MHCA
Mental Health Corporations of America, Inc.

May/June 2000

ExecutiveReport

Published by Mental Health Corporations of America, Inc.

Meeting In Memphis . . .

More Than Just Beale Street!

- Meeting New CEOs
- Learning About "Work/Life Issues"
- Participating in Forums
- Revisiting Corporate Compliance
- TechnoTalking
- Hearing Intriguing Clinical Staffing Data
- Spotlighting a Member Showcase
- Examining Performance Enhancement Solutions
- Gearing up for Strategic Planning

Excitement was evident at MHCA's Spring Meeting in Memphis the week of May 15th. Though the Spring Meeting is typically a small one, 97 registrants brought high energy to each committee meeting, each board meeting, and every part of the General Session. Presentations were right on target with updates of exciting products, reports of new initiatives, and a member showcase that proves the potential of innovative partnering.

Tuesday and Wednesday's committee and board meeting recommendations are summarized in a "Board Highlights" report (see page 3). An EAP Focus Group meeting on Wednesday morning dealt with Work/Life issues and was visited by Kathleen Beauchesne, PhD, Director of FSAP and Work/Life Programs at Johns Hopkins University.

Wednesday's General Session was kicked off by a presentation by Matthew Weinstein *on Corporate Compliance for the Behavioral Healthcare Industry.* As one member said, "Although the information is not necessarily new, it helped me to refocus and will cause me to reconsider some of our policies."

"TechnoTalk" presentations by Centromine and EPOTEC caught the imagination of attendees, offering glimpses of tomorrow's behavioral healthcare delivery which are available today to entrepreneurial leaders. Exhibit materials presented by both vendors as well as by Infoscriber and Performance Enhancement Solutions gave members opportunities for face-to-face discovery of new products.

The member showcase provided by Gene Lawrence of Southeast Mental Health Center, Memphis, introduced his center's joint venture partner, Charter Lakeside Behavioral Health System, and described the development of Community Behavioral Health, LLC. Daryl Anderson, PhD, Administrator of the LLC, and Robert Waggener of Charter were co-presenters with Lawrence.

MHCA's Clinical Staffing Guidelines project was reviewed by David Dangerfield and a panel including Tony Kopera, Wes Davidson, Gary

continued on page 5

Pictured above is presenter Matthew Weinstein in discussion with Danita Johnson Hughes, CEO of Edgewater Systems for Balanced Living.

President's Column by Donald J. Hevey

===TRANSITIONS

The photo and letter regarding our friend Charles (Chuck) Vorwaller's transition from CEO of Pikes Peak Mental Health Services to another phase of his life is reflective of many changes occurring within MHCA.

Within the past four months, eight of our CEOs have announced their retirement or transition. New CEOs are replacing them, attending our meetings and joining our working committees. A new Executive Committee has been elected; many of our committees, forums and task forces have new leadership appointed; and we are beginning the process of gathering input and your ideas for our 2001-2003 Strategic Plan.

Some ideas expressed for MHCA's role over the next few years include: developing the "branding power" of MHCA and its members, exploring international markets, serving as a benchmarking/ standard setting center for our industry, providing training vehicles for new skill sets required of CEOs and top management, and many others too numerous to mention here. All have major implications for the role of MHCA, its staff and particularly our members. ***Join us - we're going to have a good time!***

May 17, 2000

Mr. Bill Landsberg, Executive Director
Pikes Peak Foundation for Mental Health
220 Ruskin Drive
Colorado Springs, Colorado 80910

Dear Mr. Landsberg:

In the life of an organization, there are those individuals whose complete dedication, energetic contributions and personal commitment shine as an example for others to follow. Charles J. Vorwaller is a man of that kind in the life of Mental Health Corporations of America. For that reason, we wish to make a donation to the "C. J. Vorwaller Endowment Fund" on the occasion of his retirement as CEO of Pikes Peak Mental Health.

