



# Executive Report

Published by Mental Health Corporations of America, Inc.

First Quarter 2004

## Nation's Capital City Is Site of MHCA-IIMHL Conference



Jefferson Monument



The Capitol Building



National Monument

A rare opportunity presents itself this May when MHCA's Spring Meeting and IIMHL's second international knowledge exchange program and conference will be co-located in Washington, D.C. International visitors will be hosted by U.S. behavioral health service centers on May 17 and 18 as part of the International Initiative for Mental Health Leadership (IIMHL)'s program. They will travel to D.C. on the 19<sup>th</sup> to join MHCA members and SAMHSA representatives for a two-day conference on May 20 and 21.

The combined conference program will feature presentations on (1) *The President's New Freedom Commission on Mental Health and the Federal Action Agenda*, (2) *Elimination of Seclusion and Restraints*, and (3) *Promotion of Community Based Treatment and Services as Alternatives to Hospitalization* as well as an MHCA member showcase, a report from the Dartmouth Workgroup on Leadership and numerous

roundtable discussion sessions. Although many regularly scheduled MHCA committees will not meet in Washington due to the unique nature of the conference, all members are strongly encouraged to attend this quarterly meeting.

The program offers a wonderful opportunity to interact with behavioral health professionals from New Zealand and England and to hear directly from SAMHSA about health initiatives within our own country. Whether you will serve as an IIMHL host or not, you will gain invaluable information at this meeting. A spouse/guest tour program will be offered to those attending with registered participants.

The conference is being held at the [historic and beautiful Omni Shoreham Hotel, 2500 Calvert Street NW \(at Connecticut Avenue\), Washington, D.C. 20008](#). Reservations deadline is April 26; MHCA rates are \$189/single or double. Telephone (202) 234-0700. MHCA will send printed registration materials in March; website based registration is available ([www.mhca.com](http://www.mhca.com)). ❖

# President's Column by Donald J. Hevey, MHCA President/CEO

In his address to MHCA's 2004 Annual Business Meeting, outgoing Chair Dick DeSanto made these observations on the meaning and purpose of recent revisions to our Mission Statement. I think it's worth repeating. Following are excerpts:

**New Mission Statement:** MHCA is an alliance of select behavioral health organizations. It is designed to strengthen members' competitive position, enhance their leadership capabilities and facilitate their strategic networking opportunities.

How does this statement differ from the original one? It's worth taking a look, because the subtle differences speak volumes.

**Former Mission Statement:** *Mental Health Corporations of America, Inc., a national system of mental health organizations, was formed to strengthen the competitive position of its members within the health care industry and to enhance their financial viability.*

## 1) MHCA

We have not so much changed our name as chosen to "do business as" simply MHCA, retaining our long time graphic logo but eliminating the descriptor, "Mental Health Corporations of America, Inc." Part of that decision is in keeping with general marketing trends and part of that decision is to move away from the term "mental health" since the industry is now more broadly known as "behavioral health".

## 2) Alliance

More significant is our new reference to "alliance" rather than "national system". When MHCA was first formed, we envisioned ourselves as a system of service providers in competition with the growing managed care giants. History has proven we were the better providers all along! Now we appreciate that our members operate and interact as an alliance rather than a structured system.

## 3) Select

We interjected the term "select" in describing our members and thought long and hard on that decision. Our membership is by invitation, always has been, apparently always will be. Can we prove that we are better than the non-member down the street? Maybe so, maybe not. We do believe that our efforts in the arena of benchmarking will finally help tell the tale. What we do know is that our members are serious about improving every day. They are not content to rest on yesterday's successes. They are willing to admit when they have improvements to make, and they are energized by one another to achieve excellence. Select? You bet. MHCA selects our members...they select us. It's mutual and intentional. And it makes for a very fine organization.

