have been contacting NAMI since they have found out it exists.
- We sponsored with AFSP the Kevin Hines event which was attended by 600 people.
- The Spaghetti Dinner served 18 short of 400 individuals.
- The NAMI Walk will be Saturday, September 24, 2016. Mostly it will take place at the Bicentennial Parkway, the one closest to Bath.
- NAMI PA was disbanded and NAMI Southwest may be taking over NAMI Statewide. More information will be coming in the fall.
- MHEIDP is well within the budget and there are 3 vacancies. Andy Grossman and Brian Watson attended the Criminal Justice Advisory Board Conference and will be speaking about strategic planning on how to further develop things that are missing in Northampton County and will be meeting with Dan Keene as the prison begins building its new wing.
- NAMI participated in the CIT Program April 20th.

• Reflections Program – Donna Keutman

- The Lehigh Valley Mental Health Awareness Walk was a big success despite the rain. Providers helped set up for the event. The counties worked together with the Walk Committee to get donations, lunches and t-shirts for 178 registrants that walked not counting the vendors.
- Members are having a difficult time getting doctor appointments and filling medications. A
 member who was in a car accident entered the Reflections Program and the psychiatrist
 advised the member she needed extra support, declined and discharged the member.
 - ✓ Donna: Non-compliance with medications and difficulty maintaining medications could have been a factor in discharge. Sometimes members are not the perfect patients and not doing everything the doctor wants done. Shouldn't the psychiatrist be with the member when the member is doing well and when the member is not doing well and follow the member through those ups and downs of what recovery is?
 - ✓ Liz: There may be a larger systematic issue of a deficit of doctors in the Lehigh Valley that they can pick and choose who they treat.
 - ✓ Tom: It also may be a volume driven dynamic a seller's market per se because they can pick and choose the members they see, where they work, the times they work, the progress notes they don't want to do. We have to look for solutions outside of that. Incentives for providers. Medical director residency Gain experience. Outpatient services loose money due to psychiatry hours Restrictions for peer support. Lehigh Valley Hospital has 35 psychiatrists Licensed therapists with follow up treatment, depression screening. Highly trained individuals contracted and credentialed by Magellan providing services to Medicaid recipients
 - ✓ Deb: For some members with medical concerns like diabetes, heart problems, or cancer a doctor may say "there is nothing more we can do for you." Is that doctor saying there is nothing more that particular doctor can do for the member or is

there nothing more that can be done for that member? What happens when a member does not have the wherewithal to research and find out if there is anybody else, is there enough time, and am I healthy enough to do all this? We can have health practitioners and certified nursing assistants can do more than a nurse can do in certain areas. The clinic combines both MH and D&A and the moment a member is deemed not invested in D&A recovery, the member is booted out and the needs to find a new psychiatrist and can't go to the clinic just for MH.

✓ Pat: Push and expand D&A treatment services, the ability to secure a doctor in a
mental health setting has decreased as I see D&A treatment facilities increase
because doctors continue to move over because its nice hours 9-2, outpatient
setting so why work with one of the ACT Teams when you can work down the
street at the clinic and do D&A outpatient.

• Ben Morrison - Member

Publishing articles relating to mental health

III. Magellan Report - Tom Walker

- Drug & Alcohol Conference scheduled for June 9-10, 2016, Harrisburg, PA. State and national experts presenting with different workgroups.
- Valley Based Purchasing Industry Health Care How the dollars are utilized:
 - Federal government gives dollars to the states, the states gives dollars to the counties, the county gives dollars to managed care. It is our responsibility to make sure those dollars go to providers that are producing outcomes. We continue to have an eye on producing value utilized in both physical healthcare and behavioral healthcare.
 - In January we met with all five of our county partners to roll out our 2016 plan to introduce Valley Based Purchasing.
 - Lehigh and Northampton Counties are ahead of the game and have had Pay for Performance with several levels of care across children's services and adult services. We have focused on in-patient and psychiatric programs, ACT providers and family based providers. All three levels of care focus and the key outcome is tenure of care. Levels of care with very specific outcomes. The goal is community tenure at the highest level for our members.
 - Voice to Vision Campaign January 15th and 18th were the Adult Counsel and the Children's Service Counsels were January 8th and March 21st, 63 members participated.
 - ✓ Liz: May 25th 3:30 5:00 pm at the Clubhouse and June 1st Youth & Family Counsel at Raub Middle School at 6:00 pm. Both on Lehigh County website and Magellan website.
 - Adding a new certified stand-alone certified peer specialist provider called Peer Star. Peer Star is coming to Lehigh and Northampton Counties specific for the forensic population for our members who are transitioning from a jail or prison setting back into the community. Peer Star has an approved service description specific to that population. Peer Star has a long standing relationship with several counties across the state with really solid outcomes that heard their initial presentation and we have a contract with them in Delaware County for quite some time with stellar outcomes.
 - State carved out some dollars to have the physical health plans partner with behavioral health plans. We had to identify providers in the Lehigh Valley that we wanted to target to move these initiatives forward. Magellan and the Counties have a lot of resources working first and foremost with the physical health plans at varying levels of success. The initiative as

a whole is moving forward at an aggressive pace. And in terms of our treatment models, we had the pilot contract with Gateway with our Southeast Counties so we had a service delivery model that was already approved by the state. That model that was piloted in Montgomery County is going to be the launching point for the service delivery in the Lehigh Valley. Briefly it involves a Master's Level Therapist and Physical Health Navigator that is a Registered Nurse. It's a virtual navigator team working with the providers in the community coordinating with ancillary contacts behind the scenes. The Navigator Team will maintain a member profile where all data feeds into the member profile, i.e. are they compliant with medications, refilling medications, how many times to the E.R., etc. All this has to be driven by data.

- ✓ Liz: One of the bigger barriers with the physical health and behavioral health is the confidentiality issues through the legal departments. Recent correspondence indicates this will continue to move forward. Magellan has been on the forefront and moved forward before any of the physical health providers, ahead of some of the behavioral health providers for the Lehigh Valley. There are different laws governing D&A as well as HIV status. How to help everyone get information without breaking any of those laws. It goes to the legal interpretation, specific authorizations that have been developed.
- ✓ Deb: The Southeast Region has had a lot of pushback. Behavioral Health is ready to move forward, ready to share information, we have our stratifications and done everything the State has asked us to do.
- ✓ Donna: Do you think the concern for confidentiality is on the part of the providers or on the part of the participant or the individual receiving the services?
- Imperial Health: 5 members completed the 10-week Whole Health Curriculum offered through Recovery Partnerships at the Clubhouse in Lehigh County. We are starting a group for HealthChoices members starting April 2017.

IV. Lehigh County Report – Liz Fox

- Dual Diagnosis Treatment Teams have been extended until December 2016, continuing with BHRS
 Action Committee which has morphed into the Autism Action Committee as well as BHRS
 Workgroups and a nice comprehensive report of what that looks like for Lehigh County and identify
 and target those needs.
- Lehigh County is seeking input on their reinvestment strategies. Please provide information on what you see as needs within Mental Health or D&A.

V. Northampton County HealthChoices – Deb Nunes

- The Detox & Rehab Plan for reinvestment was approved. Tried to get in touch with Pyramid as to when this might happen. There is a stalwart with the planning commission and zoning. They are hoping construction will begin in June with a finished product in the fall into winter with a possible December opening. It has been pushed back four months. Jason Hendricks is working with me from Pyramid providing updates as we move forward.
- RT Program going well.
- The DDTT Program for the MHID population the pilot will end at the end of this year. We will get together next week for more outcomes, debate, etc., to see where this is going forward.

VI. Other