

Executive Report

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MHCA Strategic Planning

... Weighing Feasibility, Impact and Risk

For the second session of a two-part planning process, MHCA leaders met in San Antonio on October 30 to finalize a three year plan for the organization. Following a broader based session held in Portland, Oregon in August, this meeting was a time of tighter focus and assignment. Concepts floated earlier were put to the test of "feasibility, impact and risk" before making the final cut for implementation.

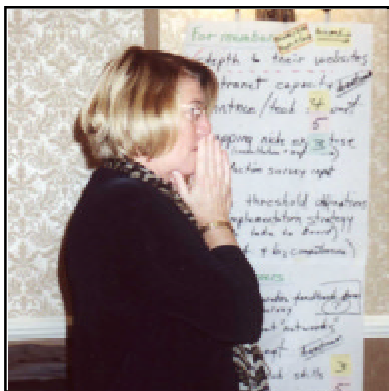
The group, made up of MHCA's Executive Committee members, two former MHCA Board Chairmen, the chairmen of our subsidiary corporations and three ad hoc members, first acknowledged MHCA's unique strengths – high quality of membership, strong relationship of members, financial viability, strategic

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Presentation of the Inukshuk: Strategic Planning Consultant Warren Evans (center) presented miniature Inukshuks to MHCA's CEO Don Hevey and Board Chairman Harriet Hall on completion of the Planning Process in San Antonio. The symbolism was appreciated by those who participated in this leadership effort on behalf of all MHCA members.

Inukshuks are unique to the Arctic. For thousands of years the Inuit people of the Canadian Arctic have built towers of large stones roughly resembling human form. Their purpose is to point the way for others and for future generations in the trackless wilderness of the Arctic tundra. Each generation adds to this store of critical navigation aids to help future generations find their way. An Inukshuk serves as a timeless and vital direction-finder in the constantly changing landscape.



Just for Fun: At left, Susan Rushing, Chair of Mental Healthcare America, "prays" that the many assignments of the Strategic Plan will be successfully implemented. Above, Don Hevey thinks, "Oh sure, we can do that!" in response to Warren Evans' vision for MHCA's future.

President's Column by Donald J. Hevey

MHCA's success is a direct result of the commitment, involvement and talent of its members. I am reminded of that fact each time our new web-based communications tool, the Listserve, is used to stimulate exchange among our collegial crowd. Below are just a sample of recent topics. Each generated a healthy number of responses, and a wealth of resources for the topic originators. If you aren't already convinced that MHCA members look to each other for critical input, hop on the Listserve and "listen in". Better yet, enter the conversation.



We're looking for creative ideas for variable compensation for clinicians especially related to productivity and flexibility/customer service orientations. Any ideas?

...Denny Morrison



I am chairing a work group that is considering whether to push for Florida to become the 42nd state to have Assisted Treatment (involuntary outpatient commitment) as an option for judges in civil commitment proceedings. Concerns raised by the work group include increased stress on scarce resources, increased provider liability as a result of the presumption that we can control our clients' actions/behaviors, and potential shifting of resources from compliant to non-compliant clients. I would be interested in your thoughts and experiences in this arena. ...Wayne Dreggors



We are in the process of developing a series of reports that will give us some predictive/trending capability. As an example, we currently have little or no ability to predict from week to week / month to month how much revenue we can expect to generate. If we don't know who (our) people are expected to see, we don't have any idea how productive they will

be nor how much they will bill. CMHC, our current vendor, has "Centralized Scheduling" capability, but we haven't found anyone who is using it for predictive purposes. Is there anyone out there using CMHC or some other system for this purpose? ...Bill Hogan



Quinco is bidding on a Fortune 500 EAP contract that requires us to provide clinical services in Mexico and Canada. We would provide these services via subcontractors. Do any of our MHCA friends have access to network resources for the larger cities in Mexico and/or Canada? We would appreciate any leads or ideas you might have. ...Bob Williams