It is fitting that the members of MHCA, who all work for the improvement of behavioral health services in their communities, would support the excellent efforts of your Foundation through the Endowment Fund. We understand that the Vorwaller Fund supports mental health programs and services specifically for children and adolescents. Chuck's commitment to improving behavioral health conditions for the young people of Colorado Springs and its surrounding area makes this a most appropriate gift.

Charles Vorwaller was a Charter Member of MHCA, lending his talents and unique energies to the formation of this national association in 1985. He has served on our Board of Directors and was Chairman in 1987-88. He has held numerous offices and served as Chairman of our Standards and Accreditation Committee. He was also a Charter Board Member of our risk retention group, MHRRG, and has served that group diligently until his retirement.

We have come to know Chuck not only as a professional colleague of the highest integrity but as a warm friend whose concern for staff, clients, and colleagues endears him to us in a very special way. It is our privilege to support the Foundation as a tribute to our friend, Charles J. Vorwaller.

Sincerely,
Donald J. Hevey, President/CEO

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 2000)**

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Board Highlights

A summary of MHCA's Board of Directors Meeting, May 19, 2000 - Memphis, Tennessee

Executive Development Committee

A report was made reflecting recommendations from MHCA commmittees and boards:

Information Systems

Recommended scheduling vendor presentations opposite Executive Development Committee at quarterly meetings to allow those not attending the Committee to maximize their conference time.

Standards & Accreditation

Planning to revise the Surveyor Report Card submission form to provide for more detailed information – will consider appropriate use of the information on MHCA's website.

Developing "Quality Indicators" and plans to work with Outcomes Committee on this project.

Don Galvin, PhD, CARF's President/CEO has retired. Brian Boone, PhD from Canada will replace him. 38% of CARF's business is Behavioral Health but only 17% of their board members are affiliated with behavioral health. However, Stan Eichenauer is the president elect and will take office in the near future; he will be followed by a clinical psychologist from Chicago.

EAP Committee

A recent list serve query found that 26 centers have combined EAP contracts numbering 900 and covered lives of 650,000. Additional efforts will be made to solicit response from the remaining members who indicate that they have EAP programs.

Corporate Structures

Agenda of next meeting will focus on affiliations with non-traditional partners.

Futures

Recommended a "fish bowl" presentation to envision the behavioral health center of "2010".

Recommended a presentation by a social economist to take future visioning a step further . . . "if these envisioned trends occur, what effect will they have on the social fabric?"

New Trends

Recommended that we schedule a presentation on the Health Insurance Portability and Accountability Act.

Continuing to examine interface of criminal justice system with behavioral health.

Raised concern over whether incentive compensation initiatives might have potential conflict with corporate compliance efforts.

Clinical Staffing

The Clinical Staffing Guidelines project is at a development crossroads and may need to move beyond the original 3-phase plan. It has potential to become a valuable tool for MHCA members as well as a QI for the entire industry. The date for member participation will be extended to June 1 with a cost of $500/member. MHRRG will be advised of this project and asked for collaboration on analysis and claims data. These issues will be further considered in MHCA's upcoming Strategic Plan.

MHCA Enterprises

Continuing to investigate board training opportunities with consideration of the diversity of need within the membership.

Pursuing "Executive Management Training" (the former staff college concept) with suggestions that we investigate existing programs such as those offered by the Harvard Business School but tailor programs to our field and offer in such a way as to make them more affordable to MHCA members. Might offer as "distance learning" opportunity.

Special Discussion

Erv Brinker lead a discussion on "thinking out of the box" and exploring ways to expedite the Board's work. Gary Lamson recommended review and resolution of "old" issues. Howard Bracco suggested that we think of MHCA as a business in and of itself with members as owners, maximizing MHCA's business potential. Don Hevey suggested implementation of a "consent agenda" to streamline the meeting and help move more quickly to new business. Harry Shulman suggested reviewing continuity of meeting content and building board agendas around meeting presentations. Bill Sette suggested an annual progress assessment. Erv Brinker recommended board evaluations. As recommended reading, Tom Riggs suggested the book *"Built to Last - Successful Habits of Visionary Companies"* .

