MHCA

March/April 2001

ExecutiveReport

Published by Mental Health Corporations of America, Inc.

Arriving **las Vegas**

MHCA's Spring Conference meeting dates are May 22-25, and it's not too soon now to make plans to be in Las Vegas! Hotel and meeting registration deadlines are April 21 – a very important date on your calendar. As meeting space becomes more scarce, it has become increasingly important to make accommodation reservations early *(see article, page 3).* MHCA will hold its meeting at the exciting Caesars Palace with block rates of $149 or $179 depending on room selection. Agenda and meeting registration information will be mailed soon.

Our keynote address will be made by William P. Ryan, national consultant to foundations and non profits. Among his clients are the Pew Charitable Trusts, the Rockefeller Foundation and the Hauser Center for Nonprofit Organizations at Harvard University. He is based in Cambridge, Massachusetts and is co-author of *High Performance Nonprofit Organizations: Managing Upstream for Greater Impact.*

An all-day EAP focus group meeting will be held Wednesday, so CEOs are encouraged to invite their key EAP personnel to attend. Be sure they register for the focus group session; they are also welcome to participate in the full conference agenda. The EAP session will include information on effective marketing research and a presentation by Epotec.

Representatives of Epotec will also make a presentation to the general session on Thursday; a member showcase program will be featured as well (presenters TBA).

Come to Caesars Palace! In addition to MHCA's informative meetings . . . there will be plenty of time for shopping, dining and shows. ❖

Consensus Forum Scheduled on MH/SA Performance Measures

MHCA's President/CEO Don Hevey will represent our membership at the Consensus Forum on Mental Health and Substance Abuse Performance Measures to be held at the Carter Center in Atlanta, Georgia on March 12 - 13.

The purpose of the Forum is to explore the feasibility of agreeing upon a common framework for performance measurement and small sets of performance measures for adult mental health and adult substance abuse treatment, including consumer perception measures. A goal of the Forum is to develop a plan for key stakeholders to support the wide dissemination and use of common performance measures. Preliminary work has been done within a Planning Work Group of the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health & Human Services. Similar work has occurred for substance abuse treatment through the Washington Circle Group. The deliberations of both groups will be considered in the March Forum.

Creating a common framework for both mental health and substance abuse "requires a broader vision encompassing the good of the entire field and all the consumers it serves, more collaboration and more compromise," SAMHSA admits.

Don Hevey believes recent work by MHCA in the field of customer satisfaction in addition to our ongoing examination of clinical staffing patterns and other benchmarking tools will be very useful to the Forum discussion. ❖

President's Column by Donald J. Hevey

Donald J. Hevey

If you visit any health related trade shows or read healthcare journals these days, it's easy to see that HIPAA has dominated the scene. Every vendor has a sign or three touting how well its product or service addresses HIPAA compliance. "HIPAA Spoken Here," "HIPAA Survival Gear," "HIPAA Triage Center," and the like are common themes.

Of course these vendors know a compelling sales angle when they see one. And playing to the fears of healthcare executives everywhere, many of whom troll the trade show floors in a HIPAA-induced daze, is one great marketing tool. But sales tactics aside, this just shows the impact that HIPAA will have on the future of healthcare delivery and the management of services. It also points out just how critical a role regulation plays in the lives of healthcare organizations, including and perhaps especially, behavioral healthcare.

From all indications, promulgating and then enforcing new regulations, especially at the state level, is only going to become more frenzied. With gridlock ruling the day in Washington, DC, state attorneys general are playing an increasingly active role in policing the healthcare industry. Across the country, attorneys general have stepped into the void left by legislative and regulatory action at the federal level to pursue a broad agenda of healthcare actions and reforms.

The National Conference of State Legislatures reports that the number of healthcare-related bills enacted at the state level has jumped nearly 50 percent in the last five years. The result is that a lot of the enforcement responsibility has bubbled up at the front door of the AG.

