

# Executive Report

Published by Mental Health Corporations of America, Inc.

## Place Your Bets . . . lots to Come from Vegas Meeting



The glittering city beckoned, but MHCA members stayed the course during our Spring Conference in Las Vegas, May 22-25. Committee and Board meetings as well as Forums and the General Session were enthusiastically attended. An EAP Focus Group was held on Tuesday, and an orientation luncheon welcomed guests and new members on Wednesday. Thursday's Executive Development Committee meeting received recommendations from working committees and boards, and Friday's MHCA Board meeting and MHRRG Board meeting completed the formal agenda. An informal meeting of MHCA Executive Committee members with key NCCBH members on Friday afternoon set the stage for future collaborative projects.

And, yes, there were a few tales of big shows, bright lights and the clatter of coins...but that's another story! ❖

*Above: Keynote William P. Ryan gave an informed and energetic two-part address on "Leadership for Management, Rethinking Organizational Capacity" and "The New Landscape for Nonprofits, the Rise of For-Profit Competition."*

*Top Left: Dianne Flaherty and Linda Valiante welcomed Don Keinz, Acadia Consulting Group, who presented marketing tips at the EAP Focus Group.*

*Top Right: Dr. Howard Bracco visited with Linda Hausdorff after his presentation on "Leveraging Core Competencies, CMHCs as Essential Community Partners."*

*Lower Left: Frank Collins greeted Ken Oppenheimer of ontimetraining for "E-Learning in the 21st Century"*

*Lower Right: Debby Schmidt of Epotec and Jerry Mayo discussed her presentation, "Betting on the Internet."*



## President's Column by Donald J. Hevey

### Are You Up-to-Date on MHCA's Products and Services?

Throughout its sixteen year history, MHCA has created useful tools for its entrepreneurial members to guide their companies effectively. From time to time it is good to review our products and services. If you need more information on any of these, please give us a call!

#### Benchmarking

MHCA members envision a 360° system of comparative analysis or "benchmarking" tools for use in quality improvement. The complete system will include four elements: Efficiency, Quality, Service and Finance. Some of these elements are already in place. Others are being developed.

#### (1) Customer Satisfaction Management System

Our Standards and Outcomes Committee has developed a standardized model customer satisfaction program inclusive of instruments for both client satisfaction and referral source satisfaction. Staff satisfaction and Interdepartmental satisfaction measurement tools were added to complete MHCA's Customer Satisfaction Management System. The system provides a user's guide consisting of directions and recommendations for use of end data in an organization's CQI program.

MHCA's National Data Center provides analysis of information collected by the instruments with which users are given an opportunity for this program to positively position their organizations in a highly competitive and accountable healthcare environment. Components of the System are JCAHO approved within its ORYX program. MHCA's "Best Practices Awards" recog-

nize top ranking users. MHCA members may use the program free of licensing fees and pay only for consumable forms and reports.



Donald J. Hevey

#### (2) Clinical Staffing Guidelines

A Clinical Staffing Work Group has addressed staffing pattern issues and will continue to refine a guidelines product. The product will assist MHCA members in assembling the most cost efficient treatment teams to achieve the highest quality care and maximize revenues. Promulgation and implementation of staffing guidelines will promote MHCA members as industry leaders and influence standard setting and regulatory organizations in clinical staffing requirements, payments and benefits design.

#### Compensation Survey

A confidential survey is made annually to our CEOs to determine current compensation trends including CEO salaries and benefits as well as top management pay scales. The information is provided in aggregate form by geographical region.

#### Accreditation Surveyor Report Card

Information is gathered from members on JCAHO and CARF accreditation experience with reference to specific surveyors. MHCA members are encouraged to share these experiences with one another in order that they might best prepare for future surveys. Basic contact information is provided on our website. *Continued, p. 4*

#### Board of Directors

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**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.