Other issues suggested for review during the Strategic Planning process were branding, bench marking, e-commerce and our meeting agenda structure as well as MHCA' existing corporate structure and mission.

Executive Committee - Strategic Planning

Harriet Hall reported that the Strategic Plan will be developed in two stages. Warren Evans will facilitate. Stage 1 (the plan) will be more broad-based, and Stage 2 (the product) will be developed as a "road map" with fewer participants. It was recommended that a half-day meeting Monday and a full day meeting Tuesday be set aside at the Summer Meeting in Portland pending hotel space considerations. All board and committee chairmen are to participate initially. A smaller group will meet to finalize the plan at the Fall Meeting.

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Calendar

MHCA 2000 Summer Meeting
Dates: August 14-18, 2000*
Location: Hilton Portland
Portland, Oregon
☎ 503-226-1611
Rate: $125/single or double
Registration Deadline: July 13, 2000
*Note the additional day - we'll begin Strategic Planning Process on Monday!

2000 Colorado Behavioral Healthcare Conference
Dates: September 23-26, 2000
Location: Snowmass Conference Center
Snowmass/Aspen, Colorado
☎ 303-832-7594 or email cbhc1@aol.com to receive conference program/registration form

MHCA 2000 Fall Meeting
Dates: October 31 - November 3, 2000
Location: Westin Riverwalk
San Antonio, Texas
☎ 210-224-8500
Rate: $160/single or double
Registration Deadline: October 8, 2000

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
Tentative Dates: May 22-25, 2001
Tentative Location: New Orleans or Las Vegas

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

Corrections: In the *2000 MHCA Membership Directory*, Dr. Derril Gay's name is mispelled. Make that ONE "l", not two! And in the March/April issue of the *Executive Report* - in a photo on page 8 - guests David Guth and his wife were incorrectly identified as Dan Cobb and his wife. Our apoligies for these errors. ❖

Committee Chairs Named for 2000

Some are new, some are returning - all are working on behalf of their MHCA colleagues. We thank these newly named chairs of MHCA's committees, as well as their predecessors, all of whom serve the organization well:

Clinical Staffing: *David Dangerfield, DSW*
Corporate Structures: *Tom Riggs*
EAP: *Bob Williams, PhD*
Executive Development:
Dick DeSanto (formerly Harriet Hall, PhD)
Finance: *Erv Brinker (formerly Dick DeSanto)*
Futures:
Denny Morrison, PhD (formerly Tony Kopera, PhD)
Information Systems:
Jim Gaynor (formerly Denny Morrison, PhD)
Member Services: *Wayne Dreggors*
New Trends:
Grady Wilkinson (formerly Ann Brand, PhD)
Nominating:
Gary Lamson (formerly Howard Bracco,PhD)
Outcomes:
Susan Buchwalter, PhD (formerly Bill Peel, PhD)
Standards/Accreditation:
Dan Ranieri, PhD (formerly Stan Eichenauer) ❖

Williams Joins MHCA Staff

Terrie D. Williams has become MHCA's newest staff member, joining the Tallahassee office on May 1. Her official title is Office Assistant, but her job responsibilities may defy description! Primarily she will provide clerical support to the National Data Center, under the direction of Nancy Maudlin. In addition, however, she will assist all staff in the areas of meeting preparation and general clerical work.

We were indeed fortunate to hire Terrie. Her training is right on target and her references were outstanding! She received an AA degree from Tallahassee's Keiser College in 1997 and received training in the Community College of the Air Force and Pensacola Junior College. From 1995-1997 Terrie was a Medical Records Clerk at Tallahassee's Apalachee Center for Human Services, a former member of MHCA. She served in the U. S. Air Force from 1988-1993, attaining the rank of Senior Airman/E-4 and participating in the Desert Storm military effort.

You will meet Terrie as she answers our phone lines - please welcome her to MHCA.❖

continued from page 1

Meeting In Memphis . . . More Than Just Beale Street!

