

# Executive Report

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## It's Palm Springs in November

Quarterly conferences at MHCA mean day-break committee meetings, lively discussion forums, informed presentations and impromptu brainstorming. They can also mean desert locations and golf on the side if we get lucky! So pack up your clubs along with your laptop and head for Palm Springs, California for MHCA's Fall Conference, November 12-15.

Keynoting Wednesday's general session is Medicaid specialist, Dr. Gretchen Engquist (see sidebar). A day-long EAP Focus Group also will be held Wednesday and will include a segment on marketing. Be sure to invite your EAP and marketing staff to attend this excellent forum.

On Thursday we will turn our attention to the pressing issues you face as you attempt to sort out the new "playing fields" of today's behavioral healthcare delivery system. Roundtable discussion groups will give you the chance to address with your colleagues your own issues, your local problems, your perceived opportunities and your creative vision - for tomorrow's reality back home and for MHCA's continuing relevance to you and your changing behavioral healthcare landscape. We especially encourage new members and newly appointed CEOs to participate in this important conversation. The talents that are being brought to community behavioral healthcare leadership today are in some ways very different from those of just a decade ago. These differences enrich us and expand our ability to "go where we need to go." Come share your story and your talents!

We will meet at the beautiful Renaissance Esmeralda Resort in the Indian Wells section of Palm Springs. Hotel reservations deadline is October 10; contact the hotel at 877-804-4070. MHCA's conference rate is \$160/single or double. ❖

## Keynote on Medicaid

Dr. Gretchen Engquist will keynote MHCA's Fall Conference on Wednesday, November 13 in Palm Springs, California. Dr. Engquist is known nationally for her work in Medicaid, managed care, long-term care and behavioral health. A significant portion of her work is assisting states in the design, development and implementation of programs specifically designed for the elderly, persons with physical disabilities and persons with severe and persistent mental illness.

Dr. Engquist was instrumental in the design and implementation of the first statewide managed long-term care program for the State of Arizona. Over the past fifteen years, Dr. Engquist and her firm, EP&P Consulting, Inc., have provided operational and policy consulting services in 34 states. Recently, she developed Arizona's Health Insurance Flexibility and Accountability (HIFA) waiver, the first such waiver to be approved by the Centers for Medicare and Medicaid (CMS). She is also assisting the States of Idaho and New Mexico with budget neutrality under their Title XXI and Title XIX HIFA waiver applications. This work includes defining necessary population data including population and presentation, defining the historical data required for completion of HIFA templates, preparing the HIFA Title XIX templates, and assisting the state in negotiation with CMS and the Office of Management and Budget (OMB).

Prior to co-founding EP&P, Dr. Engquist held several key positions. She was a partner at KPMG Peat Marwick LLP; Project Director for the National Governors' Association Center for Policy Research; and the Director for the State of Missouri's Medicaid Program.



## President's Column by Donald J. Hevey

**Y**ou all know that the work you do to better the lives of the people in your communities is important, but sometimes it's nice to see and hear tangible examples of the differences you are making. This message from MHCA member, Ann Borders, Cummings Mental Health Center in Avon, Indiana, captures the essence of what it's all about. This is why you and your staffs work those long hours, put up with confusing and contradictory regulations and fight the many battles with local and state funding authorities. This is why it's all worth it. We at MHCA are proud that we can be associated with all of you.

Let me tell you about our consumer recognition banquet. This is our third year. On an annual basis, we have a process where the people we serve are nominated for their achievements in employment, inspiring the hope of recovery, community service, combatting stigma, being a trail-blazer, etc., etc. We also award scholarships to consumers with educational achievements.

Then we hold a big banquet for the nominees, their family members, consumers, staff, community people, state officials and legislators. The nominees are transported to the banquet hall in limousines (this year the sheriff's office used five police cars to block traffic and gave us a motorcycle escort). A staff member made a red carpet for the nominees to walk on.

Words don't describe how moving this event is. I could tell you a hundred stories about how the awards have changed lives, changed families, changed the community. It was the first time a consumer in a wheelchair had left his home town



Ann Borders



Donald J. Hevey

in 21 years; a community person came up to me and asked if she could fund a scholarship; a judge wanted to give a scholarship winner (studying to be a paralegal) experience in his court. There was the guy whose family would find him missing for weeks at a time. He had no speech. He would camp out in the woods out of fear that people would come to get him—or he would self-medicate on drugs/alcohol and end up in jail. Seven years later, he's speaking articulately, completed a college degree, and is now working in human services!