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## Board Highlights

*Excerpts from MHCA's Board of Directors Meeting, May 25, 2001 - Las Vegas, Nevada*



### **Finance Committee:** Erv Brinker

Financial statements for the quarter ending 3/31/01 were reviewed as well as the 2000 consolidated draft audit. MHCA's financial condition remains sound.

The Committee is focusing on development of financial training elements for MHCA's Management Training Institute. Several topics have been identified:

- ◆ Basics of financial statements
- ◆ Data-based decision making
- ◆ Succession planning for CEOs and COOs

Financial indicators, including information from other industries, will be developed as part of the overall MHCA benchmarking project.

In addition, about 20 MHCA member centers will be asked to submit their audits for analysis and compilation of good financial indicators.

### **EAP Committee:** Bob Williams

Large EAP purchasers are beginning to request program "certification" akin to NCQA compliance. The Committee will gather a list of quality indicators with a target date of November 2001 for submission of basic data.

### **Futures Forum:** Denny Morrison

Keynoter Bill Ryan's attendance at the Forum was appreciated and very helpful. Topics discussed were the consumer movement and board governance. The Committee requests that both be incorporated in our Management Training Institute. It was also recommended that MHCA schedule a consumer movement panel for presentation at one of our quarterly conferences.

### **Corporate Structures:** Tom Riggs

The Committee requests that two items be considered for the Management Training Institute: (a) Assessment of corporate culture prior to entering a joint venture, (b) Legal primer on merger law. Tom said it would be good to include information on the former any time we have access to a good presenter on the topic.

### **Member Services:** Wayne Dreggors

The recent Meetings Survey has been analyzed and will guide decision making in the near future. Both the Member Services Committee and the Customer Satisfaction Staff Users Group have recommended a presentation on Human Resource issues at a MHCA conference soon.

### **IS Committee:** Jim Gaynor

Frank Collins presented recently improved and expanded ListServe functions. The Committee discussed consumer use products and the potential for commercial development of same. Four recommendations were made for IS promotion:

- ◆ Ask a Microsoft representative to address our conference in Vancouver.

- ◆ Research available foundation funding for non-profit information system development.
- ◆ Consider multiple-license contract for MHCA members with Microsoft to reduce cost
- ◆ Explore partnering possibilities for MHCA with Microsoft to develop a software product which meets members' needs.

### **New Trends:** Dan Ranieri

The main topic again in this Forum was employee recruitment, retention and development. It was suggested that we offer a focus group for Human Resource personnel at a quarterly conference soon. Supervisory training was identified as a topic for identification of "Best Practices" and presentations and/or part of the Management Training Institute.

### **Outcomes/Standards:** Susan Buchwalter

The committee thanked Frank Collins for development of an excellent online survey tool used recently by the Committee. A task force will now focus more narrowly on streamlining the benchmarking items, and the survey will gather additional organizational and demographic information. Work groups will be formed to work on specific items in between quarterly meetings.

### **MHCA Enterprises, Inc.:** Wes Davidson

Enterprises is gathering recommendations for the Management Training Institute and expects to move forward with that project. A review group will develop criteria and issue a call for training materials developed by members. Warren Evans has offered a pre-conference workshop on elements of his "Service Excellence" program for members who may have missed his earlier presentation on same and for top management employees. It would be held at our Fall Conference in Scottsdale. It was recommended that early marketing be done and a registration threshold be determined due to costs involved.

### **Other Business**

Don Hevey reported on agenda plans for MHCA's Summer Meeting in Vancouver. The Clinical Guidelines manual will be presented there, and a presentation on international marketing opportunities will be made. Peter Legge, local Vancouver business leader, will keynote.

The Board discussed topics for future deliberation: (1) Development of MHCA international interests, and (2) Development and capitalization of a software product to meet needs of the membership. ❖

*Products & Services, continued from page 2***Affiliations, Mergers & Acquisitions Guide**

MHCA members have compiled a practical manual for use with staff, board members and potential partners as organizations undergo corporate reconfiguration. The manual addresses preliminary considerations, provides guidance for an anxious staff and deals with the difficulties of combining often divergent management styles. The manual is provided to all new members.