Thanks to all of you who replied to the question re: accreditation. Even though I didn't ask the question, it is certainly about issues Jefferson Center is struggling with right now. I often hear MHCA members say that what they learned at a particular MHCA meeting was worth the price of membership. I am thinking that this particular list serve interchange, for those of us who are considering becoming accredited, changing accreditation, or discontinuing accreditation, is a current issue, and has also been "worth the price of admission"!!!! ...Harriet Hall

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Board Highlights

Excerpts from MHCA's Board of Directors Meeting, November 3, 2000 - San Antonio, Texas

Executive Development Committee:

(Reporting on behalf of other committees)*

Dick DeSanto presented the "rolling agenda" summarizing discussion items from previous meetings. In addition, the following reports were presented by committees and subsidiaries:

***Futures** - The Committee has identified topics for building a web based bibliography. Teams will be assigned to search out useful website references.

***EAP/PES** - It was recommended that an inter-committee task force be developed to craft technology support services for the membership. Don Hevey recommended delaying this until a full report is made by the Strategic Planning Committee.

***New Trends** - Personnel concerns such as hiring, certification, remuneration and retention were brought to focus by this committee. Staff turnover is a critical concern. Other committees are paying attention to the topic as well, especially Clinical Staffing. It was recommended that we schedule a presentation by members who are handling the staff turnover issue successfully.

***Corporate Structures** - It was recommended that we schedule a presentation, possibly by Valley Mental Health, on successful senior services.

***Standards/Outcomes Committee** - It was recommended that MHCA continue its affiliation with the Practice Guidelines Coalition, which over the past three years has developed guidelines for lower back pain and panic disorder. The Coalition is moving toward formalization and will require "dues" of \$100 for the coming year with hopes of eventually securing significant funding through SAMHSA. The MHCA Board agreed to continue MHCA's membership in the Practice Guidelines Coalition with dues payment.

***Information Systems Committee** - The Committee received a presentation by SoulMD.com at its meeting on Tuesday and awaits direction from the Strategic Plan to further pursue technology initiatives on behalf of MHCA members.

Finance Committee: A proposed 2001 budget was presented and approved. MHCA policy allows an annual cost of living dues increase unless action is taken to suspend the policy. The Board elected not to suspend the policy for 2001; thus basic dues will increase by 3%.

Nominating Committee: Ballots for election will be mailed to the membership November 8 to fill the six positions becoming vacant at the close of existing terms.

Executive Committee: Results of the Strategic Planning Process (2001-2003) were summarized by identification of four main initiatives: (1) Benchmarking and database standards development; (2) Technology (3) Cultural Succession, and (4) Branding. A written report will be developed for the membership. However, due to the time sensitivities involved, several steps will be taken to move these initiatives forward prior to publication of a formal summary document (*see Strategic Plan, page 8*).

Mental Healthcare America - Due to scheduling difficulties, the MHA Board successfully held its meeting by E-mail in lieu of meeting face-to-face in San Antonio.

MHCA Enterprises - The Board is gratified that the Strategic Plan recommendations are supportive of development of an Executive Management Institute and looks forward to moving forward with this initiative. Another topic of ongoing investigation, that of Board Governance Issues, has posed difficulty due to the wide rang-

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Ongoing Work, Newly Created Initiatives**Retooled Conference Schedule Means High Attendance in San Antonio**

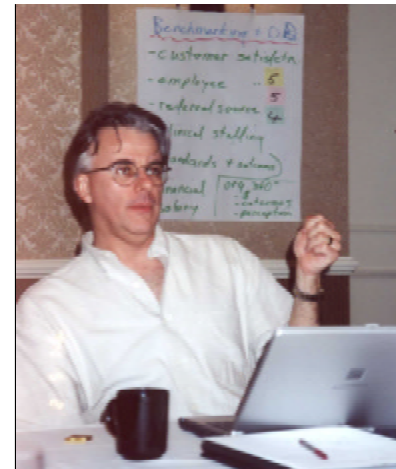
With the body bulk its name implies, HIPAA visited MHCA in San Antonio. Aptly interpreted on Wednesday afternoon by keynoter Eileen Garrity of Complete Business Solutions, the impending Health Insurance Portability and Accountability Act weighed in as a significant work in progress. The federal mandate for providers, payers and clearinghouses was signed into law in 1996, and enacting legislation is still evolving. This mandate set in motion the groundwork for new models of healthcare delivery and management as well as for e-commerce within the healthcare industry.