There were happy tears all over the place, coming from people who have known so much pain in the past. "The first award I ever received" was a common reaction. Many of these people had spent most of their adult lives in state hospitals. Nobody thought they would make it, but they really showed what they can do. We added a new category for children and adolescents this year, and the looks on their faces when their names/accomplishments were announced and they received their big trophies was indescribable.

MHCA is a part of this work that has made such a profound impact on the quality of life for the people we serve. You deserve to hear about what a difference MHCA is making! ❖

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## Ohio Member Recognized by NAMI

MHCA member, The Center for Individual and Family Services, in Mansfield, Ohio, has been awarded top honors as the Community Mental Health Agency of the Year by NAMI (National Alliance for the Mentally Ill) for the State of Ohio. There are over 375 CMHCs in the State. Ohio State Representative Bill Hartnett said, "This award simply indicates that there are an awful lot of caring people working well together in the interest of the people they serve. This is further indicative of the teamwork and commitment that we need in all agencies, especially those involved in serving the interests of fragile people." Receiving the award on June 26 was The Center's President/CEO, Veronica L. Groff. MHCA congratulates the staff, board and clients/families of The Center on this high achievement.



❖ *CEO Veronica Groff with NAMI Award.*



*Tell your community you are a member of MHCA!!*

## Apply Now for 2003 Negley Award

If you have never applied for the Negley Awards for Excellence in Risk Management, this is the year to get on board. The MHRRG Board of Directors, which serves as an advisory body for the Awards, expanded this year's application to a wider spectrum of risk management topics.

Each year since 1990, the Negley family has distributed a total of \$25,000 unrestricted cash awards to three recipients - in all, over one quarter of a million dollars. Recipients will present their programs at the MHCA Annual Meeting in February (Orlando, Florida) and at the NCCBH Annual Training Conference in March (Denver, Colorado).

Application materials were mailed in July. If you have questions, contact Tara Boyter at MHCA (tboyter@mhca.com).

## Two More Since Toronto!

Attending as guests at MHCA's Summer Meeting in Toronto were Theresa Mulloy and Grady Wilkinson. And immediately following the meeting they both became our newest members!

Theresa is Executive Director of Pecan Valley MHMR Region in Stephenville, Texas. Pecan Valley employs 140 (FTE) and operates with a budget of \$8 million. The facility is located southwest of the Dallas/Fort Worth metroplex.



*T. Mulloy, EdD*

Grady Wilkinson returns to MHCA after a short hiatus during which he moved from Decatur, Illinois where he was CEO of Heritage Behavioral Health, to Memphis, Michigan where he now leads the Sacred Heart Rehabilitation Center. Sacred Heart employs 87 (FTE) with a budget of \$6.5 million. It is CARF accredited and is one of few residential facilities in Michigan licensed to provide Methadone Maintenance Detoxification.



*G. Wilkinson*

The addition of these two new members brings MHCA membership to 131 in 32 states. ❖

## Shreve on MHA Board

Mental Healthcare America, Inc. announces that Dale E. Shreve, CEO of Harbor Behavioral Healthcare in Toledo, Ohio, has been named its newest Director, replacing outgoing Board member Susan Rushing.



*Dale E. Shreve*

MHA is a wholly owned for-profit subsidiary of Mental Health Corporations of America, Inc. It provides tools, technical assistance and other resources to enhance corporate opportunities for MHCA members. Within its array of products is the increasingly respected and widely used Customer Satisfaction Management System which includes measurement instruments and data analysis for client, referral source and employee satisfaction.

