MHCA
Mental Health Corporations of America, Inc.

ExecutiveReport

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Orlando is Site of 2003 Annual Meeting

The address is Kissimmee, but "The Mouse" says you can pronounce that Or-lan-do! In any case, it's Central Florida in February and that has got to be good. Plan now to join MHCA for our 2003 Annual Meeting February 18-21 at the Gaylord Palms Resort just minutes from Disneyworld and get set for a terrific conference as well as a warm and wonderful mid-winter get-away.

An MHCA Management Institute course will be offered on Tuesday, February 18 from 9:30 am-4:30 pm. Separate registration and fee are required. The course, "The Business Case for Culture Change", targets an audience of CEOs and top management and will be led by Chris Edmonds of The Ken Blanchard Company.

Keynoting on Wednesday will be marketing expert Eric N. Berkowitz, PhD of the University of Massachusetts' School of Management. Dr. Berkowitz, who has consulted frequently on marketing and marketing research for a wide range of health care organizations, will help us examine the hows and whys of effective, responsible marketing.

At Wednesday's joint New Trends and Futures Forum, Dr. Nancy Speck, Commissioner on the President's New Freedom Commission on Mental Health will give a report of the Commission's work and solicit input from MHCA's leadership for the Commission's consideration.. Dr. Speck also serves as a Board Member for The Burke Center, MHCA member in Lufkin, Texas.

Wednesday's Annual Business Meeting Luncheon will be preceded by a recognition ceremony for Morris L. Eaddy, PhD, retiring CEO of Lakeview Center and "father" of MHCA. Dr. Eaddy first envisioned "a group of entrepreneurial behavioral health leaders working together to improve the viability of their individual organizations while ensuring excellence in the delivery of care."

Thursday's General Session will include: a Member Showcase by our own New York City member, FEGS; "Managing Mental Health Drugs in the Public Sector" by Annette Hanson, MD, MBA, Medical Director, Division of Medical Assistance, Boston, Massachusetts; "Making the Case for Implementing the Electronic Record" by representatives of Creative Socio-Medics Corporation, and "Excellence in Risk Management" by the three finalists in this year's Negley Awards competition.

Whether you love "The Mouse" or prefer an un-Disney experience, Orlando is the place to be, and MHCA's 2003 Annual Meeting is the conference for you. Come be part of the learning and fun! Registration materials were mailed in early December. ❖

Fall Conference Focus: Accessing Medicaid

In the face of declining revenues for 2003 and probably for 2004, the greatest challenge faced by states is addressing Medicaid spending increases…thus began MHCA Fall Conference Keynoter Gretchen Engquist's presentation in Palm Springs, California. She went on to describe strategies for "Maximizing the Dollars, Minimizing the Risk" for behavioral health leaders who must provide services to a population largely dependent on Medicaid funding. Engquist is a corporate director of EP&P Consulting, Inc. of Washington, DC.

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(From left) Mary Monnat, Gretchen Engquist and Susan Buchwalter visit after keynote presentation.

President's Column by Donald J. Hevey

MHCA INTERNATIONAL

We recently returned from our Fall Quarterly Meeting and as usual have new information and goals for several ongoing initiatives and have added several new projects and tasks. You will be hearing more about these in the coming months, but I wanted to report on one now so you can begin making plans.

MHCA's visit to the UK is scheduled for the first week of June, 2003. You will have the opportunity (optional) to be "hosted" at a UK mental health trust (agency) on Monday and Tuesday, June 2-3, where you will be exposed to the daily operations of their service delivery. Next, a conference with our UK counterparts will be held in Birmingham, England on June 4-6. The objectives of this knowledge exchange are: (1) to provide an opportunity for MHCA members to meet and learn how services are being offered and designed within the United Kingdom; (2) to develop the first international exposure for MHCA; (3) to provide members with direct links with a UK mental health trust for continuing knowledge exchange and; (4) to investigate how MHCA can build further collaborations with UK colleagues.

You will receive more information on the trip within the next few weeks and a survey asking for a definite commitment if you plan to attend.

You have also received by now an invitation to attend the third Annual Global Symposium in Business and Mental Energy at Work in Berlin, Germany on June 16-17.