In a phrase, the regulatory intent of HIPAA is "to promote administrative simplification while defining and protecting the rights of individuals and their identifiable health information." Stay tuned...implementation will be required 24 months after the standard becomes final rule (36 months for small plans less than \$5 M in revenue). Conference attendees were seen scratching their heads and muttering, "got to call my lawyer, got to have a staff meeting" as they exited....

Thursday's general session featured three presentations on widely different topics. Tony Broskowski, PhD of Pareto Solutions, Inc. led off with "Issues in Child Welfare – Opportunities for Community Mental Health." Clinical Staffing Guidelines Committee member Denny



Keynoter Eileen F. Garrity, RNCS, MS



Dennis Morrison, PhD gave a Clinical Staffing Guidelines Update.



MHCA's CEO Don Hevey (left) welcomed presenter Tony Broskowski, PhD.



Ken Jue (left) and Fran Silvestri introduced "Going International" at the General Session.

Morrison, PhD gave an update on that developing MHCA product. And finally Ken Jue and Fran Silvestri of Monadnock Family Services/TATRA tantalized listeners with their exploration of "Going International – Taking Behavioral Health Services Abroad". Each presentation received high marks from their audience.

A newly restructured meeting format allowed participants to attend more segments as had been requested. The three discussion Forums (New Trends, Futures and Corporate Structures) met consecutively rather than simultaneously on Wednesday morning. As a result, attendance at each was high. Overlapping those, but well attended also, was the combined EAP Committee/Focus Group and PES Users Group. Similarly the recently combined Standards and Outcomes Committee, which met on Thursday afternoon, had a full roster. At several of these meetings, guest speakers were featured (*see photos below*). An MR/DD Focus Group met Friday afternoon to continue exploring development of this topic within MHCA.

Following the General Session on Wednesday, new members and guests participated in a brief orientation session. CEO guests at this meeting included Rick Karges of The Crisis and Counseling Center, Augusta, Maine; Karl Wilson, PhD, of the Crider Center, St. Louis, Missouri; Leon Evans of the Center for Health Care Services, San Antonio, Texas, and Joe Mirisciotti of the Johnson Ellis Navarro MH/MR Services, Cleburne, Texas. Additionally, Steve Minner, newly appointed National Director of CARF's Behavioral Division, was a guest.

Throughout the conference, which in total spanned four and one-half days, committee meetings, focus groups and board meetings dealt with the ongoing work and newly created initiatives of MHCA. It is an especially exciting time for members to participate as MHCA's Strategic Plan 2001-2003 sets the organization's course for the coming years (*see front page article*).

During those rare breaks in a very full meeting agenda, participants thoroughly enjoyed San Antonio's Riverwalk...despite the rain! ❖

Committees Seek Solutions to Service Delivery Challenges ...

Guest speakers describe effective tools



Above: Larry Hays, PhD and Mel Goering of Prairie View, Inc. presented their Outcome Management System to the Standards/Outcomes Committee.

Top Left: Monte Regier of SoulMD.com described his behavioral health internet portal system to IS Committee members.

Left: Linda Valiante and Elaine Poncelet of The Providence Center, and EAP consultant Kim Hyams taught marketing skills at the EAP Focus Group.

MHRRG Board Retains Davidson, McKeever

MHCA announces reappointment of John L. McKeever, III, CLU and Wesley R. Davidson to the Mental Health Risk Retention Group (MHRRG) Board of Directors. Both will serve three year terms, 2001-2003.

Wes Davidson was first appointed to a partial term in 1997 and was reappointed in 1998. He is CEO of Aroostook Mental Health in Caribou, Maine.