There seems to be no shortage of healthcare issues for AGs to investigate, confront, or, as some critics would say, "exploit." Antitrust scrutiny of healthcare mergers and closings of hospitals and other institutions, questions surrounding organizational nonprofit status, Medicaid fraud, Corporate Compliance, prescription drug sales and alleged HMO abuses have all become fodder for state law enforcement. According to some sources, areas targeted for scrutiny in the near future include health records privacy, environmental health concerns and vulnerable-adult abuse.

We in healthcare have developed a rather formidable lobbying and advocacy force over the years to deal with mainstream state bureaucracy and legislative bodies. We have little history or experience dealing with state law enforcement bodies like the AG. The role of the attorney general has changed significantly over the last 5-10 years; they have become major policy makers, especially in healthcare. The pendulum has been swinging from the legislative to the executive branches in terms of expanding their policy-making role. Are we preparing to deal with this swing? ❖

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 six times per year by Mental Health Corporations of America, 1876-A Eider Court, Tallahassee, Florida 32308. Tara S. Boyter, Editor (c. **MHCA 2001)**

Mental Health Corporations of America, Inc.
1876-A Eider Court
Tallahassee, Florida 32308
Telephone: 850-942-4900
FAX: 850-942-0560
WEB PAGE: http://www.mhca.com

Election of Board Members, Executive Committee

Newly elected by the general membership to MHCA's Board of Directors are James G. Gaynor, II of Unity, Inc. in Portland, Oregon, and Daniel J. Ranieri, PhD of La Frontera Center in Tucson, Arizona. The two began their three year terms in February at MHCA's Annual Meeting.

Jim Gaynor

Dan Ranieri

MHCA's Directors are elected from five geographical regions to assure full representation of the membership. Gaynor will represent the Northwest Region while Ranieri will represent the Southwest Region along with current member Lloyd Sidwell of Texas.

Recognized at the Annual Meeting for their service to the Board were outgoing Board members Ann K. L. Brand, PhD of Seattle, Washington, and Jim McDermott, PhD of Fort Worth, Texas. Brand has served the Board since 1995 and McDermott since 1989.

As set forth by our bylaws, the MHCA Board of Directors elects its Executive Committee. Re-elected in San Diego were Chairman Harriet L. Hall, PhD; Vice Chairman Dick DeSanto; Secretary Susan Buchwalter, PhD; Treasurer Erv Brinker; Director-at-Large, Dennis Morrison, PhD; and Past Chairman Gary Lamson. ❖

Ann Brand with MHCA CEO Don Hevey.

Jim McDermott

Wasting Money on Hotel Attrition Fees

by Glenda S. Deal, MHCA Meeting Planner

Increasingly hotel contracts are becoming tougher and tougher to negotiate. One of the most difficult problems facing associations is the hotel's use of an attrition clause in their contracts.

The phrase "attrition clause" has made its way into the vocabulary of almost every meeting planner. An attrition clause is a specific provision in a contract that's been agreed upon (in writing) by both the hotel and the association. The clause provides for the payment of damages by the association to the hotel if the association fails to fulfill its specified room block.

In order to assure space for each meeting participant, MHCA blocks a certain number of hotel sleeping rooms (room block). The number of rooms blocked is based on our past attendance history, meeting location, time of year, etc. Typically we try to negotiate no penalty with 85% pick-up of the total block. If we do not meet this pick-up, we are charged the attrition fee. These fees, which amount to thousands of dollars per meeting, can have serious consequences for our meeting budget, and although attrition clauses vary from hotel to hotel, one fact does not vary – they cost us lots of money.

Participant registration is a crucial first step to avoiding attrition fee payment. Typically, by a week prior to the hotel cutoff date, only 40% of our anticipated attendees have registered. This makes it very difficult to plan effectively.