## 4) Enhance

Finally, we worked on the phrase "enhance their financial viability." We realized MHCA does much more than that. Yes, we are committed to helping our members remain financially stable. But just keeping a company's finances in the black doesn't make a successful, service oriented behavioral health center. The for-profits have certainly proven that to be true. No...MHCA is committed to providing much more for its members. Thus we expanded this portion of our mission statement. We now claim to "Enhance (members') leadership capabilities and facilitate their strategic networking opportunities." Notice, too, that we dropped the phrase "within the health care industry". We are all reaching out further now, well beyond the healthcare industry. We are partnering with the criminal justice system, operating within the housing arena and providing a presence with the school system – these and so much more. It all adds up to a pretty tall order. We intend to live up to it.



### MHCA Board of Directors

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### 8 MHCA 2004

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## Susan D. Buchwalter, PhD *MHCA Board Chairman - 2004*

Joining an impressive list of proven leaders, Susan D. Buchwalter, PhD accepted the role of MHCA Board Chairman in February when she was elected by her peers in St. Pete Beach, Florida. She becomes the 11th person and 4th woman to serve in this capacity since MHCA's founding in 1985. Dr. Buchwalter was first elected to the MHCA Board in 1989 and has served continuously since then. She held the offices of Secretary and Vice Chairman prior to her recent election as Chairman. She has headed MHCA's Benchmarking Initiative since its inception and has been instrumental in developing MHCA's nationally recognized Customer Satisfaction Management System.

Dr. Buchwalter is President/CEO of The Counseling Center of Wayne and Holmes Counties in Wooster, Ohio. She enjoys a long tenure there, having been first hired as a psychology intern in 1971. She holds B.S., M.A. and Ph.D. degrees in Psychology from Kent State University.

In addition to her work with MHCA, Dr. Buchwalter serves on the Board of Directors of the Mental Health Risk Retention Group, a liability insurance company created by MHCA. She has also been active in the Ohio Council of Behavioral Healthcare Providers and the



National Council for Community Behavioral Healthcare, serving on the boards and holding offices for both groups. Among many other areas of service, Dr. Buchwalter was an appointed member to the Ohio Governor's Study Committee on Mental Health Services and a selected participant for the Midwest Consortium for Leadership Development. She serves on numerous local and state service organizations and has been a trainer/consultant since 1975 in such areas as goal setting and planning, parenting, and mental health administration.

Susan Buchwalter's efficient leadership style and quiet but quick humor have made her a standout member of MHCA. Together with the other 18 Board Members, she will provide outstanding direction for this organization in the coming year. ❖

### MHCA Executive Committee: 2004



**Erv Brinker**  
*Vice Chairman*



**Dennis Morrison, PhD**  
*Treasurer*



**Anthony Kopera, PhD**  
*Secretary*



**Susan Rushing**  
*Director-at-Large*



**Dick DeSanto**  
*Past Chairman*

## MHCA Confers Service Awards on Six Members

It is not often that MHCA holds awards ceremonies. Excellence is a given within the organization. Participation is expected. But at our 2004 Annual Business Luncheon six members were recognized for particular service involving sustained commitment to MHCA's mission and program. Dick DeSanto was recognized for his 2002-2004 MHCA Board Chairmanship. Four Distinguished Service Awards were conferred – on Bill Huddleston for his service to CARF, on Howard Bracco for his service to JCAHO's PTAC, on Tom Riggs for his years as Chairman of the Corporate Structures Committee, and on Bob Williams for his years as Chairman of the EAP Committee. Wes Davidson was recognized for his many years as Board Chairman of MHCA Enterprises, Inc.

Each modest recipient expressed their appreciation to the membership for the opportunity to serve, claiming that through their experiences they gained a more complete understanding of and appreciation for the work of MHCA. All that said, it takes members such as these stepping up to the plate to move MHCA's program forward. It takes members such as these, shouldering the responsibility of leadership, to inspire others. And it takes members such as these – DeSanto, Huddleston, Bracco, Riggs, Williams and Davidson – to ensure the continued success of this organization. Their years of commitment and leadership are worthy of our grateful recognition.



*Dick DeSanto (right) receives recognition as Chairman of MHCA's Board of Directors, 2002-2004. Golf goodies, too!*



*Tom Riggs (left) receives a Distinguished Service Award for his leadership of MHCA's Corporate Structures Committee. Wes Davidson is recognized for his long time chairmanship of MHCA Enterprises.*



◀ **Howard Bracco, PhD,** receives a Distinguished Service Award for representating MHCA on JCAHO's behavioral health PTAC.