John McKeever, who serves as an "outside director" was first appointed in 1992 and has served consecutive terms since. McKeever is a chartered financial consultant with McKeever, Burke and Grant of Radnor, Pennsylvania.

Of the eleven member MHRRG board, six are appointed by MHCA, two are appointed by the National Council for Community Behavioral Healthcare, and three are elected from among Class C Shareholders. ❖



Wes Davidson



John McKeever

On the Road

If you've tried to get in touch with MHCA CEO Don Hevey since our meeting in San Antonio, he's probably called you back from the airport! Immediately following our Fall Quarter Meeting, Don travelled to Chicago, then California, and has a trip scheduled in mid-December to Michigan. The Chicago jaunt provided training on Performance Enhancement Solutions' new Emotional Intelligence product. In California, the Behavioral Health Strategy partners met to consider including a potential new partner. The December trip takes Don to Battle Creek where he will visit member center Summit Pointe and get a close-up look at Erv Brinker's staff training program.

Don says he's learning a lot from these travels, and be assured, he DOES return calls! ❖

Executive Employment Ads Available Online

MHCA's "classifieds" are alive and well online at mhca.com where members and the general public can access numerous offerings of positions ranging from executive director to MIS managers and recipient rights' officers. Job offerings are listed both by MHCA members and by our contract partner, Management Recruiters - The Meyers Group (*see article below*). In a "members only" section, Management Recruiters also lists candidates whom they recommend for an array of behavioral health positions.

If you haven't yet visited the Executive Employment section of our website, we encourage you to go there today! Members may submit an ad by simply completing the online form or sending employment information to MHCA by mail or fax. ❖

Stuart Meyers Heads Recruitment Firm

Dr. Stuart Meyers has announced a significant development in his healthcare executive recruitment search practice. As of November 1, 2000 he is now the owner of his own search company, known as Management Recruiters – The Meyers Group.

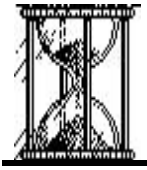
Stuart has worked closely with MHCA and its members since he entered the recruitment business five years ago. In fact, Stuart was once a member of MHCA as a CEO himself, hence his long-standing commitment to our organization and its future. We understand his core business will remain grounded in the behavioral health area, helping organizations find qualified candidates for positions ranging from CEOs to medical personnel to program directors and clinicians.

With this ownership change, however, Stuart will be working more directly with us to develop new ways to serve our membership in our efforts to recruit and retain staff in cost effective ways. Any member wishing to learn about the range of service options available can contact Stuart directly.

Stuart's new phone is: 301-625-5600 x128. His address will remain 12520 Prosperity Drive, Silver Spring, MD 20904, and his e-mail address will remain: sim@mr-twg.com ❖

December Deadlines

MHCA members are reminded of two important deadlines coming up in December.



The *2000 CEO Compensation Survey* should be completed and mailed by December 8. Results of this useful and completely confidential survey will be compiled and distributed to members in March. The survey includes a new question this year pertaining to pending CEO retirements.

Member Profiles, which form the basis for our annual Membership Directory, are due December 15. Instructions reduce duplication of formerly submitted information. The 2001 Directory will sport a new look, becoming a more portable tool for members. Again this year Directory information will be included on MHCA's website and updated regularly there. ❖

New Member from California

EMQ Children & Family Services of Campbell, California joined MHCA in September soon after CEO Jerry Doyle and COO/CFO Rick Williams visited with us at our Summer Meeting in Portland.



F. Jerold Doyle

EMQ (Eastfield Ming Quong)'s Uplift Wrap-around Program was honored as "Program of the Year" in 1998 by the California Mental Health Advocates for Children and Youth and was recognized by NCCBH in 1999 with an "Award of Excellence". MHCA is pleased to welcome this fine organization. ❖

Huddleston Continues as MHCA's Voice on CARF Board

William C. "Bill" Huddleston, CEO of North Arkansas Human Services Systems, Inc. in Batesville, Arkansas, has been reappointed to a second three-year term as MHCA's representative to the CARF Board of Directors. The new term begins January 1,



Bill Huddleston

2001. In the past three decades, CARF - the Rehabilitation Accreditation Commission - has become a highly respected national standards-setting and accrediting body, promoting and advocating for the delivery of quality rehabilitation services, including behavioral health services.

