

HEALTHCHOICES ADVISORY BOARD

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

August 17, 2017 @ 2:00 PM

- I. Introductions: Those in attendance were: Matt Bauder, Kim Benner, Liz Fox, Deb Nunes, Pat Mast, Tom Walker, Donna Thorman, Pat McGarry, Ben Marston, Ronnie Colbert
- II. Review of May 18, 2017 minutes – Approved and seconded by Deb and Ronnie respectively
- III. Community Healthcare Alliance Report:
 - **Member/Family Advisory Committee – Ronnie Colbert**
 - Ronnie was suspended from Haven House two weeks ago following a heated argument with a peer. He was asked to read and sign the daily report that gets filled out answering whether or not he participated in group, etc., and he had already signed a few daily papers that day and was in a hurry to get home. When told by the peer that he needed to do this he remarked, “Says, who?” She responded with “Me”. Ronnie noted that she was not staff and she responded by calling him an expletive. Ronnie reported it to one of the staff members who confronted the peer and Ronnie apologized to the staff and admitted that what he did was wrong. The decision was made to suspend Ronnie from August 7th through August 13th. Ronnie understands that every provider has their rules of conduct, however, Ronnie feels that if a consumer breaks a rule they should receive a verbal warning first. If it happens again, write them up and have them sign it. If it occurs a third time, then they should be suspended.
 - Ronnie admitted he had not filed a complaint and Matt noted that filing the complaint is something that Ronnie could do. Ronnie said although he understands that is the procedure, he was afraid if he filed a complaint he would be discharged from the program. Matt reminded him that providers cannot retaliate when anyone files a complaint and that it is what is advocated for anyone else who has a problem with a provider
 - Deb suggested that Ronnie go forward and file the report and if he has to talk to the board he should just be himself. She mentioned that he'd been with the program a long time and even he was entitled to a mistake now and then.
 - Donna mentioned that filing a complaint can be a positive thing, not necessarily negative, and noted that Ronnie had stated his case very respectfully in the meeting and she feels the board would respect what he had to say as well.
 - Kim mentioned that as a provider, she would want to know about any issues and providers aren't always aware of the day-to-day issues unless they come through as a grievance or complaint. Being aware is the only way an issue can be addressed. She agreed that it's especially important if the complaint is filed by the members who are the biggest advocates, and if Ronnie's having an issue it really says something since he's one of the biggest advocates and is a very involved member.
 - Ronnie stated that the peer was not suspended, he felt that wasn't fair and he was suicidal over the incident because the program and meetings are his life.
 - Matt mentioned that Ronnie should report back at the next meeting as to how the complaint process went—not necessarily how it turned out for him personally, but he can speak to the process itself, what it was like, that he was heard, and that he's still with the program and hopefully be able to report that he successfully filed a complaint.
 - **Provider Advisory Committee – Kim Benner**
 - An RTF Committee was started at the State level and Cindy is participating in it. They are trying to look at changing the regulations and tearing it apart and making a lot of changes

as they have had problems across the board with RTFs. It's a long-term plan in terms of updating where they're at with RTFs and making some recommendations to the state.

- Deb commented that if an RTF closes then everyone else has to absorb those people and we're also running out of RTFs that specialize, so it is a systems issue as well.
- The RTF Committee, The Children's Advisory Board and The Mental Health Advisory Committee are participating and as updates come through Kim will update.