▶ **Robert Williams, PhD,** received (in absentia) a Distinguished Service award for his years of leadership of MHCA's EAP Committee.



*Bill Huddleston (right) receives a Distinguished Service Award for his six years as MHCA's representative to the CARF Board of Trustees.*

## Negley Award Winners Present Best Practices in Risk Management

Five typed pages.  
Three finalists.  
Two twenty-minute  
presentations.  
Five or fifteen thousand  
dollars.

Wow!



*Winners and Sponsor: (Front row) Paul Stieber, MA, Community Counseling Centers of Chicago (C4) and Marsha Medalie, Riverside Community Care (Middle Row, left to right) Denise Flynn and Sandra Cohen, Coastal Behavioral Healthcare; Marilyn Udis, Vice President, Negley Associates (Back Row) Christine Cauffield, PhD, CEO, Coastal Behavioral Healthcare and Anthony Kopera, PhD, CEO, C4.*

Since 1990 the Negley Awards for Excellence in Risk Management have provided \$375,000 in unrestricted cash awards to community behavioral health centers. Funded by Negley Associates, Inc., the underwriting managers for the Mental Health Risk Retention Group (MHRRG), these annual awards recognize and reward outstanding achievements in risk management by community behavioral health centers. In recent years applicants have been asked to describe “any program which presents a clear understanding of and response to the issue of corporate risk management in general as evidenced by solid programming.” Earlier topics were specific to such challenges as sexual misconduct, avoiding violence, wrongful termination and quality improvement.

The 2004 finalists presented their programs on February 26 to MHCA at its Annual Meeting in St. Pete Beach, Florida. There, MHRRG board members served as judges, ranking the presentations on criteria including demonstration

of prevention philosophy, improved quality of care and industry relevancy. To become a finalist, applicants competed against others drawn from all members of the National Council for Community Behavioral Healthcare (NCCBH), MHCA and shareholders of MHRRG.

Capturing top honors and \$15,000 was Community Counseling Centers of Chicago (C4) with their “MIS Advancements in Reducing Clinical and Financial Risk” presented by Paul Stieber, Chief Information Officer (see program description, page 6). Coastal Behavioral Healthcare of Sarasota, Florida and Riverside Community Care of Dedham, Massachusetts each received \$5,000. Their program descriptions will appear in subsequent *Executive Reports*. All three finalists traveled on to NCCBH’s Annual Training Conference in New Orleans to present their programs in a workshop setting on March 1. Their awards were presented there as part of the plenary session. ❖

# MIS Advancements in Reducing Clinical and Financial Risk

By *Community Counseling Centers of Chicago (C4)*

Winner: President's Award, 2004 Negley Awards for Excellence in Risk Management

C4 has successfully confronted many of the most challenging demands to behavioral healthcare organizations. In its efforts to increase revenue by capturing all available Medicaid billing, the agency faces increased risk of recoupment of funds through payback audits. As the cost of service delivery expands, C4 constantly attempts to reduce administrative costs to balance its budget.

From a staff often overwhelmed and discouraged with the need to attend to growing administrative tasks, the organization strives to advance its service delivery volume, quality, and choices to better meet the evolving needs of its consumers. In composing its strategies to overcome these types of challenges, C4 envisioned a management information system (MIS) that would not only confront its known business risks, but would prepare itself to approach unanticipated future threats and thus allow the organization to freely develop better practices of care and administration. Over the course of approximately four years, C4 designed, built, implemented, and continuously improved a comprehensive, integrated MIS that supports and enhances clinical and financial operations throughout the agency. In short, the MIS provides at least the following functions to the organization:

