

# Executive Report

Published by Mental Health Corporations of America, Inc.

## Meet Us in Scottsdale!

Come to Scottsdale, Arizona for MHCA's Fall Meeting where Monica Oss, President of OPEN Minds, will keynote our General Session on Wednesday, November 3. Originally slated for our meeting in Vancouver, Ms. Oss had to reschedule – we are pleased to welcome her to Scottsdale. Ms. Oss is the executive editor of three newsletters: *OPEN MINDS: The Behavioral Health and Social Service Industry Analyst*, the *OPEN MINDS Practice Advisor*, and *The Children's Vanguard*, *The Children's Services Management Advisor*. Ms. Oss is also executive editor of *Behavioral Health Management* magazine, an editorial board member for *Continuum*, the journal of the Association For Ambulatory Behavioral Health Care, and editorial director for a number of independent managed care publications. In addition, Monica Oss has written numerous books and magazine articles on marketing, managed care, health care management, and health care policy.

Our meeting is being held at the beautiful downtown resort, Doubletree at Paradise Valley. Committee and Board meetings begin on Tuesday, November 2, and continue through Wednesday morning. We will phase in completely our newly restructured committee format which adds additional committee meetings on Tuesday afternoon. Most committees and boards are open to all MHCA members.



Thursday's General Session offers an interesting mix of member showcases and product updates. Non-traditional bond financing for behavioral health care will be explored by presenters associated with the Vinfen Corporation of Cambridge, Massachusetts. La Frontera Center of Tucson, Arizona and

The Mental Health Center of Dane County, Madison, Wisconsin will showcase their cultural competency efforts. David Dangerfield will bring us the latest updates on MHCA's developing Clinical Staffing

Guidelines product, and Missouri members will describe their structured service delivery network model. Dr. Edward T. Negley, Jr., President of Negley Associates, Inc. will make a presentation on the Mental Health Risk Retention Group (MHRRG), updating members on this increasingly valuable insurance program.

On Friday, November 5, in addition to MHCA's Board of Directors meeting, there will be an MHRRG Board meeting and a Shareholders' event, at the Scottsdale Insurance Company headquarters offices.

Be looking for your MHCA meeting registration materials in the mail (or register online at [www.mhca.com](http://www.mhca.com)). Deadline for hotel reservations is September 30. Contact the Doubletree directly at 602-947-5400 - be sure to mention the MHCA room block/rates (\$179/single or double). ❖

## President's Column by Donald J. Hevey

At our recent Futures Committee meeting in Vancouver, **Tony Kopera**, Committee Chairman, was unable to be with us, but always responsive and responsible, prepared an agenda entitled "I Have Seen the Future and It IS Us!" Tony extracted essential issues from presentations over the last couple of years by Nelson Otto, Warren Evans and Craig Savage. Here are his thoughts:

Having reviewed Otto, Evans and Savage's presentations on industry trends and their impact on behavioral health providers, what struck me is that it is possible to be *too concerned* about what *unknowns* the future will bring. This is a result of what the futurists have told us will be upon us in the near future, or is beginning to be upon us as "current trends".

There is a context in which we operate. Our industry is only one which operates in this context. Technology, globalization, and changing demographics will have an impact on everybody's business.

All of us will have to deal with . . .

- the increasing numbers of older people,
- increasing costs,
- increasing numbers of uninsured,
- increasing competition,
- increasing consolidation,
- increasing consumerism,
- increasing demands for accessibility, quality, and accountability through regulation, and decreasing margins.

. . . All this, and life is good.

Craig Savage said we must focus on increasing revenue, not just decreasing cost. Warren Evans said our key assets will be speed and flexibility, partner relations, and reputation. Nelson Otto said we must have the power to see beyond the obvious, not to respond to trends, but to anticipate them. He also said we must have ability to create, not just manage, the future.

I believe that this is the challenge we face. How *do* we, not how *can* we, create the future? What are our plans? What is our vision? More specifically, what is our vision for the future of HMOs?

The agenda for Vancouver's meeting is: "What will succeed HMOs?" My question for us is: What do we *want* to succeed HMOs? Daniel H. Burnham, visionary Chicago architect and city planner said: "*Make no little plans, they have no magic to stir man's blood.*" The next step is ours. ❖



Donald J. Hevey

### We suffer the loss . . .

of Cynthia McDermott, wife of Jim McDermott, CEO at Tarrant County MH/MR in Ft. Worth, Texas and MHCA Board member. News of Cynthia's untimely death reached MHCA on Friday, August 13 just as our Board of Directors was to convene. On behalf of all MHCA members, a memorial gift has been sent to the Cynthia McDermott Art Scholarship Fund. Our thoughts and prayers go out to Jim and his family.