# Clinical and Business Practice Ideas Presented at MHCA Summer Meeting



*(Left) Paula Goering, RN, PhD, Department of Psychiatry and Faculty of Nursing, University of Toronto, presented "Preliminary Findings from a Community Mental Health Evaluation Initiative" on Thursday. MHCA friend and international behavioral health consultant Fran Silvestri welcomed her.*



*Keynoters David Lloyd (left) and Matthew Weinstein (right) co-presented "Core Requirements for a Behavioral Health Care Practice" at Wednesday's General Session and are joined here by MHCA President/CEO Don Hevey.*



**Toronto, Ontario**  
**August 6 - 9, 2002**



*(Left) Charles G. Ray, President/CEO of the National Council for Community Behavioral Healthcare, delivered a "Public Policy Update" and encouraged all behavioral healthcare service providers to raise their awareness of how the political realities of the nation affect the day to day delivery of care.*

*(Lower left) Canadian panelists Peter Birnie, Peggy Taillon-Wasmund, Kate Pautler, and Eileen Mahood (seated) introduced MHCA to the mental health system in Ontario. They are with the Provincial Forum of Mental Health Implementation Task Forces.*

*(Lower right) MHCA board member Dennis Morrison, PhD (left) expressed his thanks to Paul G. Gorman, EdD, who spoke on "The Journey Toward Evidence-Based Treatment." Dr. Gorman is Director of the West Institute at New Hampshire-Dartmouth Psychiatric Research Center.*



## Excellent Supervision - Key to employee responsibility and reduced corporate risk

Winner - Chairman's Award

*2002 Negley Awards for Excellence in Risk Management*

United Services believes that knowledgeable and well-trained supervisors form the backbone of a strong agency. Supervisors are our front-line leaders, ensuring that the mission and vision are carried out on a daily basis and that all employees understand the organization's values. Supervisors are also responsible for setting clear, consistent and fair expectations for the performance of employees, are accountable to ensure that all work performed is high quality, and are responsible for both monitoring risk and reducing potential liability for the agency and within their program. For supervisors to be able to achieve these goals, training and on-going support is crucial. United Services has developed both formal and informal mechanisms to ensure that supervisors are adequately trained and supported. The following describes our "best practices" for training supervisors.

### UNITED SERVICES "BEST PRACTICES"

#### The Start

With the hiring of a new Director of Human Resources in February 2000, United Services began to examine its hiring and training practices. Several problems pointed to the need to correct the past practice of not properly training newly hired or promoted supervisors. Among these problems were: 1) the continued employment of non-performing employees due to a complicated, maze-like discipline policy and the lack of clear guidelines for supervisors, 2) the filing of numerous union grievances for inconsistent application of policies, discipline and general supervisory practices, 3) the need to terminate several new employees who might not have been hired if supervisors were trained in how to screen candidates more effectively, and 4) the lack of knowledge expressed by many supervisors on more technical issues such the Family Medical Leave Act (FMLA) and wage and hour laws.

As these problems became evident, a multi-pronged approach was developed to educate and train supervisors to be more effective in all aspects of their job.

### **Instilling Mission, Vision and Values**

Our new approach began with the idea that each supervisor needs to be able to clearly articulate our mission, vision and values. They in turn, are expected to actively role model these daily. Step one was to ensure that all newly hired supervisors are individuals who themselves believe in the mission and are able to communicate our mission and vision to others. Following hire, new supervisors are given a thorough orientation to the mission and our vision of "Creating Healthier Communities", using the dynamic FISH! philosophy. Supervisors spend time watching videos on the how to integrate FISH! principals into the daily functioning of their team. Each supervisor is given a mission statement to hang in their office and is asked to incorporate discussion of our mission and vision into their staff meetings. Supervisors are expected not only to role model our vision and values, but to ask their staff to also role model the mission and vision to each other and clients on a daily basis. This approach vests each individual, from the CEO to a part-time secretary, with the same responsibility to see that our vision of "Creating Healthier Communities" becomes a reality. And with staff working together on the vision, we have found that we have become a "healthier community" as an agency.

#### Monthly Supervisory Trainings

The second approach was the creation of a meeting that all supervisors attended. Monthly, all supervisors in the agency gather for a supervisory training. The purpose of these meetings is to provide an opportunity for supervisors to discuss personnel management practices, provide training and education on specific topics, and assist supervisors with the complicated task of developing a sound leadership style and enhancing their personnel management skills. To make these trainings effective, each person receives a Supervisor Training Notebook in which to keep handouts, minutes, personnel forms and

***See Supervision, page 6***

**Supervision, *continued from page 5***

their own notes. These trainings are designed to teach both the technical aspect of supervision, as well as the more practical skills needed to negotiate the various roles a supervisor must adopt.