- ♦ a comprehensive computerized client assessment, treatment planning, service monitoring, outcome measuring, and case management system that collects and analyzes crucial demographic, diagnostic, and socioeconomic data that is used to assess the most appropriate level of care for each client's unique set of needs;
- ♦ a thorough and secure on line clinical record that eliminates the need to print and store hard copy documentation and prevents third party bills from being submitted without first meeting all necessary requirements;
- ♦ a liability alerting/quality improvement system that provides clinicians and their managers with real time prompts and warnings of treatment deficits, contradictions in care, and charting irregularities that fall outside the boundaries of the agency's defined best practices;
- ♦ a complete billing system that meets Medicaid and all other third party regulations; and that creates electronic claims directly from the data entry of the clinician independent of clerical involvement;
- ♦ a knowledge management method that provides immediate, daily, weekly, monthly and yearly data

measurements necessary to most efficiently monitor and improve programming;

- ♦ an accounts receivable application that electronically posts charges and resubmits all rejected claims that can be brought into compliance.

Since its implementation, outcomes related to C4's ambitious efforts have been positive. Billing revenue substantially grew, rejection rates diminished to insignificant degrees, clinical practices improved through automated advancements, and internal user satisfaction exceeded expectations. Administrative and support resources previously required for data entry, reviews of charting compliance, and accounts receivable maintenance dropped by 75%. The electronic liability alerting/quality improvement system has brought a significant increase in the number of cases that are identified as requiring clinical planning modifications and attention, which leads to enhanced service delivery to our clients and overall reduced business risk.

During this past year, the largest test of the system occurred as the agency faced a Medicaid recoupment audit with a potential payback of up to \$4 million of collected Medicaid revenue. Common to this type of audit, a sample of 1500 bills from the total population of Medicaid bills submitted and paid during a two year period were reviewed. C4 faced the threat of having to pay back the percent of \$4 million that equaled the percent of reviewed services from the sample found out of compliance with Medicaid regulations. Largely contributed to its automated efforts in reducing agency business risk, C4 successfully endured the audit with an outstanding 0.00% error rate.

**Background and Vision:** With the approaching new millennium, C4 thoroughly evaluated its MIS plan. At the center of this analysis was the question of whether to continue its investment in one of the most highly regarded third party software systems available to behavioral healthcare providers. From its assessment, C4 concluded that its third party approach was problematic. The billing software required a significant amount of on-going administrative support for the clerical data entry of clinical services. Similarly, the accounts receivable software was labor intensive as it required the manual posting of charge information and required careful examination by fiscal personnel in making determinations to resubmit

rejected claims. The automated clinical record system prevented the agency from promoting many of its activities it considered its best practices in clinical service delivery.

Staff simply felt stifled as they commonly faced constraints in the software's design when they attempted to implement many of the agency's well respected documentation processes and clinical methods. The system required the continued practice of needing to print clinical record documentation which prevented the agency from moving to a paperless chart and avoiding concerns with missing and/or improperly filed records. The third party approach did not insure that submitted claims thoroughly met all funding regulations prior to submission. Finally, managers, if not all staff, were frustrated at the limited amount of data and reports the system provided.

As part of its critique, C4 reviewed the product offerings and outcomes of the other largest software vendors in the field in an attempt to not only benchmark its own success with its current system, but to also consider an alternative selection. Frustratingly, the end result of this assessment was that no vendor seemed to offer a product line the agency desired.

This step caused C4 to consider that either its expectations were unrealistic or that it would need to create its own solution if it were to improve its operations to the degree outlined in its vision. Conscious of the commitment, leadership, collaboration, and labor necessary to take such a bold step, C4 conceived an internally developed software solution that would not only meet the agency's currently unmet expectations, but would exceed its staff expectations of what should be considered possible through automated advancements. It conceptualized an automated record that prevented services from being entered that did not have all required authorizations, staff credentials, clinical content, and required documentation. It pictured a system that eliminated any clerical entry between the clinician and the billing of services. It conceived a method where clinical forms would be electronically signed and stored online, thus preventing the printing and storing of documents in manual records. It planned a system where charges would be posted to a uniquely designed accounts receivable system where collections and rejections could be posted automatically by simply uploading billing outcome data.