In the buyer's market of the early 90's hotels were under pressure to deliver profits for their owners. Under the current seller's market of 2001, we as associations have a fiduciary responsibility to you, our dues paying members. Paying attrition fees wastes your dues money. You can help:

① *Please plan to stay at our conference hotel rather than another hotel nearby.*

② *Be aware of the hotel cutoff date and make your reservations early.*

③ *Send in your meeting registration to MHCA early as well so that we can have an accurate attendance number before the hotel cut off date (Sometimes we can adjust our room block to avoid attrition penalties)*

④ *Avoid early check outs if at all possible.*

Some travel flexibility is a reality. However, by planning ahead and keeping current hotel bargaining issues in mind, you can help MHCA avoid wasting your money on burdensome attrition fees!! ❖

Annual Meeting Offers Stimulating Presentations, Learning Opportunities

Kenneth Minkoff, MD (left) and MHCA's CEO Don Hevey in San Diego. Minkoff delivered an address on "Dual Diagnosis: An Integrated Approach".

Whether your focus is on the law or treatment, prevention or technology, there was something for you at MHCA's 2001 Annual Meeting in San Diego. With an agenda that covered Supreme Court rulings on behavioral health and dual diagnosis treatment models, participants packed a lot of learning into the four day conference. Wednesday and Thursday's general session presentations received high evaluation marks, and Tuesday, Wednesday and Friday's committees, boards and forums were both enthusiastic and productive. Internet training sessions, which were provided all day Thursday by MHCA's Director of Information Systems, Frank Collins, were well attended. Frank received words of thanks and praise for making the Net seem a friendlier, more accessible place.

MHCA Chairman Harriet L. Hall, PhD, delivered an Annual Report on the status of MHCA and its subsidiary corporations at Wednesday's Annual Business Meeting and Luncheon *(for the text of her comments, see page 6)*. She emphasized the importance of the organization's stable history and intentional inclusion of a membership committed to excellence in behavioral healthcare delivery. She welcomed our newest members and named many who have retired in the past year. Noting the maturing of community mental health, Hall called for MHCA to commit resources for ensuring "cultural succession" as new leadership assumes responsibility for tomorrow's clients. Treasurer Erv Brinker gave a brief and positive financial report, citing the numbers which underscore the organization's strong financial health.

Edward T. Negley, MD, who is President of Negley Associates, Inc., spoke to the general session about "The Changing Insurance Market" and offered the Mental Health Risk Retention Group

Top Photo: Panelists Danette Castle, Ernest McKenney and Jennifer Mathis discussed "Recent Supreme Court Rulings on Behavioral Health".

Bottom Photo: Sheila Baler, PhD and Harriet Hall, PhD led us up the "On Ramp to the Internet".

(MHRRG) products as highly reliable insurance coverage. MHCA created MHRRG as its first product in 1986 when insurance markets were extremely tough, and community mental health centers were finding themselves "uninsurable" due to exclusions and high cost. The MHRRG Board of Directors meets quarterly, three times in conjunction with MHCA's quarterly conferences. Currently, eight of the eleven MHRRG directors are MHCA members.

A panel presentation on Wednesday brought extensive information on "Implications of Recent and Pending Supreme Court Rulings on Behavioral Healthcare." Thanks to panelists Jennifer Mathis of The Bazelon Center for Mental Health Law; Ernest McKenney, Director of Medicaid Administration, Texas MH/MR; and Danette Castle, CEO of Lubbock Regional MH/MR for participating on that panel.

Thursday's presentation on "Dual Diagnosis: An Integrated Model" by Kenneth Minkoff, MD was a power packed three hours of nonstop information delivery. Minkoff is Medical Director of Choate Health Management. His excellent handout materials referenced a lengthy list of additional resources on the topic.

Frank Collins provided hands-on Internet training, helping members become more comfortable with the 'Net and more familiar with MHCA's website.

Harriet Hall and Sheila Baler co-presented "On-Ramp to the Internet", giving life to the concepts of technology offered earlier in the Internet training sessions. Hall's Jefferson Center for Mental Health in Arvada, Colorado was thrust to a higher level of web based service following the Columbine incident two years ago.