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**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 1999**)

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## Key Activity Reports

*In lieu of Board Highlights, we offer the following reports from MHCA's Executive, Finance and Executive Development Committees. The MHCA Board of Directors met and immediately adjourned August 13 on receiving news of the death of Board member Jim McDermott's wife, Cynthia.*



### Executive Committee

*Gary Lamson, Chairman, presiding*

Don Hevey reported that Bob Williams, PhD, CEO of Quinco Behavioral Health Systems in Columbus, Indiana, has accepted an appointment to the MHA Board of Directors and appointment as Chairman of the EAP America Committee. Other appointments to both MHA and MHCA Enterprises are still in process.

There was discussion on the new committee meeting format and schedule. Overall, everyone seems pleased with the change. Harriet Hall reported that the new Executive Development Committee worked very well with good and appropriate discussion and recommendations. It also provided a timely opportunity for referring recommendations to other committees and for making specific assignments.

A request from the newly formed MR/DD Focus Group was made: They have appointed a Steering Committee to explore the feasibility of developing an entity similar to MHCA for MR/DD directors. It would be either within MHCA or outside of MHCA and focused on the CEOs of these programs. Gary Lamson and Dick DeSanto were appointed to work with the Steering Committee and to provide oversight and coordination with the project.

Implications for the Board of Directors meeting format resulting from the new committee structure were discussed. Gary intends to spend some time in the board meeting discussing issues of strategic planning and visioning, the future of MHCA and of our industry.

The need to develop guidelines for our speakers was recommended. Staff will work on this.

### Finance Committee

*Dick DeSanto, Chairman, presiding*

Don Hevey reported on new memberships and renewals. We have added five new members since the beginning of the year. Thirteen members from 1998 have not renewed for various reasons, e.g., mergers, bankruptcies, financial reasons, change in CEO, etc. Several potential members have indicated an interest in joining.

Financial statements and investments for the period ending June 30, 1999 were reviewed and approved.

### Executive Development Committee

*Harriet Hall, Chairman, presiding*

The Chairman noted that this was the first meeting of the newly reformed committee with representatives from all committees and boards. She suggested that those wishing to make a specific report do so at the beginning, and if time allowed, general reports from others would be made. Requests from this meeting will be taken to the Board of Directors in lieu of detailed reports from each committee.

All requests for action and/or funding should be funneled through Executive Development.

A draft program for our Fall Meeting in Scottsdale, Arizona was reviewed. Meeting Planner Glenda Deal presented potential future meeting sites including Nashville, Memphis, Pittsburg, Minneapolis and Chicago.

*Mental Healthcare America:* Susan Rushing said MHA has elected to pursue marketing for the Customer Satisfaction System other than through the two proposals received in response to our RFP. This will require some expenditure of funds, thus she requested that it be brought before the Board.

*Corporate Structures:* Tom Riggs said that CS is interested in developing a "report card" on

*continued on page 8*

## Reducing Risk Through Quality Improvement - III

by the Manatee Glens Corporation

Winner: Directors' Award - 1999 Negley Awards for Excellence in Risk Management

In June 1996, with the publication of the new Joint Commission on Accreditation of Healthcare Organization (JCAHO) standards for seclusion and restraint and in response to increased staff injuries, Manatee Glens Corporation decided to modify its approach to seclusion and restraint. Since these activities are the highest risk treatment procedure of a psychiatric hospital, it warranted our attention.

Following a thorough research process, new seclusion and restraint policies were written. Our internal tracking and reporting documentation was upgraded, and additional staff training was initiated.

All of our seclusion and restraint staff training and information revolves around our central theme, "Keep your hands off the patients". This memorable motto provides a clear guideline for

staff in their interactions with our patients and an aid to reaching our initial objective, *ensuring the least restrictive method of treatment is implemented while maintaining a safe environment.*

Staff members need to be proficient in hands on interventions, but our primary concern is that staff be proficient in verbal deescalation. We were able to expand our training to include a six and one-half hour block of instruction on verbal deescalation techniques.

Statistics have been gathered to demonstrate the results of our new seclusion and restraint efforts. We have clear documentation to support that *seclusion and restraint activities have decreased each year and staff injuries on our CSU have also decreased* due to increased staff training and changes in policy and procedure (*see supporting statistical charts*).