- **Children's Advisory Committee – Pat McGarry**

- Pinebrook is expanding their outpatient clinic into Bethlehem
- TAY has expanded their drop-in center to include Transitional Age and LGBTQI with 7-8 members participating
- Talked about Value-Based Purchasing for Family-Based Mental Health and the idea that it will spread to other services down the road
- There are proposed new regulations for outpatient clinics that were published August 11th and the comment period is until September 11th
 - Matt commented that there seems to be a much stronger focus on Mobile Mental Health treatment
 - Deb commented that in addition to mobile, they are expanding to other Mental Health professionals to be able to diagnose and prescribe medication through outpatient
 - Pat added that they are also extending the time for the initial treatment plan from 15 to 30 days for the doctors, and once a year for a reevaluation of treatment plans rather than every 120 days
 - Matt is curious to see how it goes stating that Mobile Mental Health has been an option all along, but it hasn't been a service that providers have really wanted to engage in perhaps because of the challenges in trying to go into a members home even though it's meant to meet the needs of those members who do struggle with trying to get to a clinic
 - Also noted by Deb and Matt was the fact that the Medical Mobile that was tried in the past turned out to be very expensive
 - Pat commented that it also allows for a Telepsychyc, or electronic face-to-face assessment meeting so you don't have to be in physical proximity for an assessment
 - Matt added that TeleHealth had specific requirements about someone needing to be there, etc.
 - Deb said they may be trying to lessen up on the requirement because we don't have that many psychiatrists and they can't do everything we want them to do, so to use their time most efficiently it may work better
 - Matt commented that they were going to base it on 2 hours per week per full-time staff member as opposed to a flat 16 hours per month
 - Pat added that currently you can't use a certified nurse practitioner or physician's assistant, but it seems you can under the new regulations, and Matt agreed that he thought it now opened up that opportunity
 - Deb was a little confused by the fact that BHRS for children has everything but the medication piece, ACT for the adults has the medication and prescription portion, but the MMHT (Mobile Mental Health Treatment) that is being suggested is only going to be prescribed and driven from an outpatient perspective so she's not sure how it's going to work out with the other levels of service. Maybe they'll use something as a step down or a step up, she's going to add that to her comments back to them
 - Donna mentioned the School-Based Outpatient program at Liberty High School and Deb commented that they found that although they were a licensed TeleHealth provider, they didn't really use it because the school-based outpatient made the kids and parents easily accessible at the school so they didn't really need it since they were conveniently located so they didn't have a no show issue

- **NAMI – Donna Thorman**

- Donna brought brochures and cards for the annual 5k Race/Walk which will be held on a Sunday for the first time this year. There will be vendors and Donna is the exhibit coordinator, let her know if anyone would like a table. If something will be sold at a table

there will be a \$25 charge, otherwise free. All money that is raised by NAMI stays to help people in the Lehigh Valley. Donna has already reached out to Recovery Partnership and a few others.

- New Board of Directors election will be held in September. Anyone interested can send Donna a letter of interest along with a short resume and she will have them added to the ballot. She thinks they are needed by September 1st, but she's not positive on the cutoff date, Donna will double check.
 - Spaghetti dinner to be held in February or March of 2018, the previous one was a great success.
 - New program has begun, Moment for the Mission, it can be personalized to any company or business, health services, etc. A PowerPoint presentation is done on what NAMI is and what they can provide the community. To date the presentation has been done at Turning Point, AARP, and even at Penn State to draw attention to the Mental Health aspect of medicine and how much it's really needed
 - Donna added that if anyone has anything they think should be mentioned in the presentation please let her know
 - Deb mentioned that they're also looking to train peer supports for aging
 - Donna added that she just had a call from an elderly woman who was suffering from depression. Her kids are not local and she's looking for some companionship. Donna added that although we can give the information, we can't "lead them to the water", this woman didn't really seem interested in the services that could be provided.
 - Matt asked Deb for an update on OMHSAS. Deb noted that at the last CCAP meeting concerns were expressed with some of the initiatives they want to start. Deb will be participating in a work group moving forward. They talked about the integration of the four departments that was supposed to happen but Aging and D&A are now out of the mix so the only integration that they're currently seeing is Health and Human Services, but we don't know what that looks like yet. Feedback was asked for with regard to rates and billing especially with new things coming down for IMD. An Institute of Mental Disease is anything more than 16 beds, much of it in detox, rehab and hospitals. The Feds only want to pay for the first 15 days of service and it's up to the state to figure out how to pay for the rest. If there is no money accompanying the decision in our capitation, we still have an obligation to serve the consumer and we will, so we would need to find out how to do that. A lot of technical discussions between the people that were there, including the Aging issues.
 - Matt mentioned general lack of leadership being a challenge because there were so many initiatives started at the beginning of this year but the people who were there to push them through aren't there in the same way anymore.
 - Deb commented about trying to protect the carve-out and Matt added that there's been greater discussion especially a push from the physical health MCOs to allow them to manage all services as well as Bill 59 which is a total case management approach, explaining that they are looking at a model that was applied in Alaska and they would like to attempt it here. There are a lot of things going around that are causing people to be concerned that the counties may lose the ability to manage the MH services themselves. Our current contracts cover us until at least 2019.
- **Member, Student and Peer Services – Ben Marston**
 - Ben asked for clarification regarding the concerns of Physical Health MCOs managing MH service and his PCP managing his MH care. Matt explained it affects who pays for it, not who is seen for it and that the PCP would not have any greater role in his MH care.
 - Ben mentioned that the government seems to be taking the power away from the people more and more and placing it into the hands of folks who have no idea what Mental Health is. He would like to request that articles continue to be written on ways to treat Mental Health so people are educated online. He mentioned his website and that he'd like to change the name to something more meaningful.
 - He feels the shelter system isn't really helping to stop homelessness, it's perpetuating it. He feels sheltering while working with every individual on a three-tier basis is a better plan. He came up with a description that he offered to anyone who was interested.