Lamson, Denny Morrison and Bill Barry. As this project matures, data is emerging that "will be great for our organizations" as one member said. Those who did not submit information in the first "round" are being offered another opportunity to participate, with a June 1 deadline.

As members met in roundtable discussions Thursday afternoon, the initial steps of MHCA's upcoming Strategic Plan were taken. The formal process begins at our Summer Meeting in Portland, Oregon when members will meet Monday afternoon and all day Tuesday (August 15-16) with Warren Evans, who provide leadership. Evans is President of Service Excellence Group and has made several presentations to MHCA in recent years dealing with future-visioning.

In addition to an exciting agenda, members enjoyed opportunities to meet new CEOs in Memphis. John Strahm, who is assuming leadership at Eastway Corporation in Englewood, Ohio was there as was Morris Roth, who will soon become CEO of Pikes Peak Mental Health in Colorado Springs. It was announced that Jim Gaynor has accepted the CEO post at Unity, Inc. and will replace Kris Angell there on June 1. ❖

EPOTEC's Roy Roper and Lisa Olexy graciously welcomed members to Wednesday's evening reception, hosted by their company.

(Left to right) Daryl Anderson, Robert Waggener, MHCA CEO Don Hevey, and Gene Lawrence. Joint venture partners,Charter Lakeside Behavioral Health System and Southeast MHC, described their successful efforts to create Community Behavioral Health, LLC.

Centromine was represented (left to right) by Larry Thiede, presenter Michael Bodner, and Tom Roth.

David Dangerfield brought exciting news on the continuing development of MHCA's Clinical Staffing project.

Performance Enhancement Solutions' John and Scott Barnette described the product through an exhibit booth and Thursday morning presentation.

La Frontera Violence Prevention Initiative

Winner of the 2000 Negley Awards for Excellence in Risk Retention - President's Award

In 1998 a client with a long history of paranoid schizophrenia and intractable delusions shot and killed two people, hijacked a vehicle, was involved in a high-speed chase, and wounded several other people before being apprehended by police. This high-profile tragedy, coupled with other less media-intensive episodes of client violence, prompted La Frontera Center, Inc., to develop a multifaceted series of interventions with two interrelated goals: (1) improve identification of and interventions with clients at high risk of violence to others; and (2) increase staff confidence and competence in recognizing warning signs of potential aggression.

La Frontera Center, Inc., is the largest nonprofit community behavioral health care agency in southern Arizona. We serve a population of more than 7,000 people each year, the vast majority of whom are indigent and have significant psychiatric disorders and/or substance involvement. Like many other regions of the country, Pima County and Arizona have experienced a dramatic reduction in the number of clients who are institutionalized, particularly in the state hospital. Unfortunately, concomitant increases in funding for developing appropriate community-based residential service options have not followed. This has led to an escalating number of at-risk, potentially violent clients who are the responsibility of community behavioral health organizations such as La Frontera Center, Inc. At the same time, as jail facilities become overcrowded, there has been increasing reluctance to prosecute/incarcerate persons who commit criminal offenses if they have a history of mental illness and/or involvement in the behavioral health system.

Faced with these community realities, La Frontera Center recognized the need to take additional steps in risk prevention. Agency staff were particularly concerned about that subset of clients who are court ordered to treatment (i.e., involuntarily committed) and at high risk for engaging in a variety of behaviors of concern; harm to others is paramount on that list. We recognized, consistent with the literature on violence prevention, that it is impossible to accurately predict or prevent acts of harm in all cases; instead our goal was to institute a mechanism for identifying clients who might be prone to violence and proactively address historical behaviors of concern and/or risk factors. Additionally, we believed that some episodes of aggression are affected by staff response; de-escalation techniques, increased safety awareness, and enhanced knowledge of psychopathology all can play a role in the ultimate outcome of a potentially dangerous situation.