### Manatee Glens Corporation Annual Statistics Per Calendar Year

<u>Year</u>	<u>Number of Episodes</u>	<u>Number of Admissions</u>	<u>Number of Patient Days</u>
*1994	266	1335	* 8277
1995	261	1649	10726
1996	226	1775	10704
1997	96	1805	9734
1998	62	1460	7284

<u>Year</u>	<u>Unit</u>	<u># Episodes</u>	<u>#Admits</u>	<u>#Patient Days</u>	<u>Average Daily Census</u>	<u>Average Length of Stay</u>	<u>% Episodes to Admits</u>	<u>% Episodes to Patient Days</u>
* 1994	Hospital	64	*569	3957	12.93	5.94	11.24	1.62
	CSU	202	*766	4320	14.11	5.61	26.37	4.68
1995	Hospital	88	704	5218	14.29	7.43	12.50	1.69
	CSU	173	945	5508	15.09	5.37	18.30	3.14
1996	Hospital	72	719	4811	13.18	6.65	10.01	1.50
	CSU	154	1056	5893	16.14	5.20	14.58	2.61
1997	Hospital	14	716	4134	11.32	5.69	1.95	.34
	CSU	82	1089	5600	15.34	5.13	7.53	1.46
1998	Hospital	11	639	3096	5.69	4.8	1.72	.01
	CSU	51	821	4188	15.33	5.0	6.21	.12

\*Statistics not available for January and February 1994

## Seclusion and Restraint Time Line: Manatee Glens Hospital

### Objective:

To ensure the least restrictive method of treatment is implemented while maintaining a safe environment.

**June 1996:** Visual monitoring systems (camera and monitors) were installed in the Hospital and CSU seclusion rooms to enhance patient safety and supervision. Rheostat system was installed to improve lighting quality.

**October 1996:** Received and reviewed new JCAHO standards for seclusion and restraint. Established goal to become a restraint free facility. Nursing policies and procedures updated for compliance with new standards and approved by Nurse Management Committee. Monthly seclusion and restraint statistics reported by unit to Departmental Quality Improvement. Decision made to review all SIR episodes at 100% with the use of a new Seclusion and Restraint Assessment Tool.

**November 1996:** Evaluation of staff training requirements conducted. Decision made to switch from Therapeutic Behavior Management to Techniques for Effective Aggression Management (T.E.A.M.). A Registered Nurse and a Mental Health Technician were sent to a 1week intensive instructor training course. Training was upgraded to include the following elements; 2 hours mandatory verbal de-escalation, 16 hours physical intervention techniques. Conducted a seclusion and restraint documentation inservice. Began tracking seclusion and restraints by average daily census to determine correlation between census and S/R episodes.

**December 1996:** Began reporting seclusion and restraint episodes of adults and minors separately to Departmental Quality Improvement.

**March/April 1997:** Re-evaluated all previous actions regarding seclusion and restraint to assess progress in reaching previously established goal. Results indicated need for further clarification of policies & procedures and additional staff training.

**May 1997:** The following policies were revised to be more user-friendly:

- ♦ Seclusion & Restraint (Corporate)
- ♦ Use of Seclusion/Restraint
- ♦ Physician Orders for Seclusion/Restraints Involving Adults, Adolescents, or Children
- ♦ Seclusion/Restraint Assessment Tool
- ♦ Care & Documentation of Patient in Seclusion or Restraints

**June/July 1997:** All nursing staff to include RNs, LPNs, MHTs, Unit Clerks, and Case Managers were mandated to attend a 2 hour didactic session on the above policies and procedures. Seclusion and Restraint episodes were trended by time of day and reported to Departmental Quality Improvement. Seclusion room lighting was modified - lights can be dimmed but not turned off. Special soft white lamps were purchased and installed. Training requirements were enhanced to support an annual three day block of training. The first day's training is an intensive 7.5 hours of verbal deescalation. This supports the concept of using verbal techniques first. The second and third days' training is the use of T.E.A.M. These techniques help the staff to safely handle aggressive situations. The 2 hours of the third day teach the staff how to properly care for a patient in seclusion or restraint. ❖

### About the Center

**Mission statement:** Manatee Glens will continue to be a leader in promoting a healthier community through the delivery and support of quality mental health and addictions services. As a not-for-profit provider in the community, we will advance understanding about mental health and addictions and advocate accessible treatment to all in need.

A not-for-profit corporation, Manatee Glens is the area's oldest and largest provider of mental health and addictions treatment services. Since its founding in 1955, it has grown to offer a comprehensive array of behavioral health services with a staff of 300 who provide services to thousands of individuals and families annually.