To determine what types of trainings were needed, a training survey was sent out. Based on the results, a series of trainings was designed to help both the new and seasoned supervisor. Additional subjects were added to address inconsistencies in personnel management practices. These monthly trainings began in May of 2000 and covered such topics as:

1. Agency Culture and Values
2. The Supervisor's Role in Incorporating and Maintaining the Mission and Vision
3. Role of a Supervisor and Leadership Skills
4. Basic Supervision and Risk Management
5. Different Leadership Styles and Risk Attitudes
6. Time Sheets, Travel Reimbursement, Developing a Job Description and Other Forms
7. The Hiring Process: Legal Questions, Interviewing Tips and Reference Checks
8. The Evaluation Process and Action Plans For Improvement
9. The Discipline Process, Counseling/Coaching Employees and Employee Assistance Program
10. Sick Time, Absentee and Driver Guidelines
11. Family Medical Leave Act and Sexual Harassment Training

**Individual Supervisor Trainings and Orientation**

The third approach was to improve the orientation process for new supervisors. We began by having each new supervisor participate in a group orientation for new employees, followed by an individual orientation with their supervisor and a supervisor training with the Director of Human Resources. These orientations cover everything from policies and procedures, to incident reporting and safety. The supervisor training component covers internal personnel management practices, an overview of our union contract and their role in balancing union rights while ensuring staff perform responsibly, the legal aspects of supervision,

effective supervision techniques, and the importance of accountability. Each supervisor training is geared to the experience level of the new supervisor being trained.

**Improving Communication And Aligning Agency Policies To The New Expectations**

The fourth and final approach was to work on internal communication, and overhaul policies and forms to re-align our internal culture and provide a supportive working environment guided by a clear set of expectations for all staff. This initiative was kicked off by two supervisor training meetings where all the internal organizational issues were put up on newsprint and discussed. From these meetings, a series of issues and priorities were developed that formed the basis of a shift in the agency's culture and expectations for supervisors and their staff. These priorities resulted in a number of important changes in the agency:

1. An expectation that supervision with employees occurs at least every two weeks, instead of the previous quarterly expectation.
2. The development of a new staff evaluation process, training of supervisors in the process, the development of optional employee feedback forms for evaluating supervisors, and creation of new forms, all to establish the process of evaluating staff as an ongoing, participatory process designed to provide concrete feedback on all aspects of performance.
3. An overhaul of our discipline policies and process that includes oversight by the Human Resources Director and expectations for clear documentation and communication.
4. Establishment of new guidelines for staff who drive as a part of their job, as well as new guidelines for sick time, travel, and completion of time sheets.
5. A requirement that some forms and procedures be signed off by a supervisor's next level supervisor, and in some instances the Human Resources Director, to build in increased communication and accountability in the discipline, evaluation and hiring process.

6. An overhaul of the hiring process and new employee orientation process, including new expectations for interviewing, reference checks, and employee orientations.

7. An expectation that personnel management and safety issues be discussed with senior managers so that pro-active problem resolution can occur, and to help unionized supervisors to understand their role as a front-line supervisor and manage the conflicts that can occur between their role as a supervisor and their status as a union employee.

8. Implemented an employee recognition system that consists of "FISH! Thank You Tickets". Staff can "thank" anyone for something he/she did by filling out one half of a ticket and handing it to that person. The other half goes into a monthly recognition drawing for a gift certificate. These "tickets" builds in the concept that recognition and support is an essential team and agency expectation, not just an expectation of supervisors.

9. Re-vamped the agency newsletter to include recognition of staff, highlight program accomplishments, illustrate the vision/mission/FISH! philosophy in action, alert all staff to changes, and to help improve communication and establish a sense of community.

10. Reorganized the management structure to put all service divisions under one position. This allowed the development of consistent supervision and training expectations, and consistent application of policies between divisions and for all service staff.

11. Established a Multicultural Committee to promote diversity and help educate all staff on the importance of recognizing and celebrating differences.

12. Created new expectations for many meetings, where supervisory staff can ask questions, talk about issues, and where cross education and support can happen.