I definitely encourage you to attend the UK trip as this is MHCA's first formal international venture and would directly benefit you and your organization. The conference in Berlin is a value added opportunity for those of you able to take advantage of tieing the two trips together. ❖

Calendar

MHCA 2003 Annual Meeting
Dates: February 18-21, 2003
Location: Gaylord Palms Resort and Convention Center
Kissimmee (Orlando), Florida
☎ (407) 586-2000
Rate: $235 single/double + $10 daily resort fee
Registration Deadline: January 23, 2003

MHCA 2003 Spring Meeting
Dates: May 13-16, 2003
Location: Marriott Riverfront Hotel
Savannah, Georgia
☎ (912) 233-7722
Rate: $169 single/double
Registration Deadline: April 10, 2003

MHCA 2003 International Knowledge Exchange
Dates: June 2-6, 2003
Location: United Kingdom/Birmingham, England
Hotels/Rates: TBA
Registration Deadline: TBA

Third Annual Global Symposium in Business and Mental Energy at Work
Dates: June 16-17, 2003
Location: Berlin, Germany

MHCA 2003 Summer Meeting
Dates: August 12-15, 2003
Location: The Westin Seattle
Seattle, Washington
☎ (206) 728-1000
Rate: $159 single/double
Registration Deadline: July 19, 2003

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.

THE EXECUTIVE REPORT: Information printed in the *Executive Report* does not necessarily represent the opinion or policies of MHCA. Content is intended for informational purposes only. The *Executive Report* is published four times per year by Mental Health Corporations of America. Tara S. Boyter, Editor

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The Conference, which was held November 12-15, included general session presentations on Wednesday and Thursday as well as a day long EAP Focus Group and numerous committee, board and forum meetings. The EAP Focus Group offered two presentations, one on "What's New and What Works" and another on "What Has Your Website Done for You Lately?" Both were enthusiastically received, and participants received free website analysis by guest speaker Steve Stacy of Precision Web Marketing.

Allen Daniels, EdD delivered an interpretation of the Institute of Medicine's "Crossing the Quality Chasm Report" and served as guest speaker at MHCA's Futures Forum. Daniels is CEO of Alliance Behavioral Care and Professor of Clinical Psychiatry at the University of Cincinnati. He also serves on the Board of Directors of the Club of Geneva, an international resource for ongoing improvement of the mental wellbeing of individuals in the workplace.

Panel presentations on "MHCA's Benchmarking Initiative" and on "Qualifacts: A Demo Gone Live" rounded out the general session. Lively roundtable discussions were held Thursday afternoon to explore present and future professional challenges for MHCA members. Proceedings from those discussions will be incorporated into MHCA's strategic planning process for 2004-2006 .

Palm Springs offered a beautiful backdrop to MHCA's meeting which was held at the Renaissance Esmeralda Resort. Special thanks are due to Eli Lilly and Company for co-hosting Wednesday evening's reception. ❖

Bill Sette (left) and Don Hevey (right) thanked Allen Daniels for his participation as a general session speaker as well as Futures Forum discussion leader.

(From left) Luci Payne, Linda Valianti, David Lehmann and Marlene Dube offered "What's New and What Works" at the EAP Focus Group.

(Left to right) David Guth, Chris Wyre, Fletcher Lance and Phyllis Persinger described Qualifacts software in "A Demo Gone Live".

The MHCA office in Tallahassee, Florida will be closed on the following dates.
We wish each of you a holiday season of good cheer.
December 23 - 27 and January 1

Grants Available!

Healthcare Providers Learn to Partner with Patients-Manage Lifestyle, Wellness

On November 18 the University of Medicine and Dentistry of New Jersey (UMDNJ) launched a new program that could dramatically improve the care of individuals who suffer from severe mental illness. UMDNJ's University Behavioral HealthCare (UBHC) will implement and manage "Partners for Excellence in Psychiatry," a pilot program that combines psychosocial and diagnostic treatment approaches to help patients with mental illness gain control of their lives. The initiative, fully funded by Eli Lilly and Company, will train mental health professionals from more than 60 mostly community-based organizations from all parts of the U.S. over the next 12 months, at no cost to the agencies.