Manatee Glens Hospital has a 27-bed licensed and JCAHO accredited (with commendation) specialty hospital oriented to crisis stabilization and short term stays. A 22-bed Crisis Stabilization Unit serves as Manatee County's Baker Act receiving facility for adults and children. A Partial Hospitalization program for adult psychiatric clients, an Outpatient Detox program, and a Day Treatment program for children and adolescents are also offered on the hospital campus.

As Winner of the 1999 Negley Directors' Award, the Center receives an unrestricted cash gift of \$5,000.

## Enthusiastic Audience Greet Vancouver Presenters

From Wednesday's keynote Jim Beaubien, PhD, to the last panelists on Thursday afternoon, presenters at MHCA's Summer Meeting were greeted warmly by a large and enthusiastic audience. Additionally, our newly structured line up of committee and board meetings was well received on Tuesday and Wednesday. MHCA's quarterly meetings have become increasingly well attended and our agenda continues to fill with an exciting mix of presentations and hands-on work group settings.

We welcomed a number of guests to this meeting including Doug Varney and Gene Lawrence of Tennessee, Brian Allen of Illinois, Dale Klatzker of New Hampshire, Larry Burch of Indiana, Ron Morton of North Carolina and Melinda Mowery of Oregon.

*Keynote Jim Beaubien tackled the topic of Thriving on the Edge of Chaos: Leadership in Changing Times*

Vancouver, British Columbia offered a beautiful back drop to our meeting with its temperate climate and lovely views from the conference hotel on Burrard Inlet. It is a city that members seemed eager to visit again.



*Jim Beaubien, PhD - Keynote*



*Corrections and Mental Health - panel members (seated) Jim McDermott and Trish Blanchard, (standing left to right) Tony Guinn and Wayne Dreggors*



*Customer Satisfaction Management System - The CEO's Perspective - presenters (left to right) Susan Buchwalter, Nancy Maudlin, Rick Weaver and Morris Eaddy*



*Welfare Reform and Children's Programs - panel members (seated) Tom Riggs, Ann Kelley, and Lloyd Sidwell, (standing left to right) Bill Sette and Bob Dunbar*



*How the BEAST Helps Us Increase Revenues and Reduce Costs - panel members (seated left to right) Kevin Johns, Ashvin Sheth and Fred Kreider, (standing) Danita Johnson-Hughes*

## Lifespring Names New CEO

Terry L. Stawar, Ed.D. became CEO at LifeSpring Mental Health Services in Jeffersonville, Indiana on August 16, 1999 replacing John Case. Previously Dr. Stawar was the Clinical Director at Peace River Center in Lakeland, Florida and prior to that, Associate Director at Mental Health Services of Orange County in Orlando Florida. He also worked at CMHCs in Daytona Beach, Florida and Clarksdale, Mississippi.

Dr. Stawar has a doctorate in education with a psychology specialization and is a licensed school psychologist and a diplomate of the American Board of Psychological Specialties. His wife Diane is a therapist and family mediator. They have four children. Dr. Stawar has over 100 publications in psychology, behavioral health, business, writing, animal behavior, and humor. ❖

## Tennessee Gains New Member

MHCA is pleased to welcome our newest member center, the Professional Counseling Services, Inc. of Covington, Tennessee. CEO is Jim Causey, PhD. The center serves five rural counties in the western portion of the state.

Representing the Center at MHCA's Summer Meeting was Sue Ingram, Director of Treatment Services. ❖



## Summit Pointe Is Officially FIT!

MHCA member center, Summit Pointe of Battle Creek, Michigan, has been chosen to receive the State of Michigan's 1999 Gold Award for promoting a healthy workplace. The award is given by the Governor's Council for physical fitness, health and sports. Summit Pointe CEO is Erv Brinker. ❖

## Governor Applauds Preferred Behavioral Health



New Jersey Governor Christine Todd Whitman and Preferred Behavioral Health CEO Bill Sette

Ten individuals and groups from across New Jersey were selected from among 450 nominations and honored for exemplary volunteer service by Governor Christine Todd Whitman during a ceremony on June 4. Congratulations to MHCA member Preferred Behavioral Health, which was the honoree in the category of "Benefiting Seniors". Their Peer Counseling Program, Lakewood, Ocean County, is a group of trained seniors who offer support and counseling to other seniors addressing life changes. Receiving the award for his Center was CEO Bill Sette.

The program helps individuals to address the aging process and issues of loss, and to seek referral to additional social services. It also reduces the stigma of seeking mental health services. Started in 1994, the program has involved sixty-nine volunteers and offered assistance to dozens of Ocean County residents.