### **Tangible Results From United Services' Best Practices**

Many positive results have become evident since instituting the above "best practices". These include:

1. Consistent, fair staff evaluations, regular supervision and a 75% reduction in union grievances.

2. The termination of eight non-performing long-term employees, whose performance issues weren't previously being attended to.

3. The development of new safety procedures that include front-desk risk alerts and training of all staff on emergency procedures.

4. Increased morale and a decrease in staff turnover due to job dissatisfaction by 16%.

5. The hiring of more competent staff for position openings, a 6% decrease in probationary employee terminations, and more well trained staff after six months of employment.

6. A significant drop in agency liability due to the instituting personnel practices consistent with labor law and sound management practices.

### **SUMMARY**

Employees are our greatest asset and our most valued resource. Supervisors are our safeguard, ensuring that the agency's evaluates staff and manages risk responsibility. We believe our "best practices" accomplish this.



*United Services is a Behavioral Health and Family Service private, not-for-profit, serving the 21 towns in Northeastern Connecticut. We provide an array of clinical, rehabilitation, counseling, case management, residential, crisis, family reunification, parenting and youth programs. United Services employs over 250 staff, including three psychiatrists and over twenty clinicians, who provide services to over 1,500 clients annually. Located in a rural area of the state, United Services maintains 13 different sites scattered throughout the 21 towns, to increase easy access to services for rural residents.*

## Calendar

### MHCA 2002 Fall Meeting

**Dates:** November 12-15, 2002  
**Location:** Renaissance Esmeralda Resort  
 Indian Wells (Palm Springs), California  
 ☎ (877) 804-4070  
**Rate:** \$160 single/double  
**Registration Deadline:** October 10, 2002

### 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 plus \$10 daily resort  
 fee inclusive of parking, fitness center,  
 transportation to/from DisneyWorld,  
 internet access, newspaper, in-room safe,  
 daily in-room coffee, orange juice and  
 bottled water, and 20 minutes free phone  
 access.

**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

## Submit Evaluation, Win Book!

We've finally figured out how to get conference participants to turn in those speaker evaluation forms...offer them a chance to win an autographed copy of the keynoter's book! Vanessa Jeters, PhD, Director of Crisis Stabilization at Central Community Health Board in Cincinnati, Ohio was the lucky recipient of David Lloyd's *How to Maximize Service Capacity* when we met in Toronto! Congratulations, and good reading, Dr. Jeters. We'll be looking for a book report soon!



*Dr. Jeters,  
Lucky Winner*

## Management Institute Course Receives High Marks

MHCA's Management Institute offered *High Performing Teams* as one of its "Executive Excellence" courses on August 6 in Toronto. Presenter Dev Ogle of The Ken Blanchard Companies kept up an energetic pace and engaged the audience of 18 in the highly interactive day-long seminar. Three teams of six squared off in several exercises meant to help gauge team leadership readiness. A mix of CEOs and top management participants worked well together as Ogle created leadership scenarios and helped them interpret and assess their management styles. "Team One", "Team 23" and "Team SeeSaw Six" explored new ways of thinking as they reflected on how to get things done in more productive ways back home.



## Committee Chairs Named

Leadership of MHCA's committees and forums entails creativity and dedication - we are pleased to announce the names of those who have accepted this responsibility for the coming year. Anyone wishing to be appointed to a committee should contact MHCA CEO, Don Hevey ([heveyd@mhca.com](mailto:heveyd@mhca.com)). The Executive and Finance Committees are limited in membership and the Executive Development Committee membership is made up of the chairs of all other committees. Most committees are open to guest attendance. Following is a list of all committee chairmen with newly appointed ones indicated in bold print.

Corporate Structures – *Tom Riggs*  
 EAP – *Bob Williams*  
 Executive – **Dick DeSanto**  
 Executive Development – **Susan Buchwalter**  
 Finance – *Erv Brinker*  
 Futures – **Bill Sette**  
 International Planning – **Ken Jue**  
 Information Systems – **Grady Wilkinson**  
 Member Services – **Ann Borders**  
 New Trends – **Tony Kopera**  
 Nominating – **Harriet Hall**  
 Outcomes/Standards – **Dan Ranieri**  
 Benchmarking Subcommittee – *Susan Buchwalter*