"We are excited about this academic-industry partnership because of its potential to significantly improve the quality of life for individuals whose mental illness has diminished their ability to lead normal lives," UBHC's CEO Chris Kosseff said.

"Lilly is committed to leading the way in providing products and services to mental healthcare professionals which will help create the therapeutic alliance that is so essential in helping patients move their lives forward and achieve their full potential," said Bert vandenBergh, President, Neuroscience Products, Eli Lilly and Company.

The main component of "Partners for Excellence" is "Team Solutions," a series of workbooks that helps patients and their families understand schizophrenia and how to manage their illness with information about symptoms, medication, side effects, preventing relapse and managing crises and emergencies. UBHC will teach healthcare providers and other treatment team members how to guide patients through each workbook to encourage discussion, answer questions and ensure understanding of each topic.

UBHC will also train mental health professionals in the use of two complementary programs that guide patients and providers in managing the side effects of psychiatric medications. The first, called "Solutions for Wellness," provides a structured approach to weight management, including psycho-educational material on nutrition, fitness and exercise. The second program trains professionals to properly diagnose and monitor certain involuntary movement disorders - side effects sometimes associated with certain psychiatric medications.

"Partners for Excellence" will offer grants to mental health professionals to attend training at UBHC. The scope of this training will encompass not only training in "Team Solutions" and its associated programs, but also in organizational change necessary for implementation of these programs. UBHC staff will offer consultation services to assist the participating organizations in implementing these new programs. The training initiative will begin in January of 2003.

A toll-free number and website are available to provide information to groups who may be interested in participating in the "Partners for Excellence" program. Interested groups are encouraged to visit www.partners4excellence.org and/or phone 888-888-8221. Kosseff has invited MHCA members to contact him directly at 732-235-5900. ❖

Former MHCA Leader Named to CARF Board

Mary Aleese Schreiber has been chosen to serve on the CARF Board of Trustees, beginning her three year term in January 2003. She was nominated by MHCA in September as a Director-At-Large. In his letter of nomination, MHCA's CEO Don Hevey said, "Ms. Schreiber's professional commitment to entrepreneurial excellence and her remarkable personal stamina have put her high on MHCA's list of 'stars'. It is with confidence that we recommend her to you as a candidate."

Ms. Schreiber is currently President of Stafford Management Group and served as President/CEO of Counseling Associates, Inc., an Arkansas behavioral healthcare provider, from 1975-1998. She joined MHCA in 1986 and served on our Board of Directors from 1987-1997, providing excellent leadership as Chairman in 1996 and 1997. It was under her leadership that MHCA became a Sponsoring Organization of CARF.

CARF is an independent, not-for-profit accrediting body promoting quality, value, and optimal outcomes of services through a consultative accreditation process that centers on enhancing the lives of the persons receiving services. Founded in 1966 as the Commission on Accreditation of Rehabilitation Facilities, the accrediting body is now known as CARF. The first meeting of the CARF Board in 2003 is slated for May 1-3. MHCA is pleased that Mary Aleese will be bringing her expertise and enthusiasm to CARF as a new Trustee. ❖

MHCA ListServer
Key Staff Discussion Lists

by Frank Collins, MHCA IS Director

Question: *Does anyone have data regarding percentage of successful completion of children's outpatient services? … We are currently at 30% and our funder finds that unacceptably low.*

Response: *… we typically have about 30-35% of cases rated as treatment completed. … if your population of clients is similar to ours, low SES, 90% at or below federal poverty level, etc, then having 1/3 successfully complete tx is not so bad. My question is what do the other 70% look like? Not all are failures.*

Question: *I would appreciate any help identifying foundations or other grant opportunities to help fund technology … Development is a new area for me and I would appreciate any suggestions.*

Response: *Most public libraries have a resource called "The foundation 1000". This resource gives updated information of foundation contributions and grants. It also lists the type of organizations that it has supported as well as the purpose the funding is directed toward.*

Question: *A Board Emeritus at our agency recently died … should we take his name off [our letterhead] entirely, or add "(deceased)" following his name? Any comments or suggestions would be helpful.*