**Tools of Communication**

MHCA has an active website ([www.mhca.com](http://www.mhca.com)) which provides levels of member and general public access. Through it information on MHCA activities, membership and vital links are continuously updated. Numerous electronic "ListServes" provide immediate MHCA communication among member CEOs, many of whom make the tool available to their key management staff as well. MHCA's reputation for openness and member sharing is evident through the ListServe exchange. CEO and staff-level passwords are assigned for access.

**Insurance**

Mental Health Risk Retention Group (MHRRG), a "captive" insurance company developed by MHCA, offers stable and affordable professional/general and directors/officers liability insurance. A risk management education program provides video and audio resources on a number of liability issues. An awards program offered by Negley Associates, Inc., MHRRG's management company, showcases and rewards excellence in risk management. Each insured is a shareholder in and part owner of the company. Any MHCA member may become a Class C or D shareholder. For more information, contact Marilyn Udis at Negley Associates (phone 973-239-9107).

**Behavioral Risk Management Products for the Workplace****(1) Employee Assistance Program**

MHA has partnered with three MHCA members to form **Behavioral Health Strategies LLC**. BHS has developed a product line called **Performance Enhancements Solutions (PES)**, which provides comprehensive assessment ma-

terials, training and consultation services for employers to improve behavioral risk management awareness, assessment and intervention strategies. Included in the product line are Behavioral Resource Management Products (BRM) and Emotional Intelligence Products. Both offer a series of printed and web based monographs on relevant issues in the field of behavioral health. PES equips licensed behavioral healthcare organizations to provide training and consultation to their corporate clients based on a three point approach: Awareness, Assessment and Intervention. MHCA members receive preferential pricing for the PES license.

**(2) Employee Assistance Program**

As an early effort to assist members in creating their own Employee Assistance Programs, MHA trademarked written materials known as **EAP America**. More recently, most EAP assistance has been provided through semi annual forums held in conjunction with our quarterly meetings. Through MHCA, members have an excellent networking opportunity for service to multi-state EAP contracts.

**And more to come . . .**

Directed by a continually revisited Strategic Planning Process, MHCA searches the horizon for meaningful product and service development opportunities. The 2001-2003 Strategic Plan provided for the following:

*Management Training Institute*

MHCA is developing a Management Training Institute to provide essential education to emerging leadership in behavioral health as well as to assist current leaders in staying "on top of their game". Courses in general management as well as behavioral health specific topics will be offered conventionally and online.

*Technology Support*

MHCA's Information Systems Committee has created a task force to ensure the effective use of today's and tomorrow's vehicles of technology. A three way focus will ensure that MHCA as an organization, its members, and their consumers will be given essential training and tools to benefit from the wealth of opportunities available. ❖

## Students Advocating Against Violence Initiative

Winner - President's Award

*2001 Negley Awards for Excellence in Risk Management*

F.E.G.S is pleased to submit the following program summary, which highlights the F.E.G.S students Advocating Against Violence Initiative (SAAVI). The F.E.G.S Students Advocating Against Violence Initiative is a well-defined, broadly distributed and highly successful program aimed at reducing and preventing violence in the school setting. The results of implementing the program in eight New York based school districts have demonstrated that the SAAVI program is an effective means of managing the risk and liability associated with school violence, and has led to the creation of much safer, healthier learning environments for both students and teachers alike.

### **I. Overview: Youth Violence and the Motivation to Develop the SAAVI Program**

Violence is still the leading cause of death among Americans ages 15 to 24. It is estimated that more than half of high school girls will experience violence at the hands of dates or boyfriends before they graduate. Recent studies indicate that, nationwide, more than half a million high school students attempt suicide every year. Children with special needs - those with learning disabilities, attention difficulties and social/behavioral problems - are especially vulnerable to peer pressures, victimization and bullying. They often act out, instigate, or are the target of verbal and physical conflict.