Furthermore, C4 set its software development goals to: 1) increase its billing; 2) reduce administrative costs related to billing, accounts receivable maintenance, and clinical record upkeep; 3) minimize billing rejection; 4) eliminate risk of recoupment of previously paid charges; 5) provide a paperless environment; 6) reduce clinical liability by advancing

agency best practices, 7) reduce clinician documentation and record maintenance time, and 8) provide clinical and administrative outcome reports that prompted and encouraged managers to improve their program operations.

**Process Development:** Early identified as key to the system was building a network of unified teams of senior staff/experts that would design the content and functions of each unique application with the understanding that each team's recommended design must complement and integrate with the other team's work. To this end, distinct teams were developed to construct the major applications: intake/assessment, treatment plan, progress notes, transfer and discharge, employee clinical credentials, billing, accounts receivable, and management reports. Principal to each team's charter was the goal to develop a comprehensive risk management system through the automated processes that would immediately alert staff of potential risks in planned service delivery and documentation. To ensure systematic integration of design, each team included at least the agency's Director of Clinical Records or Director of Information Systems, who then met daily to review the team's progress towards meeting the agency's vision.

While the teams worked towards meeting their goals, the technical elements of the project were also selected and constructed. Paramount to the success of the project was selecting a software package that would provide for ease of development and continued growth. After a careful review of the advantages and limitations of various database packages, Lotus Notes was selected as the software for developing the system.

In general, Lotus Notes was chosen for the following reasons. 1) the product could be maintained at each agency location on individual local area networks (LANs) that then could be synchronized nightly through the product's replication devices; or, it could just as easily be implemented through a wide area network (WAN). This flexibility in hardware support provided the agency the ability to implement the system on equipment it currently had and the freedom to easily plan for future changes in hardware infrastructure. 2) Lotus Notes is largely a workgroup package that promotes organizational collaboration in both product design and finished application use.

Given the collaborative team approach C4 chose for system development, Lotus Notes was ideal. As the clinical record could be analyzed as a series of complex and integrated documents that require myriad levels of staff accessibility, partnerships, and security; a workgroup design fostered C4's

*See Reducing Risk, page 8*

## Reducing Risk, *continued from page 7*

approaches and prevented the clinical staff from needing to modify its best practices due to any technical constraints. 3) E-mail is inherent within Lotus Notes. This element was crucial to the design, as it was critical to have the ability to automatically embed e-mail alerts to prompt clinicians to meet deadlines and complete unfinished work. 4) On-line and real-time reports through the element of Lotus Notes Views would provide staff with immediate feedback regarding any query of desired data elements. 5) All educational tools and procedural manuals could easily be kept within Lotus Notes databases that could be integrated directly into the clinical applications. 6) The ability to embed electronic signatures within any Lotus Notes documents was an inherent feature of the software that was deemed as crucial since the agency wanted to maintain all records on-line and eliminate printing of documents. 7) Lotus Notes exceeds all regulatory encryption requirements that insured that highly client confidential data would be secure in the agency's online, multi-location environment.

An additional feature of Lotus Notes that was crucial to the project's success was the product's feature of Discussion Boards. This bulletin board system was most frequently used as applications were introduced to all staff throughout the organization. As the consumers of systems, all clinicians were encouraged to post comments, concerns, questions, and ideas for improvement to any application they were to use. This direct end-user feedback through the Discussion Boards was invaluable in identifying process improvements regarding product design, which only enhanced both the systems utility and user buy-in.

**Outcomes:** As outlined above in the "Background and Vision" section of this application, C4 set multiple enterprising goals for its desired MIS. In brief, through a collaborative effort of staff throughout the organization, the agency achieved each target. As previously mentioned, through its MIS, C4 was able to pass one of behavioral healthcare's greatest fiscal tests, the Medicaid recoupment audit, with a finding of 100% compliance. Moreover, since the system was implemented, the agency has received similar findings when its billings and service delivery systems have been reviewed by its largest funding source, the Illinois Department of Human Services. In these audits, C4 has received the highest ratings and is only required to face the most minimal amounts of future audits as a result of the findings.