Commenting on his reappointment, Huddleston says, "While it is not always convenient to attend three CARF meetings per year, I feel it is most important if we are to see adequate behavioral health representation in the organization. Therefore, I am very happy to serve a second term on the CARF Board as MHCA's representative. Continuity of behavioral health representation is essential if we are to attain a percentage of membership which fairly reflects our portion of CARF's business."

Also, as we reported earlier on our web site, Huddleston was recently the recipient of the highly respected John C. Stockburger Life Achievement Award by the Arkansas Council of Community Mental Health Centers. The award is given in memory of one of the pioneers in the field of community mental health services and is meant to honor individuals "who have made outstanding contributions to the field of community mental health in the State of Arkansas." ❖

Board Highlights, *continued from page 3*

ing needs of the membership. The Board asked that this issue be dropped from their list of responsibilities and perhaps included as a topic with a management institute curriculum and/or pursued by the Futures Committee as they search for web-based resources. The MHCA

Board agreed to remove the topic of Board Governance as a current issue for Enterprises.

There was a brief discussion on the pros and cons of our newly restructured conference agenda which aims to allow members to attend more committee meetings. It was generally agreed that making the forums consecutive rather than simultaneous will work well. ❖

Calendar

MHCA 2001 Annual Meeting

Dates: February 20-23, 2001
Location: Westin Horton Plaza
 San Diego, California
 ☎ 619-239-2200
Rate: \$199/single or double
Registration Deadline: January 19, 2001

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

The MHCA Office will close for
 winter holidays as follows:

Thanksgiving
 (November 23 and 24)



Christmas Week and New Years Day
 (December 25-January 1)

Strategic Planning, *continued from page 1*

infrastructure, entrepreneurial nature and proven track record.

Ongoing programs worthy of continuation were noted. They included development of an executive management training program, emphasis on succession planning, provision of CEO-level job search/placement services, expansion of the web-based listserver as a means of member communication, and strengthening of current industry trend education.

Newly identified initiatives were captured in four broad topic areas. They are (1) technology development and assistance for the provision of boundaryless service (for members, consumers and others), (2) benchmarking for the creation of a 360° organizational measurement plan, (3) cultural succession programming (both within member centers and within MHCA itself) and (4) "branding", a concept for promoting members and MHCA as a "network of leading edge providers of innovative and effective solutions."

Following the Strategic Planning wrap-up session, these findings were taken up by MHCA's Executive Committee and reported through the Executive Development Committee for assignment. Various committees, work groups and boards will be adopting an implementation strategy over the next several quarterly meetings to bring these energetic ideas to fruition.

As the vision takes form and action steps are defined, each member is encouraged to play an active role in shaping MHCA's future. Clearly the delivery of behavioral health services within the greater scope of human healthcare will look far different tomorrow than it does today. MHCA members have historically been integral players in creating solutions to industry challenges. We intend for that to be true tomorrow as well. ❖

MHCA Membership Update – October 2000

Members by Member Region (states represented are in bold type)

Region I	(Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont)	11
Region II	(New Jersey, New York)	11
Region III	(Delaware, Maryland, Pennsylvania, Virginia, West Virginia)	1
Region IV	(Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)	30
Region V	(Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)	39
Region VI	(Arkansas, Louisiana, New Mexico, Oklahoma, Texas)	13
Region VII	(Iowa, Kansas, Missouri, Nebraska)	4
Region VIII	(Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)	5
Region IX	(Arizona, California, Hawaii, Nevada)	4
Region X	(Alaska, Idaho, Oregon, Washington)	10
TOTAL		128