The National Education Association estimated that 160,000 children miss school every day due to fear of attack or intimidation by other students. According to the Children's Institute International Teen Violence Survey, more than half of all teens in America have fired a shotgun, rifle or handgun by the time they are 17 years old. More than 6,000 U.S. students were expelled for bringing guns to school (U.S. Dept. of Education, 1997). A 1996 report by the National Center for Juvenile Justice indicated that juvenile arrests across the nation were more than 50% greater than the rate in the early 1980s. The growth of gang recruitment and violence, once present only in urban settings, is permeating the

schools and streets of suburbia; according to a 1998 Students' Report on School Crime by the National Center for Education Statistics/Bureau of Justice Statistics, the percent of students reporting street gang presence at school nearly doubled between 1989 and 1995. Unfortunately, incidents such as the tragedy at Columbine High School in Colorado focus the nation's attention on violent youth.

### **II. Development and Support of the SAAVI Program**

SAAVI was developed by the Long Island Division of F.E.G.S in 1994, long before the Columbine tragedy, to address the issue of violence among youth. This program, which is designed to run from a minimum of a semester and up to two years in duration, is a school-based, violence prevention and education program. Curriculum development is based on the premise that violence is learned; embedded in attitudes, beliefs and values about oneself and others. It therefore follows, that by addressing cognitive factors (beliefs, attributions, moral perceptions, self-statements and problem-solving skills), anger and violent behavior can be reduced.

SAAVI helps students to: recognize the impact of violence in every day life; assess and explore their anger in a safe environment; understand the relationship between thoughts, feelings and behavior; learn coping skills; and understand the power and control dynamics of violent relationships. It was initially made possible by a grant from the J. E. and Z. B. Butler Foundation, through UJA-Federation. Ongoing funding from the Butler Foundation and the Price Foundation has enabled F.E.G.S to reach more than 2,500 students in eight New York based school districts.

### **III. SAAVI Program Design**

The SAAVI program is applicable to the general school population, and also specially

*continued, page 6*

**SAAVI, continued from page 5**

targets those with learning disabilities and/or conflict resolution issues. The primary goal of the program is to prevent or reduce violence among youth and adolescents.

SAAVI is flexibly designed to meet the specific needs and goals of the students and faculty in each school. The course can be administered by teams of teaching and behavioral health professionals or, soon to be available via the Internet with guidance from a trained facilitator, thereby greatly increasing distribution and applicability. The total course is comprised of 20 modules (see attachment), including topics such as self-awareness; empathy; analyzing the anger process, and how to develop effective conflict management responses. The modular approach to learning lends itself to creative presentation schemes for the material.

For example, while several High School administrators requested primarily small process-oriented groups for students identified with behavioral problems, others requested a combination of several different models, which were easily implemented given the flexibility of the program's modular design. For instance, the S., New York's programming included the facilitation of the formalized SAAVI curriculum in health classes and study halls, process-oriented pull-out groups for troubled students, and a peer training program through which Seniors were trained to deliver violence prevention workshops to their Freshman and Junior peers, while a group of student athletes facilitated workshops in the Junior High School.

One of SAAVI's most important components uses a train-the-trainer approach. Essentially, SAAVI trains students and school staff, such as teachers, social workers, school psychologists and guidance counselors, with the tools to perpetuate program concepts once F.E.G.S leaves. The recent development of an Internet based SAAVI product has been a major advancement of the product, as it will allow for instant access to the program and greater flexibility of administration.

**IV. Outcomes**

There have been substantial positive outcomes associated with the SAAVI program.

To date, over 2,500 students in eight New York State school districts have completed the SAAVI program. At S. High School, discipline referrals of students in the 1997-1998 school year hit an all time high of 1399 for the final four months of the school year. The following year, the SAAVI program was invited to the school to work with 3 groups of consumers:

1. students identified as having anger management problems,
2. general groups of students not identified as having anger management problems, and
3. staff to do training in anger management and de-escalation.