C4's clinical management consistently report high degrees of satisfaction with the approach. Moreover, internal queries reflect that the system directly contributes to 1) a higher degree of both service de-

livery and quality of care, 2) a decrease in the amount of time spent documenting services, 3) elimination of exposure to liability relating to unsigned, incomplete, or unauthorized services, 4) quicker and more thorough review of client progress towards meeting clinical goals, 5) higher reliability that clinical needs are identified and addressed, and 6) greater integration in treating health, financial, and social issues with behavioral ones. Furthermore, the findings of the agency's 2003 MHCA Staff Satisfaction Survey show that C4 staff ranks the agency's MIS beyond those of similar organizations.

The organization feels strongly that its enhanced billing, lower rejection rates, decreased threat of potential payback of billing, and reduced risk of clinical liability easily justify the costs related to maintaining the on-going project. While the initial capital investment in computers and other hardware peripherals required careful fiscal planning, many of the ongoing expenses are met through a reduction in administrative costs related to decreased data entry and manual audit of the agency's former manual systems. Moreover, the agency has been well supported by industry leaders in the technology field who have supported this project upon learning of its scope and outcomes. For example, Lotus Notes has provided in-kind donations of software with a market value of \$36,000. In recognition of the agency's efforts to better serve its clients and community through the project outlined in this application, Microsoft charitably gave an incredible gift of PC and network operating software, as well as business office tools that have a market worth of \$273,000.00 to support the agency's vision.

**About C4:** Community Counseling Centers of Chicago (C4), a behavioral health and social service provider, offers quality, comprehensive services tailored to the cultural and economic diversity of its consumers. Since 1972, C4 has dedicated itself to providing counseling experience and expertise to healing and helping men, women and children who are struggling with mental illness, substance addiction, emotional trauma and the aftermath of violence. C4 has become known throughout Chicago for its leading clinical services and its sensitivity in providing mental health services to racially, ethnically, and economically diverse communities. Since its inception, C4 has continually developed services particularly directed to persons in poverty, which address a multitude of behavioral health and prominent social problems that exist in the community, including specialized services for victims of sexual assault. With qualified staff that speaks 21 languages and dialects, C4 serves a diverse clientele. C4 services have expanded to nine locations serving 3,000 clients monthly and 7,000 unduplicated participants annually, 80% of whom are impoverished. In June of 2001, C4 was re-accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which means that C4 has been recognized for complying with rigorous national performance standards that promote quality health care delivery. Contact: Paul Stieber, MA at 773-765-0770 or paul.stieber@c4chicago.org

## **Florida's Oakwood Center**

Oakwood Center of the Palm Beaches, Inc. joined MHCA in mid-December bringing Florida's membership to fourteen. CEO is Linda DePiano, PhD. This JCAHO accredited organization was originally named the 45th Street Center. It is located in West Palm Beach and has been serving the population of the Palm Beaches since 1970. We welcome Dr. DePiano and Oakwood to MHCA!



## **Kiley Will Lead Peace River**

With news of Bert Lacey's retirement from The Peace River Center, MHCA also learned that Mary Lu Kiley, former CFO there, has been named the Center's new CEO. Kiley attended our Annual Meeting in St. Pete Beach. Peace River Center is located in Bartow and serves three south central Florida counties with a budget of \$19 million.



## **Welcome Cobb/Douglas CSB**

MHCA is pleased to announce the new membership of Cobb and Douglas Counties Community Service Board of Smyrna, Georgia. CEO is Tod Citron who visited with us in Scottsdale at our 2003 Fall Meeting. The agency annual provides support to over 12,000 people. The majority of funds utilized to provide services are generated through a contract with the State of Georgia, Medicaid and Medicare revenue, Cobb County, Douglas County, Vocational Rehabilitation, grants, and private pay.



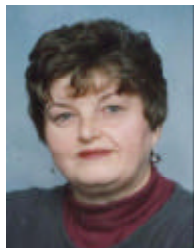
## **Montcalm Is Back!**

The Montcalm Center for Behavioral Health of Stanton, Michigan has renewed its MHCA membership after a two year hiatus. CEO Bob Brown and his Board of Directors approved the renewal in February. Members returning within two years are excused from the \$2000 initiation fee. This brings our Michigan representation to three members. Join us in welcoming Bob and Montcalm back to MHCA!