Evening receptions were hosted by Negley Associates, Inc. and MHRRG on Wednesday night and by The Scher Group and Behavioral Health Strategies, Inc. on Thursday night. Our thanks to these generous sponsors. ❖

Addressing Violence in the Workplace and School

Finalists in the 2001 Negley Awards competition presented their programs for "Limiting Liability Exposure While Addressing Violence in the Workplace and School" at MHCA's Annual Meeting in San Diego on February 21. MHRRG Board members, who had previously reviewed all applications and identified these finalists, again judged the presentations for ranking purposes. Ranking will be announced following the second presentation of these programs at the NCCBH meeting in Portland, Oregon on April 2. Top award is $15,000; 2nd and 3rd place winners each receive $5,000.

Congratulations to Trend Community Mental Health of Hendersonville, North Carolina; F.E.G.S of New York, New York; and Care Plus of Paramus, New Jersey. These companies are to be commended for the fine service they provide their local communities and for sharing these risk management programs with all of us. ❖

Negley Finalists: ***(Left to right) Don Bayse, Trend CMH; Evelyn Roth and Joe Miller, PhD, F.E.G.S; sponsor Edwart T. (Bud) Negley, MD; Linda Hausdorff and Barbara Maurer, Care Plus of NJ***

Annual Report 2000 - Creating a Future from a Solid Past

by Harriet L. Hall, PhD, Chairman, MHCA Board of Directors

Annual Meetings and Annual Reports……. They're always a good opportunity to point out the good things that have happened for our clients, our staff and board, and our communities. They also give us an opportunity to highlight the "might have beens"… we would have done more if we had more money… more resources… more staff….. more time. Finally, they also give us a chance to set the stage for the coming year – to forge new directions as well as encourage our listeners to actualize last year's "might have beens" so that they can be included in the coming year's accomplishments.

Annual Reports are more than a litany of calendar events and a review of financial status. The Annual Report, hopefully, becomes a springboard for new action, an inspiration for higher achievement.

Let me begin this Report by looking briefly at our past year's events and consider how they might set the stage for future action. As always, our four quarterly meetings served as the backbone for MHCA's energetic pursuit of knowledge in the year 2000. It was in these meetings that we confronted new ideas, shared successes and failures, and encouraged each other to dream big dreams. We met this year in St. Pete Beach, Florida – in Memphis, Tennessee – in Portland, Oregon – and in San Antonio, Texas. We heard from nationally recognized keynote speakers and from wonderfully talented MHCA colleagues.

We worked together and laughed together. I think I can safely say that we all expanded our professional lives and enriched our personal lives through MHCA.

Clearly after 16 years, MHCA as a corporation continues to thrive, to maintain a level of high expectations for its members and equally high expectations for its own performance. Erv Brinker's Treasurer's Report, which he will make shortly, confirms our financial health as well.

As you consider your own part in MHCA's successful past, be reminded that you are one of a carefully selected number of people. Quite frankly…MHCA isn't for everyone. We started small in 1984, and we have not grown quickly. Membership presently numbers 125. We are represented in 31 states. Membership continues to be by invitation only.

Our membership guidelines make it clear… "The alliance between MHCA and its member centers should contribute to the strength of each. Each member center should be able to make a contribution to MHCA by virtue of program expertise and/or geographical location. Each member should be willing to assist in building and participating in a national network of mental health care."

These guidelines are not intended to make us an elitist organization but rather to make us a focused one. We do not maintain these standards in order to exclude, but to carefully include – to gather those behavioral health organizations which are serious about providing excellent services for our communities tomorrow as well as today.

In the year 2000 we welcomed the following new members who share our MHCA goals:

- Doug Varney, *Frontier Health*
- Mary Monnat, *Tualatin Valley MH*
- Ken Badal, *Helen Ross McNabb Ctr.*
- Barry Hale, *Quinco MHC*
- Ron Morton, *CenterPointe Human Services*
- Bill Dillard, *Betty Hardwick Center*
- Jerry Doyle, *EMQ Children/Family Services*

MHCA is built upon a strong past, and we carefully choose our colleagues in order to ensure a strong future. At our annual meeting last February we turned with enthusiasm to our work for the year 2000. Since then we have been busy within MHCA's work groups, committees and boards – overseeing the continuing success of formerly established projects and searching the horizon for meaningful new initiatives.