The results were significant. During the 1998-1999 school year, the number of referrals during the same four-month time period decreased to 741, a decrease of 48%. By the end of the second program year, the number of referrals for the same four-month time period decreased to 336, a decrease of 76% from the base data year. The principal of the High School attributed the dramatic change in discipline referrals to the impact of the SAAVI course, noting that it is "a miracle" and calls it's staff people "angels."

Another example is the R. school district, where a total of twenty teachers took part in the SAAVI training. The R. experience was instrumental in conceptualizing an effective training and ongoing technical assistance model for teachers who will use SAAVI in the future. The R. teachers participated with the F.E.G.S social worker in implementing the curriculum and learned how to facilitate it via a modeling process, a series of roundtable discussions, and role plays using actual student-facilitator and student-student interactions. A majority of the teachers participated enthusiastically. Needless to say, the best outcomes resulted from classrooms in which the educators played an active role. Two of the teachers in particular reported on specific instances in which SAAVI concepts were directly used to resolve conflict in the class. In one case, a male student continually picked on another student. The other student reacted angrily and hostilely. Curriculum units and exercises on empathy enabled the instigating student to understand the impact of his actions, while "cool talk" and "I statement" role-plays helped the victimized student express his feelings. They

each gained skills that helped defuse a situation that was progressively becoming more volatile. In the second case, a student was extremely rude and defiant to his teacher. SAAVI exercises helped him express the feelings underlying his behavior. In both instances, the teachers provided a safe space for students to express anger, and identify and practice healthy ways to communicate their feelings, preventing physical altercations.

As a measure of the qualitative impact of the program, the SAAVI social worker conducted surveys among students and teachers to assess their experiences and determine the most beneficial aspects of the program. The students unanimously reported enjoying the program. They learned the most from participating in role-plays and from the concepts of "hot talk" "cool talk". Establishing the classroom as a safe place to verbalize angry feelings, but in constructive, non-aggressive ways was reportedly extremely helpful.

#### V. Looking Ahead - 2000-2001

F.E.G.S is proud of the universally positive response that SAAVI has received from school districts and funding sources alike. Most recently, the Price Foundation has announced its

continued support of the SAAVI program. The Price Foundation has a distinguished history of funding those projects that they feel will lead to significant and long-lasting positive change in the lives of others. F.E.G.S is pleased to have actualized this commitment through the development of SAAVI. Additionally, the coming year will see the introduction of a fully developed internet product which will allow for distribution and use of SAAVI by school districts nationwide. The F.E.G.S SAAVI program is also an approved vendor for the New York City Board of Education, and is available to school districts citywide. It is our belief that this product will continue to achieve its intent of reducing the incidence of violence and aggression in the school population. Furthermore, programs such as SAAVI will ultimately lead to healthier learning experiences for schoolchildren, teachers and families and will also lead to a reduction in the liability and expenses associated with incidents of school-based violence. ❖

*Note: Attachments to this program description are available through MHCA and include the following:*

1. SAAVI Website Introduction to the 20 SAAVI Modules
2. Example of SAAVI Lesson: Feelings of Others
3. Media Coverage of Conference on Teen Violence
4. Sample of Letters of Support for the SAAVI Program

*(Phone 850-942-4900 or email: tboyter@mhca.com)*

#### About this Organization:

F.E.G.S is the largest comprehensive voluntary, not-for-profit health related and human services organization in the United States. Since 1934 F.E.G.S and its affiliated organizations have served more than two million people and 35,000 employers. The Agency helps more than 50,000 individuals each year and 8,000 people per day through an extensive network of skills training, employment, career development, behavioral health, educational, developmental disabilities, rehabilitation, residential, family, home care, economic development and corporate services. F.E.G.S develops creative and responsive programs to meet ever changing needs of individuals, businesses and communities. The Agency utilizes resources from both the private and public sectors, and integrates services from a wide array of professional disciplines, which together create opportunities for individuals to achieve their maximum level of independence at work, at home, in school and in the community.