## **Larson Is New CEO in Alaska**

Maryalice Larson has accepted appointed as CEO at Behavioral Health Services of Mat-Su, Inc. (formerly known as LifeQuest) in Wasilla, Alaska. Larson has served as Executive Vice President at Porter-Starke Services in Valparaiso, Indiana and provided leadership there as Interim CEO prior to David Lomaka's appointment. MHCA assisted Mat-Su in their executive search and is pleased that Ms. Larson was chosen from the field of applicants. She replaces former CEO Bill Hogan who is now Mental Health Director for the State of Alaska.



## **Human Technologies Selects CEO**

Human Technologies Corporation of Utica, New York, has announced the appointment of Richard E. Sebastian, Jr. to the position of President and Chief Executive Officer. Sebastian, a New York native, most recently was Executive Director/CEO of the Arkansas Valley Community Center in La Junta, Colorado where he was responsible for the managed care of children and adults with developmental disabilities in a three county catchment area in southeastern Colorado.



# MHCA Annual Meeting Blends Dynamic Components of Discussion and Presentation

Whether you were a CEO or HR Director, a new face or a charter member...MHCA's 2004 Annual Meeting in St. Pete Beach, Florida gave you something useful to take back home. Top-notch keynoter Liz Jazwiec kicked things off with her "Heroic Service" presentation, delivering a strong message of commitment to staff, clients and community. Clearly her audience bought it. As one commented, "She gave me some great ideas on how to instill a culture of service, gratefulness and appreciation."

Ad hoc discussion groups on "Maximizing Psychiatric Scheduling" and "Federally Qualified Healthcare Centers and Behavioral Health" carried forward recent exchanges on MHCA's online Listserve. A one and one-half day Human Resource Focus Group, led by Linda Brannon of Circles of Care, brought together nearly 40 HR professionals who furthered the lively learning initiated last May in Savannah.

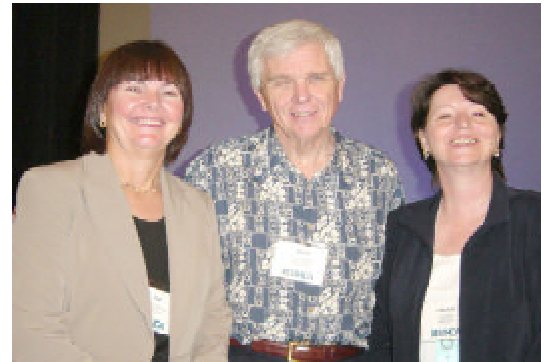
Our International Planning Committee expanded its meeting to include an orientation session for those who will serve as hosts to the IIMHL international exchange this coming May. Two member showcases described successful programs in New Hampshire ("Incorporator Model") and Indiana ("Case Management Training"). The Eli Lilly Partnership for Excellence in Psychiatry was aptly described by Betty Vreeland of UMDNJ Behavioral Health. Sue Buchwalter introduced the second version of MHCA's Benchmarking Initiative and encouraged all to participate in 2004. Essential Learning provided information on their impressive e-learning product, and Negley Award finalists impressed listeners with their risk management success stories (see article, p. 5).

Outgoing MHCA Board Chairman Dick DeSanto summed up 2003 at our Annual Business Luncheon where he received praise for a job well done throughout his two-year term. Awards were presented to deserving members, and the Executive Committee was commended for its diligence in steering MHCA's course during the past two years.

It was a meeting filled with opportunity and promise, and members were reminded that when they convene for their next Annual Meeting, it will be to celebrate MHCA's 20th! ❖



*MHCA CEO Don Hevey visits with Keynoter Liz Jazwiec (center) and Montcalm's Lorna Grassley.*



*Essential Learning CEO Sue Erskine (left) and fellow presenter Lorraine Watson are joined here by David Dangerfield.*



*Tony Zipple chats with Monadnock CEO Ken Jue (center) and fellow presenter Ellen Smith.*

► **Dunn Center CEO Dick Edwards and Marketing/Quality Development Director Susan Markley described their Case Management Training Program.**

▼ **Betty Vreeland (center) of UMDNJ Behavioral Healthcare presented their Partnership for Excellence in Psychiatry program with Eli Lilly - represented here by Juan Pagan and Borden Wilson.**



"A single conversation across the table with a wise person is worth a month's study of books."