La Frontera Center's violence prevention initiative, as described below, is a multi-tiered set of interventions, developed and implemented over the past 18 months. Each component serves to address a different aspect of identifying and minimizing client violence potential, but considered as a whole, the initiative seeks to reduce the total number of incidents of client violence. The programs consists of the following six components:

I. Development of a client risk assessment tool and protocol

II. Implementation of safety plans for all identified high-risk clients

III. Targeted research study in the inpatient unit of precursors and diagnostic indicators of episodes of client violent behaviors

IV. Development of a risk management seminar for all employees (including clerical and administrative), part of which focuses on management of the potentially violent client

V. Development of guidelines for conducting treatment services/case management in client residences

VI. Development and implementation of a modified critical incident stress debriefing protocol following any event that involves/affects staff

CLIENT RISK ASSESSMENT TOOL

A task force consisting of senior staff with expertise in identifying and treating violent clients was convened to review existing instruments that predict harm. The leader of this group was a psychologist who had worked in a California State locked facility for the criminally insane. This group developed the Client Risk Assessment *(Attachment A)* after failing to find a commercial instru-

ment that met the criteria of (1) being easy to complete by paraprofessional case management staff; and (2) incorporating risk assessment of sexual violence and assault along with the more commonly found self-harm (suicide potential) items.

Protocol for implementation of the tool was to train clinicians in its use and then begin assessing all clients prior to placement in residential facilities. Additionally, intake clinicians now complete the assessment on any client presenting for outpatient services who is deemed potentially violent based on clinical interview/screening. The data obtained from the assessment are used to construct safety plans and guide appropriate treatment interventions/placements. In particular, decisions about placement in residential facilities are made with enhanced knowledge about violence history and/or perceived violence potential. *Attachment B* is the Referral for Residential Treatment form.

Initially, the agency wrestled with whether to mandate the use of the Client Risk Assessment with all persons presenting for intake. A task force determined that because the existing state Comprehensive Psychosocial Assessment form does screen for violence history, any positive responses or concerns on the part of the intake clinician would trigger the completion of the Client Risk Assessment. A recent review of our 1,200 clients with serious mental illness identified 34 clients who have potential for physical or sexual violence.

SAFETY PLANS

Information obtained through a new assessment tool is of little value if not used effectively. Clinical assessment, combined with the results of the Client Risk Assessment, are used to develop a safety plan for each high-risk client. The purpose of the plan is to outline interventions and strategies in place to address any risks/concerns identified using the Client Risk Assessment. An example of a safety plan is included as *Attachment C.*

INVESTIGATING PRECURSORS OF VIOLENCE IN INPATIENT SETTING

A vital component of La Frontera Center's continuum of care is a free-standing locked, 16-bed inpatient unit. The Psychiatric Health Facility (PHF) serves as the agency's network hospital for virtually all adults requiring this level of care. Lengths of stay are short (under a week), and the mission of the PHF is crisis stabilization for clients in the midst of a psychiatric emergency. The facility is small and minimal recreation and milieu therapy are provided, consistent with the goal of returning clients to their outpatient treatment team as soon as they are safe.

Given the prevalence of substance abuse and personality disorders in our population of adults with serious mental illness, the risk of violent behavior is high. Some violent incidents result from clients who are clearly so incapacitated that they are not responsible for their actions; others occur when clients with antisocial tendencies and/or poor frustration tolerance are required to accept limits/structure. Determining what factors predict violent behavior during hospitalization is the goal of this component of our Violence Prevention Initiative.

During fiscal year 1999-2000, data on frequency of violent behavior during and immediately before the inpatient episode of care are being collected for all patients admitted. Preliminary data for the first quarter indicate that 13 clients out of 78 (16.6%) committed some act of violence during their stay. Eight were diagnosed with thought disorder and 5 had affective disorders. Of the clients who committed violence in the 24 hours prior to admission, only 38% went on to be violent during hospitalization. Additional data are not yet available.

Identification of particular risk factors for violence will be used when completing treatment plans for patients, and may also result in specific program changes designed to minimize risk. *Attachment D* is the simple research measure used in this study.