Response: *I've never seen any Board rosters that listed deceased members of any kind. I'm not sure it makes sense to do that, as a Board is supposed to be an active unit. Posthumous recognition is probably more appropriate to memberships or awards. Hope this helps.*

Question: *Does anyone have clustered servers? The data for our clinical software package resides on a SQL server. Because of the possibility of this server failing at some point … we are looking into possible solutions to eliminate any (or very minimum) down time. With a clustered server, it is our understanding the data would basically be "mirrored," so if one server would go down, the other server would automatically take over with users not even noticing …*

Response: *Yes, your basic understanding is correct. Keep in mind the cost / benefit. Clustering in its fundamental implementation requires 2nd image of a server to be clustered. This will drive the cost (licensing) up. Veritas provides some interesting solutions that will offset the cost and still provide the benefit.*

Wow! Wouldn't it be great if MHCA offered a way for non-CEO professionals of MHCA member organizations to ask their peers questions like these by email? Guess what … we do!

It's called the **MHCA ListServer** with **Key Staff Discussion Lists** available on it through our website at http://www.mhca.com. In addition to the popular General List that CEOs and other staff have been using since December 1998, we've created several discussion lists specifically for non-CEO key staff to use for peer communication and advice. Because we believe that key staff will find these lists as valuable as CEOs find the General and CEO Discussion Lists, we encourage CEOs to make these resources available to their key employees.

Besides the General List and lists for our various forums and committees, the following Key Staff Discussion Lists are available and open to MHCA member center staff:

Clinical Directors List
Development & Fundraising List
EAP Directors List
Human Resources Directors List
Information Technology Directors List
Marketing Directors List
Medical Directors List

Joining is easy and free! You just need to complete two simple steps:

STEP 1: Register For An MHCA.COM Account
Register first for an MHCA.COM account by visiting our website. Click on the link on our home page that says "**Register here**" next to the picture of the closed lock, and fill out the registration form. When activated by your CEO, your MHCA.COM account will allow you to access the **ListServer Quick Access Page**, from which you can join or use the various lists.

STEP 2: Join / Use Lists
When you have an activated MHCA.COM account, you can access the **ListServer Quick Access Page.** On that page is a directory of all lists offered by the ListServer, with a menu bar for each list with options for JOIN, LOGIN, SEND EMAIL, and WHO'S ON. Clicking on any green JOIN button will automatically subscribe you to that particular list, setting your list password to match your MHCA.COM account password.

For more information, please refer to the Help and Frequently Asked Questions (FAQ's) pages available on our website. Just click on the "**MHCA.COM for Dummies (Technology Challenged)**" icon directly on the MHCA.COM Home Page.

Excellent Supervision - Key to employee responsibility and reduced corporate risk

Winner - Director's Award

2002 Negley Awards for Excellence in Risk Management

Tri-County Mental Health is a comprehensive mental health center, operating 18 programs in five counties and from 22 different locations. (Attachment 1, "Report to Our Communities") As the largest free standing mental health center in Maine, with a budget of $20m and annual billings to Medicaid close to $15m, we were, and remain, a clear target for increased surveillance by the Fraud and Abuse units of Medicaid and Medicare.

In 1999, we underwent an audit which resulted in a recoupment in excess of $500,000. Our paperwork was revealed for what it was, undisciplined and incomplete. While we were recognized as providing high quality mental health services as indicated by high consumer satisfaction in surveys, high community tenure rates, high employee satisfaction resulting in long tenures and consistent success with Request for Proposals, this audit indicated we had poor quality control over our records and billing. At the same time, we faced severe financial problems.

Specifically, we were experiencing serious difficulties with cash flow. Over the years our funding, in the form of grants, has remained relatively constant. However, as our budget has grown, the percentage of revenues from grants had been substantially reduced and our dependency on Medicaid had increased markedly. Lack of control over the numbers of clients with Medicaid, and particularly the ratio between Medicaid and other third party and self pay sources, had led to deficits and unpredictable receipt of revenues.