We have also been somewhat introspective this year. At one of our MHCA Board meetings, Howard Bracco led a discussion on the identification and leverage of behavioral health's core competencies. He identified as a key core competency that we are experts in helping to modify behavior. Our skills are applicable across a broad variety of situations. Howard identified the following broad goals as important for strategic positioning within the community: first, the modification of individual behavior, enabling the consumers we serve to continue to live and thrive in their home communities; and second, the modification of community behaviors, enabling the community to accept more diversity and meet more of the community's needs.

Toward the latter goal he recommended that we develop ways of linking with all social service agencies in the community and find opportunities for

them to serve as a market for our services. He identified ten institutional systems within the community for strategic alliances. 1) Health System; 2) Social Welfare; 3) Criminal Justice; 4) Education; 5) Recreation; 6) Transportation; 7) Business and Industry; 8) Faith; 9); Government 10) Housing. You may have more in your community.

This is big picture thinking, and it raises important questions. How do we deal with them? Are they something MHCA can help our members tackle? Are they within our stated objectives?

Consideration of these sorts of questions raised by members throughout the year led us straight to a job we knew we had before us. MHCA was in its third and final year of our existing Strategic Plan. It was time to set about planning for a new strategic visioning session to address these and other emerging challenges.

Strategic Planning work began under direction of Warren Evans, long time friend of MHCA and a great futuristic thinker. All committee and board chairmen plus several other appointees met first in Portland at our Summer Meeting to begin the planning process. Results of the initial meeting were considered and further developed at our Fall Meeting in San Antonio.

The four main initiatives which emerged were both a reflection of ongoing conversations and a clarification of concepts which were just waiting to take shape:

1) Development of benchmarking and database standards:

Since the beginning of the year, benchmarking has been an important topic of discussion in several committees. From the work being done on clinical staffing guidelines to the array of measures which exist within our customer satisfaction management system, industry standards are being formulated here within MHCA. The collective development and circulation of these benchmarks is a goal now clearly articulated and adopted by MHCA.

2) Effective use of new technologies

There has been a lot of discussion within MHCA about rapidly developing technology. Some have expressed concern that technology advancements might outdistance issues of ethics, legality and financial considerations. We are now investigating how MHCA might help the membership learn to take advantage of the new technology responsibly through communication tools such as our own MHCA List Serve and through commercial opportunities made possible by E-Commerce. Members have been encouraged to explore the Internet to stay abreast of what is available. Our Futures Committees has identified a number of categories to be watched on the Internet (such as science, medicine, economics, and politics) as a way to find meaningful topics for the membership to explore further. A Technology Task Force met late last month and will make recommendations soon on technology related issues identified within the Strategic Plan.

3) Consistent MHCA branding

As the Strategic Planning discussion progressed, it was also suggested that as leading community behavioral health service providers we must find ways to be recognized as the "go to" experts in Mental Health. We are exploring the role MHCA might play in this effort, and we realize that MHCA as an organization needs to become nationally positioned as a central behavioral healthcare authority figure. The term "branding" simply means "presence" in this case. It means that we are going to focus more energetically on making MHCA's work better known in the field. This includes things as simple as the consistent application of MHCA's logo to the wider distribution and marketing of our products and the inclusion of MHCA in all meaningful national behavioral health dialogue.

4) Cultural Succession

Members have begun to see that with the retirement of many of our founding members, our history could easily fade, and our original mission could be lost. Within MHCA we focus primarily on the future and work very hard to anticipate NEW and emerging trends. However, there is strong agreement that the work of community mental health is not just "any business." It is work created out of human need – service provided out of a sense of responsibility and compassion and organizations built on a vision of community-based care. How do we pass this sense of cultural integrity to the next generation? A group of members has begun to meet and talk about the history of the community mental health movement. Hoping to capture the essence of this work, they are exploring ways to preserve our foundation, including the founding of MHCA. This is more than just a nostalgic history review. It will be an important ethical journey to preserve our social mission. In our Strategic Plan, we refer to it as "Cultural Succession planning."