TRAINING ALL STAFF TO BETTER MANAGE DIFFICULT CLIENTS

De-escalate Crises

This component of the initiative originated as an agency response to a rise in the number of referrals to the Risk Management Committee following allegations/occurrences of inappropriate staff behavior. The Risk Management Commit-

continued on page 8

Violence Prevention, continued from page 7

tee is charged with investigating allegations/occurrences of events that potentially expose the agency to litigation. Consequently the committee meets to deal with violations of confidentiality, ethical complaints, inappropriate client-staff contact, etc. In 1998, several instances of violent clients who were not managed optimally by staff were among the situations investigated by the committee.

A decision was made to develop a daylong risk management seminar to assist agency staff in increasing their knowledge and skills. The goal was to reduce the number of referrals to the Risk Management Committee. While topics in the seminar include confidentiality, safety, and preventing dual relationships, among others, of particular salience is the presentation on working with challenging clients. This part of the program focuses on teaching basic crisis de-escalation skills, at a level appropriate to all levels of staff, including clerical, administrative, and support staff (who typically have not had clinical training in managing clients who are demanding, hostile, out of control, psychotically aggressive, etc). The intent of this training is for staff to feel incrementally more able to defuse potentially violent clients. To date, more than *75%* of staff have participated in the seminar, which has received high satisfaction results. *Attachment E* presents the crisis prevention tips handout used in this part of the seminar.

PROTOCOL FOR OUT-OF-OFFICE SAFETY

An additional source of risk occurs every time a clinician delivers services in the field. Recent episodes of case managers conducting home visits in settings where unlocked guns were present precipitated the development of a protocol for out-of-office safety *(Attachment F)*.

CRITICAL INCIDENT STRESS DEBRIEFING

When a dangerous or violent event occurs, the impact on affected staff can be significant, particularly around feelings of safety, guilt, and/or stress. Using accepted principles for prevention of acute stress disorder/post-traumatic stress disorder following trauma, a post-crisis debriefing protocol *(Attachment G)* was developed in spring 1999 to respond to crisis situations. Approximately five situations requiring its use have occurred since implementation, and each time the process has been ranked as useful and important by affected staff.

SUMMARY

The ultimate goal of the initiative is to significantly minimize the risk of harm to staff, clients, and the community. Obviously, prevention of all violent behavior is impossible. Instead, reduction in frequency of incidents of violence seems the most reasonable measure of success. For more than six years, La Frontera Center has tracked numbers of clients who engage in violent behaviors or who harm themselves. As can be seen from the table in *Attachment H*, episodes of client violence have declined, despite the agency's growth in total budget and number of clients served. Prorating January-September 1999 data for the entire year suggests that La Frontera will have its lowest number for client violence ever. (Note: the vast majority of incidents are mild aggressive threats, versus serious behaviors that result in injury; however, each year we have had at least three tragic situations such as a broken leg, client murder, significant domestic violence, etc.) Frequency of self-harm has declined by about 30% comparing 1998-99 to 1995-96 data, again despite significant growth in agency size.

We anticipate continued positive benefits to accrue from our ongoing efforts to focus on the potentially violent client. Even if one serious injury or death is prevented, the project should be deemed successful. ❖

Attachments referenced in this article are available from MHCA. Phone 850-942-4900 or email: tboyter@mhca.com

About the Center

La Frontera Center, Inc., a community-based nonprofit behavioral health center, has served residents of Pima County, Arizona, since 1968. Last year the agency served 7,000+ clients, many of whom represent ethnic minority populations. The agency provides a full service continuum. La Frontera's CEO is Daniel J. Ranieri, PhD. Eric Schindler, PhD is Director of Clinical Services. The Center is located at 502 W. 29th Street, Tucson, Arizona 85713 (phone 520-884-9920).

As winner of the **Chairman's Award** in the 2000 **Negley Awards for Excellence in Risk Management,** La Frontera received a cash gift of $15,000. Dr. Schindler presented this program at the annual meeting of Mental Health Corporations of America on February 24 and to the National Council for Community Behavioral Healthcare on April 30.