*IIMHL Director Fran Silvestri, Sue Buchwalter and Rich DeHaven*



*Tony Kopera, Ron Morton, Dale Shreve and Scott Geltemeyer*



*MHCA alumnae Mary Aleese Schreiber and Glenda Bussell with B.E. Smith Associates reps Bob Bregant (standing) and Frank Pickering*

**MHCA's Futures Forum** came alive in St. Pete with multiple discussion groups pondering the ramifications of long range national and international trends on behavioral healthcare service delivery.



*Hank Milius, Craig Lysinger and Galen Goode*



*Dennis Wool, Patrice Modell and David Lomaka*



*Incoming Dekalb CEO Gary Richey (left) with Derril Gay and Cobb/Douglas' Kim LaBoone*

## Lamson Represents MHCA

MHCA has appointed Gary Lamson to the CARF Board of Trustees for a three year term commencing January 1, 2004. Lamson is CEO of Vinfen Corporation in Cambridge, Massachusetts and a former MHCA Board Chairman. He replaces Bill Huddleston, who has served an exemplary, maximum two-term appointment. MHCA is a Sponsoring Member of CARF, whose mission is "to promote the quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons served."



## Mergers Manual in Second Edition

MHCA first published its manual, *Affiliations, Mergers and Acquisitions*, in 1994. Designed by our Corporate Structures Committee as a hands-on workbook to be used in corporate negotiation, the manual was well received. It has now been released in its second edition and includes "Lessons Learned", a chapter reflecting actual corporate alliance experiences of MHCA members. Author Craig Savage interviewed eleven members to gain insight into the successes and failures of recent merger and affiliation efforts.

## Best Practices Recognized

MHCA is pleased to announce the 2003 Best Practice companies in its Customer Satisfaction Management System:

Overall (5-7 services)	Lakeview Center
Overall (3-4 services)	RiverValley Beh. Hlth.
Overall (1-2 services)	Family Resources
Inpatient:	Aroostook MHC
Outpatient:	Family Resources
Partial/Day Treatment:	Lakeview Center
Residential Services:	Lakeview Center
Emergency Services:	Coastal Beh. Hlthcare
Case Management:	Lakeview Center
Vocational Services:	Lakeview Center
Referral Source:	Behavioral Connections
Staff Satisfaction:	Clermont Recovery

*Congratulations to each of these fine companies!*

# Calendar

### MHCA 2004 Spring Meeting in conjunction with IIMHL Conference

**Dates:** May 20-22, 2004  
(May 17-18: site visits+ May 19: Travel)  
**Location:** Omni Shoreham Hotel  
Washington, D. C.  
☎ 1-800-843-6664  
**Rate:** \$189/single or double  
**Registration Deadline:** April 26, 2004

### MHCA 2004 Summer Meeting

**Dates:** August 3-6, 2004  
**Location:** Palace Hotel  
San Francisco, California  
☎ 1-800-325-3589  
**Rate:** \$189/single or double  
**Registration Deadline:** June 30, 2004

## You Are Invited

### MHCA Spring Meeting and IIMHL Conference

Experience the excitement of international behavioral healthcare deliberations as representatives of the United Kingdom, New Zealand and the United States meet together in Washington, D.C. for a joint conference.

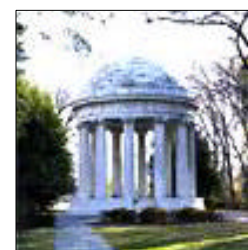
**May 20-22, 2004**  
**Omni Shoreham Hotel**  
**Washington, D.C.**

*(see Calendar for details)*

It's a new day ... and it encompasses a global health delivery system. Learn how you and your community behavioral health center can benefit from an expansion of ideas and practice. Add your voice to the growing demand for best practices unlimited by geographical boundaries.



The White House



World War I Memorial