

# Cross-systems collaboration creates a stronger HealthChoices Program

## *A message from Jim Leonard, CEO, Magellan Behavioral Health of Pennsylvania, Inc.*

Magellan has a long history of expertise with collaboration, care integration and system building for behavioral health (BH) and other complex populations. We collaborate with counties, human service agencies, Single County Authorities (SCA), justice agencies, crisis response agencies/organizations, school districts, stakeholders, and BH and physical health (PH) providers to strengthen and expand the capabilities of each community. This includes regular, close communication and coordination with each of these organizations for Member services and supports, whether that be access to housing or food, coordination with child-serving or justice agencies, or access to transportation services. For more than two decades, since the inception of the HealthChoices Program, Magellan has been a collaborative cross-system partner with our county customers and PH-MCOs—providing coordinated high-quality, evidence-based behavioral health services and supports to Members and families in local communities.

Our member-centered whole health model is built around principles of strong cross-system collaboration, including collaboration with human services entities to address social determinants of health (SDoH). This model focuses on building system strength and resiliency at the local community level to enhance supports for Member needs. This also includes extensive care delivery and support system capabilities building, use of peers and other paraprofessionals, and collaboration and coordination with the PH-MCOs and all providers who are responsible for addressing Member medical needs, with the goal of supporting Member whole health.

We recognize that for many individuals experiencing BH conditions, treatment alone may not be enough to achieve recovery and build the resiliency needed to maintain their health. Our model recognizes that many will need broader supports delivered by human services or other agencies and stakeholders to be successful with their treatment. This is particularly true for individuals living in rural communities where access to care in traditional settings may be limited by geography, distance, and limited availability of providers.

### **Positive examples of cross-system collaboration**

- Justice Agencies helping forensic-involved Members
- Human Services Agencies addressing SDoH
- Crisis and emergency response
- School-based services and programs
- Children and youth serving programs