"I am consistently affirmed that volunteers demonstrate for all of us the very best in public service," remarked the Governor. ❖

## Accreditation: The Experience of One Behavioral Health Organization

Preferred Behavioral Health has published an easy-to-read book documenting their preparation for healthcare accreditation. The book, *Accreditation, The Experience of One Behavioral Health Organization*, is available at \$9.99 (1-4 copies) with discounts for larger orders. To order, call 732-364-4590 (ext. 100). The book is endorsed by MHCA through its Standards and Accreditation Committee. ❖

**2000 Negley Award Application Deadline is December 1, 1999.**  
Topic: **"Profiling the Potentially Dangerous Client"**

**Key Activity Reports, continued from page 3**

merger/affiliation consultants used by members (similar to our Standards and Accreditation surveyor report card). From this committee came recommendations for MHCA programs on ASOs, integrated delivery systems and board governance. The issue of Board Governance has already been referred to MHCA Enterprises for action. This recommendation was specific to information on *mergers/acquisitions/affiliations*.

*Futures:* Don Hevey reported that the Futures Forum discussed leveraging MHCA nationally with benefits to individual members. They also intend to explore further various technological applications in the behavioral healthcare field.

*Information Systems:* Denny Morrison said IS concentrated primarily on use of electronic medical records and recommended a presentation on this topic in the future. Another topic was alternative data entry methods such as optical scanning and voice recognition.

*Member Services:* Wayne Dreggors asked that MHCA meeting site selection oversight be made a Member Services responsibility now that Executive Development is taking on a new role. The Committee agreed with this recommendation.

*New Trends:* Ann Brand said the NT Forum placed considerable emphasis on trends developing around corrections/mental health interaction and liabilities involved with treating the mentally ill criminal offender. It was recommended that this be an MHCA meeting topic soon. Another topic to revisit is incentive compensation plans.

*MR/DD:* Jim McDermott said the MR/DD Focus Group asked for a feasibility study to be made by MHCA preliminary to establishing an MR/DD entity similar to (within or without) MHCA with its focus on the CEO.

The Executive Committee will be asked to consider this request. A presentation on MR/DD issues may be made at the February 2000 Annual meeting in St. Pete Beach, Florida.

*MHCA Enterprises:* Wes Davidson said that the four centers who are doing peer consultation with each other are considering developing a model for Enterprises to consider.

These recommendations will be taken by the Chairman to the next MHCA Board meeting. ❖

**Staff Satisfaction Instrument Added to MHCA Product Line**

MHCA has reached an agreement with Lakeview Center, Inc. for our National Data Center to have exclusive marketing rights for their Staff and Interdepartmental surveys, adding a much needed element to the MHCA Customer Satisfaction System.

Under increasing pressure to improve customer satisfaction and productivity, while decreasing cost, it is more important than ever to retain good, efficient, dedicated employees. The Staff Satisfaction survey was developed by Lakeview Center, Inc. with assistance from other behavioral health facilities across the nation to measure the satisfaction level of behavioral healthcare employees. Because an employee's satisfaction is influenced not only by their own responsibilities and those within their department, but also by their interaction with other departments, an interdepartmental satisfaction survey was also developed.

Since the 1997 beta testing, organizations from six states have successfully implemented the Survey. Organizations using the Survey are Mental Health Organizations (MHCA-member and non-member), and a non-Mental Health organization.

As with the Client and Referral surveys, a database is being maintained for the new surveys by MHCA's National Data Center. Information will be provided to members through the Outcomes Committee and the published Quarterly Report. MHCA members receive a substantial discount on all National Data products including the use of these new surveys. If you have any questions contact Nancy Maudlin at (850) 942-4900 or email: [nmaudlin@mhca.com](mailto:nmaudlin@mhca.com). ❖

**Calendar****MHCA 1999 Fall Meeting**

*Date:* November 2-5, 1999  
*Location:* Doubletree Paradise Valley Resort  
 Scottsdale, Arizona  
 ☎480-947-5400  
*Rate:* \$179/single or double  
*Registration Deadline:* September 30, 1999

**MHRRG Board of Directors Meeting and Shareholders' Event**

*Date:* November 4-5, 1999  
*Location:* Scottsdale, Arizona (in conjunction with MHCA Fall Meeting)

**MHCA 2000 Annual Meeting**

*Date:* February 22-25, 2000  
*Location:* Don Cesar Beach Resort  
 ☎ 800-282-1116  
 St. Pete Beach, Florida  
*Rate:* \$180 single or double  
*Registration Deadline:* January 19, 2000