- Ben stated that he has a co-occurring neurological impairment and what he needs is beyond a doctor. He is outraged by the agenda of the oppression of Human Services and the worsening of suffering by the treatment they give to patients. The treatment is not “human” enough, it’s hostile. Needs to be more human based and human based is Maslow’s Hierarchy of Needs, bottom-up approach. He is redesigning his website to be more organized into three tiers, the first being inpatient with detox and teaching/reeducating the people, tier two being renting from a CNA or similar based on the disability while they build a tiny home or earn a trailer to live in if they need specialized housing. Right now it is set up for a one glove fits all and that doesn’t work. The plan would create adaptive stability because stability is required for mental wellness but there are very few Human Services if any that cause someone to become stable. Current Human Services gets funding cuts because things are not working.
- Matt mentioned that the Advisory Board and the members at the table do not actually manage the shelters, so unfortunately while the point that Ben makes is really well taken, the only thing the Board can do is pass the information along but we have no influence on shelters. Ben asked everyone to please pass the information on. Matt remarked that the information can be passed along but this is not the correct group to handle this information, Ben asked what group is it and Matt said he really doesn’t know but that he can explore where the information should go. Ben added that Mental Illness and homelessness go hand in hand and Matt agreed that it can and that homelessness makes mental illness more challenging but shelter is not a service that HealthChoices funds or is able to deal with.
- Ronnie added that people dealing with those with mental illness need to learn how to have eye to eye contact and really listen to them, not pretend to listen while doodling on a piece of paper.

IV. Magellan Report – Tom Walker

- Complaints and Grievances
 - Tom asked if providers are posting the procedures for filing complaints and grievances as they should because there seems to be a lot of confusion between the two and what happens during the process. Sometimes they don’t want to get in trouble or they don’t want their therapist that they like to get in trouble. If there’s a problem, that problem is solvable and we have a responsibility to identify it and fix it. Tom thanked Ronnie for bringing it up because it’s an issue that needs to be discussed.
- Member and Family Advocate
 - Magellan’s Member and Family Advocate engaged 48 Unduplicated Members during the quarter; 19% of member cases were escalated or referred within MBH during the quarter.
- May 2017 Recovery Events
 - Magellan participated and sponsored various communitywide celebrations during Mental Health Awareness Month. Peers, neighbors, local businesses, funders, and shapers of policy at many levels came together at events such as “Rally in the Valley” at Cedar Crest College, Allentown May 20th, with over 700 people in attendance. Other Magellan sponsored activities during Mental Health Awareness Month included: the Bi-County Mental Health Awareness Walk, and Getting the Scoop on Mental Health.
- Integrated Drug and Alcohol Treatment Model
 - New Magellan team member, Anita Kelly. Anita will be taking the lead on work with the Opioid Center of Excellence and advance Magellan’s Adult Co-Occurring Disorder Integrated Service Guidelines for 24 Hour Levels of Care through a partnership with Sacred Heart, St. Luke’s University Hospital and Lehigh Valley Health Network Hospital.