**Jonas Waizer,**  
**COO: F.E.G.S**

#### About the Negley Awards Program:

The Negley Awards were established in 1990 by Negley Associates, Inc., underwriting managers for the Mental Health Risk Retention Group (MHRRG). They are conducted annually and recognize outstanding achievements in risk management by community mental health centers. Winners receive cash awards and share their risk management strategies with the behavioral health community. Since the award program's inception, one-quarter million dollars have been awarded to deserving applicants. The 2001 awards competition topic was "**Limiting Liability Exposure While Addressing Violence in the Workplace and School.**" Applications were sought which presented a clear understanding of the risk being targeted and actions taken to limit that risk. Applications were reviewed and winners selected by the Board of Directors of MHRRG. Winners presented their papers first at the Mental Health Corporations of America's annual meeting in February 2001 and at the April 2001 training conference of the National Community Behavioral Healthcare Council. Centers under the direction of MHRRG Board members are ineligible to participate.



## Calendar

**Coming Up!**

### MHCA 2001 Summer Meeting

**Dates:** August 14 - 17, 2001  
**Location:** Westin Bayshore Resort & Marina  
 Vancouver, British Columbia  
 ☎ 604-682-3377  
**Rate:** \$265 or 280 Canadian based on  
 room choice (approximately \$183-193 U.S.)  
**Registration Deadline:** July 15, 2001

### MHCA 2001 Fall Meeting

**Dates:** November 6-9, 2001  
**Location:** Radisson Resort and Spa  
 Scottsdale, Arizona  
 ☎ 480-991-3800  
**Rate:** \$169/single or double  
**Registration Deadline:** October 2, 2001  
**Tentative Preconference Seminar**  
 Tuesday, November 6  
 "Service Excellence" - Exploring the  
 principles and practices of service  
 management and how you can apply  
 them to create a competitive  
 advantage for your organization.  
**Presenter:** Warren Evans

### MHCA 2002 Annual Meeting

**Dates:** February 26 - March 1, 2002  
**Location:** Don CeSar Hotel  
 St. Pete Beach, Florida  
 ☎ 800-282-1116  
**Rate:** \$209/single or double  
**Registration Deadline:** January 22, 2002

### MHCA 2002 Spring Meeting

**Dates:** May 14 - 17, 2002  
**Location:** Le Meridien Hotel  
 New Orleans, Louisiana  
 ☎ 504-525-6500  
**Rate:** \$165/single or double - Superior  
 \$185/single or double - Deluxe  
**Registration Deadline:** April 15, 2002

## New Members

MHCA welcomes two new companies headed by former MHCA member CEOs and a third, back in the fold under a new name.

From Texas, Leon Evans returns as CEO of The Center for Health Care Services in San Antonio. He was formerly CEO of Tri-County MHMR in Conroe, Texas where Cindy Sill is now CEO. The Center for Health Care Services employs 646 people with an annual budget of \$43.7 million. Learn more about the company at their website: [www.chcs.hhscn.org](http://www.chcs.hhscn.org).



*Leon Evans*

Returning also is Jim Gaynor, who recently became CEO of Verity Integrated Behavioral Healthcare Systems, a Division of the Multnomah Department of Community and Family Services in Portland, Oregon. Prior to assuming leadership at Verity, Gaynor served as CEO for two MHCA member companies - Unity, Inc. in Portland, now led by former board member Wayne Miya, and Northpointe Behavioral Healthcare Systems in Kingsford, Michigan., now led by Rick Fox.



*Jim Gaynor*

Our third new member is Centerstone Community Mental Health Centers of Nashville, Tennessee. CEO is David C. Guth, Jr. who visited with MHCA at our 2000 Annual Meeting in St. Pete Beach, Florida. Centerstone was formerly known as the Dede Wallace Health Care System and was a charter member center of MHCA. The CEO then was John Flor. ❖



*David Guth*