Obviously, these fiscal difficulties and documentation issues placed this agency, with an almost 50 year history of quality services, at risk. The need to manage the relationship between clinical standards, quality control of paperwork and financial accountability had never been more critical. We decided to embark on an ambitious course of action to improve control over paperwork and ensure financial accountability, while maintaining high clinical standards.

At the same time, we were attempting to identify and minimize job-related risk to our employees. The organization's Coordinators, who are at the supervisory level, are key to balancing these often-competing forces.

MISSION PROTECTION

These risks brought with them ever-increasing pressure to act more "business like" and resulted in a strain on our ability to live up to our Mission. Additionally, this year our Mission was augmented by our Board to include the words "....whilst maintaining agency financial stability." (Attachment 2, "Our Mission") To address these threats, we developed a strategy we describe as "Mission Protection."

The agency augmented its vertical management structure with a series of horizontal activities and committees which drew participation by staff from across the agency. These changes are represented in Attachment 3 and are described briefly below.

Orientation

During their first two weeks, all new employees are exposed to the Mission, values and goals of the agency by the Executive Director and Program Director. Additionally, we present the agency's standards regarding ethics and boundaries, provide an introductory explanation of our Risk Management procedures and harassment policies, including workplace domestic violence, and comprehensive training on paperwork requirements. (Attachment 4, "Agency Orientation Schedule" and "Agency Orientation Evaluation") Each orientation is accompanied by an evaluation which consistently reflects a high rating by new employees of the relevance and usefulness of the orientation.

Compliance and Quality Assurance

We have developed, invested in, and implemented an elaborate system of Quality Assurance to review all clinical documentation. (Attachment 5, "QA/UR Record Review System") The overall goal is to prevent having to return payments for services paid and billed. Records are set up and reviewed by support and clinical supervisory staff to ensure completeness and clinical appropriateness by the 30th day of treatment.

Our Quality Assurance staff conduct 90-day reviews of each chart, tied to the date required to undertake a clinical review and identify missing elements from the record. These changes are in place to assure that no bill is submitted without

appropriate documentation. Necessary corrections are being systematically reduced across the agency.

This initiative has resulted in an arrangement with the Fraud and Abuse unit of Maine's Medicaid program that allows us to perform our own internal audits and "to close the books" on previous fiscal years as we complete them. In a climate where the prospects of a private auditing authority are very real, we have reduced the risk of an external audit substantially. Development of our Compliance Committee to oversee this activity is proving invaluable as we prepare for HIPAA.

Risk Management

Encouraged by earlier Negley Award winners, we have established a Risk Management Committee which is responsible for assessing and reducing on the job risk to employees by: providing risk assessment tools; establishing an "Alert" system for potentially dangerous clients; offering advice on abusive clients; recognizing Domestic Violence as a workplace safety issue; and reviewing situations where staff have been at risk. (Attachment 6, various "Risk Management Policies & Procedures")

A recent survey of staff found the majority had not experienced violence while at work. Of those that had experienced violence, the majority considered that the situation had been dealt with appropriately. An environment where staff feel safe and secure is not only a responsibility that we as an employer have, but is also critical to their ability to provide quality clinical work. The Risk Management Committee also reviews the work of the Adverse Incident and Safety Committees.

Grievance

A critical component of an effective and efficacious risk reduction program is an easily accessible grievance procedure, for both consumers and staff. (Attachment 7, "Policies & Procedures foe Client Complaints & Grievances") The open, cooperative, non-defensive nature of our response to consumer complaints and grievances has led to successful resolution of all grievances to date, without recourse to legal proceedings. We are recognized by the Department of Behavioral and Developmental Services and the Department of Labor as having a model grievance procedure.

Quarterly Planning Meetings

The vertical management of the agency enables individual Unit Managers to work with their Coordinators and others to make thoughtful, sound decisions and implement effective procedures as a result. Quarterly meetings between the agency's Executive Staff, Program and Service Managers and their Coordinators have been instituted to provide a forum for understanding how the inter-related demands of fiscal, compliance and clinical issues are being addressed by the agency and how they are being dealt with in each unit.

Ethics

In order to review the actions of the agency and of individual staff, it became important to establish an Ethics Committee. This Committee is made up of a representative group of agency disciplines. The Committee is in the process of understanding its role in ethical decision making. It is steadily working its way through the most commonly encountered ethical problems and has begun providing guidance to staff and management in the process of ethical thinking.