- Outpatient enhancements/Specialized Outpatient Program for Autism Spectrum Disorders
 - Magellan identified a consultant with expertise with Autism and this level of care to work with both providers to enhance the outpatient services offered (KidsPeace and Elwyn ARCH have agreed to participate in the consulting process). The selected consultant is Magellan's Autism Center of Excellence.
- Integrated Care
 - Wellness Recovery Team services in Lehigh and Northampton counties have engaged 22 members in services in the first days since launching of the new services in April 2017.
- BHRS Learning Collaborative
 - The Learning Collaborative is an effort to improve BHRS services. Magellan's Member and Family Advocate helped to organize and lead the Year One Review Meeting with the counties and providers on June 6th. The Learning Collaborative will continue into a second year with a focus on additional provider and family training, refining and using BHRS Access Reports and Workflow and 1-pager flyers per agency to assist with moving referrals to accepting provider agencies, and tackling BHRS Completion rates, improving the outcomes.

V. Northampton County HealthChoices – Deb Nunes

- Another reinvestment project approved, 2:1 ABA Support.
 - Matt added that it will be targeting transitional age members, 14-21 years old, mainly members that have been in RTF or some other residential placement for a longer period of time. It's an initiative to get them home, not only in a timely manner but to help the families learn how to manage the behaviors themselves. It is an intensive program that provides staffing 2:1/24 hours a day, but is meant to help the parents learn the physical management techniques that are needed to maintain the member at home. Will be used for 2-3 members per year.
 - Deb added that Northampton County received their approval in June, Lehigh County in July and we are in the process of putting together the contract in Northampton County. It will require about six months of service which is why it will only be able to help 2-3 members per year. The contract will be for four members per county for the two-year project. It's very costly so we're anxious to see how it works out because there is no other service like it.
- Director vacancy in Mental Health

VI. Lehigh County Report – Matt Bauder

- Lehigh County is in their Summer lull, not a whole lot happening, they are gearing up for Fall
- 2:1 ABA Support contract, approval received July 20th and while Northampton County is able to work to get the contract set up as soon as possible, Lehigh will be developing their contract with the provider in the Fall and will have a go live date of January 1st. This is because of the costs associated and how highly specialized the program is, referrals will only come directly from the counties or Magellan. Once the contract is in effect they will assess the clients they have and see if any members fit. There may not be any immediate members that fit, but it isn't a program we'd just put a member into just because there isn't anyone currently in the program, it is to target a specific need. The provider had previously tried to implement with a member through private insurance funding and there were some very specific lessons learned and there will be very specific things the parents will need sign off on in terms of their willingness to do because of what they will be required to do as part of this program. It will be a lot for a family.
- Donna mentioned several calls they've gotten from the neighbor of a woman with a TBI who is being abused by her son. It was suggested that adult protective services or the crisis line needs to be called to address that particular situation.

VII. Other

- Every year the State evaluates the county and Magellan on performance and standards, PEPS (Performance Evaluation Program Standards). Every three years a comprehensive audit is done. The state comes in along with an external review organization and looks at all the standards across the counties as well as Magellan. Our finalized reports were received at the end of June, Lehigh County and Northampton County met all their standards and there were no corrective actions. Magellan did very well with one corrective action noted with something that happened in a Southeast county, very minor. Kudos all the way around.
- Haven House renovations going very well. They also are partnering with a PCP to sign a five-year contract and they will start out as co-location services and will grow into co-integration of services where they will be able to talk about treatment plans

Next meeting will be held on Thursday, November 16, 2017 at 2:00 p.m.