If you doubt that we are on the brink of a significant human resource shift, consider these CEOs who in this past year have transitioned out of MHCA. Many more of you have already spoken of your own impending plans for retirement.

- At Unity, Inc in Portland, Oregon…retiring Kris Angell, replaced by Jim Gaynor.

continued on page 8

Calendar

NCCBH and
Association of Behavioral Healthcare Management
Annual Behavioral Healthcare Training Conference "In the Public Interest"
Dates: March 31 - April 3, 2001
Location: Portland Hilton Hotel
Portland, Oregon
Contact: ☎ 301-984-6200

MHCA 2001 Spring Meeting
Dates: May 22-25, 2001
Location: Caesars Palace
Las Vegas, Nevada
☎ 702-731-7222
Rate: $149 or $179/depending on selection
Registration Deadline: April 21, 2001

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

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

Annual Report, *continued from page 7*

- At Eastway Corporation in Englewood, Ohio…retiring Stan Eichenauer, replaced by John Strahm.
- At Lifestream Behavioral Center in Leesburg, Florida, retiring Jack Hargrove, replaced by Jon Cherry.
- At Scioto Paint Valley Mental Health in Chillicothe, Ohio, retiring Diane Lewe,replaced by Gary Kreuchauf.
- At Meridan Behavioral Healthcare in Gainesville, Florida, retiring Doug Starr, replaced by Maggie LaBarta.
- At United Services in Dayville, Connecticut…retiring Ted VerHaagh, replaced by Diane Manning.
- From Pikes Peak Mental Health in Colorado Springs, Colorado, retiring Chuck Vorwaller, replaced by Morris Roth.
- From The Howard Center for Human Services in Burlington, Vermont, retiring Jim Leddy, replaced by Todd Centybear.

Who else will be coming aboard in the next decade? Will the next generation of CEOs and key management personnel retain the initial zeal and make good on the social contract while honing entrepreneurial skills for the future? To be proactive in finding positive answers to these questions, our MHCA Enterprises Board is working on development of an Executive Management Institute to provide essential education to the emerging leadership in behavioral health. MHCA will continually search for effective ways to ensure the integrity of our work.

I said that an Annual Report is more than a litany of calendar events and 12 months worth of activities. At the same time we have much to be proud of in our year 2000 accomplishments:

- The analysis of data and reports from the Clinical Staffing Guidelines project and the beginning of benchmarking information in that area
- The significant growth of our Customer Satisfaction Management System and use of our National Data Center.
- The expansion of Behavioral Health Strategies product lines to include Emotional Intelligence. Our subsidiary corporation, MHA is one of the partners in BHS.
- The increasing use of new technologies in our day to day business operations and communications
- The continued success of our insurance company, The Mental Health risk Retention Group which you will hear more about later this afternoon.
- The accomplishments already mentioned, i.e., continued financial viability, completion of our three year strategic plan, successful quarterly meetings, management of our subsidiary corporations, development of new services and products for members.

Of course, important ongoing initiatives will be carried forward in the coming year as we also shape new initiatives identified in the Strategic Plan. The role each of you play in building these strong products and programs is greatly appreciated. When you complete a survey, participate in our forum discussions, take the time to attend our quarterly meetings and bring along someone in your organization as well…you are doing the work of MHCA. Your faithful involvement is what makes MHCA the creative, energetic entity that it is.

Our future is bright. Our mission is clear. We have weathered the storms of managed care. We have proven that delivery of behavioral health services is best done by those who remain committed to the central truths inherent in community care. MHCA was formed to ensure the financial viability of entrepreneurial and effective behavioral health centers. We have not waivered in that resolve. And we will be here tomorrow. ❖