Quality of Care

In reviewing the impact of these changes, a number of quality of care indicators can be cited.

The Client Satisfaction surveys of open cases from 1997 and 2000 are presented for comparison. (Attachment 8, "Client Satisfaction Surveys") The results indicate that although we have invested a considerable amount of time and energy in areas other than clinical, the consumer satisfaction rates have remained remarkably constant at around 93%.

We have been able to improve the attractiveness, efficiency and safety of our physical plants. We have built a new mental health facility in Oxford and are rehabilitating our offices in Farmington. We are planning to build a new office to replace the four separate locations of our Social Learning Center and have begun the rehabilitation of our Rumford offices. These improvements have resulted in an investment of $1.5 million to date, with further expected cost of $2 million. Recognition of the positive impact of good office facilities on the quality of services is universally acknowledged by consumers and staff. These investments are possible because we have reduced our financial vulnerability.

Coordinators

Throughout this extensive process it has been our front line supervisory staff, our Coordinators, who have occupied the most crucial role within the agency. It would be impressive to be able to report that the above happened in the considered and planned way we have presented it. However, only recently have we recognized that the ability of front line employees to embrace the agency's developing

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Supervision, continued from page 7

core values and goals was being compromised by the fact that the Coordinators had not been included in the process. In reviewing the 2002 Negley Award and describing the agency's actions through the perspective of Risk Management, it became clear that we needed to more fully include our Coordinators.

Where this has occurred, staff describe the QA process as helping them be "competent and well trained professionals." Other areas of the agency express "..frustration with having extra responsibilities, but no authority or power to make changes or were they 'being heard by the folks upstairs'." It has been a hallmark of this agency to provide excellent clinical supervision, by well trained and effective supervisors. Feedback from staff elicited at the time of their annual evaluations continues to validate this. The success of our fiscal and compliance policies to date are due in large part to the excellent supervisory practices of the Coordinators. In order to sustain our achievements, it is clear that we need to continue to invest time and energy with this group. Training in the practical aspects of supervision are been provided, using the Zenger-Miller model, in collaboration with the local Technical College. (Attachment 9, "Training Schedule & Outline for Coordinators and Supervisors")

A process was needed to enable the Coordinators to better match their existing skills with our fiscal, compliance and risk management goals. This has begun and is in a process we are now undertaking. Several meetings have taken place, using this statement from our Program Director, as a mission for the meetings:

"We want to begin a process of involvement, without any preconceived idea of a finished product, by meeting with the Coordinators. This is not an attempt to give more responsibility to the Coordinators. It is an attempt to use their expertise and close working relationship with staff, to help their staff and the agency deal with increased workloads and expectations."

This challenge by the Program Director brings together a group of 58 Directors, Managers and Coordinators to develop strategies to respond to the demands of Behavioral Health management, within the framework of Mission Protection outlined here. Inclusion of the Coordinators across the horizontal and the vertical structure of the agency should enhance their ability to share in the values, goals and Mission of the agency, and to do that more effectively with all staff. Their excellent supervisory skills, combined with their good relationship with employees, is the key to the continued success of the agency.

A Retrospective

All of the above has been developed in the last three years and was developed in response to a real risk to our Mission, our agency, and our staff. The agency was a relatively well funded, clinically competent organization, with a not very thoughtful perspective on its record keeping, nor intelligent awareness about its responsibility in a more dangerous world. We have worked, involving the entire organization, to create a series of interrelated systems to better manage our complex of programs and their competing demands. ❖

Referenced attachments are available from MHCA. Email: tboyter@mhca.com.

Incorporated in 1951, Maine's Tri-County Mental Health Services has evolved and today provides a comprehensive range of behavioral health care services including residential and 24-hour, seven days a week mobile crisis services, developmental disability and substance abuse services. Contact Chris Copeland at 207-783-4663, Ext. 220.

Note These Important Dates, Please

Membership Dues deadline:
January 31, 2003

Member Profile deadline:
For incorporation of company information in 2003 printed Membership Directory: ***January 10, 2003***