MHCA
November/December 2001

ExecutiveReport

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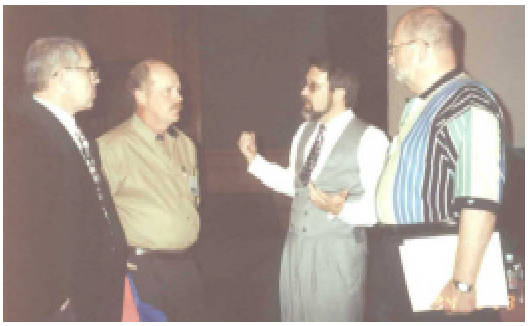
Old Friends, New Faces Bring Fresh Insights to Fall Meeting

As an association, MHCA meets four times each year in full member conference. There are board meetings and committee meetings, forum discussions and session presentations. Each meeting is similar but every one is unique. Our 2001 Fall Meeting in Scottsdale, Arizona was no exception. A familiar friend, Warren Evans, keynoted the conference with another foray into possibilities for the future of behavioral healthcare. After commenting on various business and political trends, Warren concluded with the reminder that it is "leadership's responsibility to keep hope alive."



(L-R) Ron Morton and Doug Varney, Fall Meeting keynoter Warren Evans, and Bill Huddleston

New names were on the agenda to bring us information on an exciting variety of important topics. From Tuesday's Management Institute seminar to Friday morning's MHCA Board meeting, the conference moved ahead at full throttle.

Panelists Reuven Bar-On, PhD, Rich Handley, PhD and Kate Cannon, MEd introduced the concept of "Emotional Intelligence", a self-report measure of emotionally intelligent behavior. An EI assessment and training packing is offered by Behavioral Health Strategies through an innovative web-based program. EI was introduced in committee (EAP/PES Users Group) and in general session.

Repeat visitor Nikki Migas, National Director of Behavioral Health, and newcomer Brian J. Boon, PhD, CEO, represented CARF on Thursday morning with an update on that accreditation organization's current initiatives. Congratulations to Bill Huddleston, PhD, CEO of North Arkansas Human Services Systems, Inc., who has been elected Secretary-Treasurer of CARF's Board of Trustees for 2002.

MHCA member and frequent speaker David Dangerfield, DSW co-presented with Utah's Director of Health, Rod Betit, to explain an innovative and collaborative approach to providing a continuum of care to seniors outside the "nursing home" environment. Said one appreciative evaluation, "Wish we could clone Betit!"

Two years after the tragic school shooting incident at Colorado's Columbine High School, frontline responders Harriet Hall and Jeanne Oliver of Jefferson Mental Health Center gave a poignant and practical account of their experience as community caregivers. Especially applicable given the September 11th national crisis and subsequent heightened security concerns, this presentation was especially moving. We all related to Jeanne's account of her 5 am radio interview, wearily standing in her kitchen in pj's with high heels and blazer to make herself feel "official".

Wednesday morning's Futures/New Trends "Fishbowl" discussion of "CMHC 2010" was led by Harriet Hall, Dick DeSanto, Denny Morrison and Grady Wilkinson. It provided a lively, interactive opportunity to explore what "might be."

As always, in addition to hours spent in session, MHCA members enjoyed the relaxed opportunity to visit "after hours". Our thanks go to reception sponsors, Behavioral Health Strategies and the Eli Lilly Company *(Photo Review, page 4)* ❖

President's Column

by Donald J. Hevey, MHCA President/CEO

MHCA Management Institute - *Take a Look*

MHCA's newly created Management Institute was launched at our 2001 Fall Meeting in Scottsdale, Arizona with a pre-conference seminar on "Service Excellence" by Warren Evans, President of Toronto's Service Excellence Group, Inc. Fifty-five top level managers and CEOs attended the two part, six hour session on Tuesday, November 6.

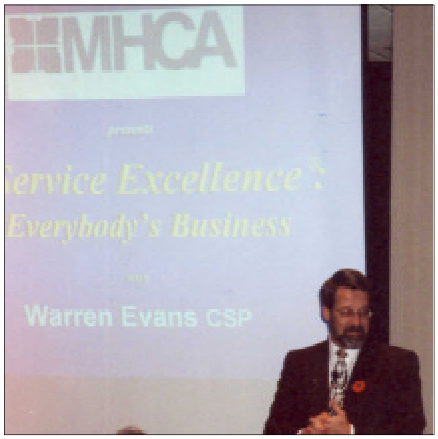
The Institute, an endeavor of MHCA's subsidiary corporation, MHCA Enterprises, has been created to provide training opportunities in areas such as financial decision making, board governance, effective communication, the philosophy of change management, cultural succession and succession planning.

Top management within today's behavioral healthcare service providers need to be savvy business leaders as well as professionally trained caregivers. Whether developing community partnerships or tracking outcome measures, CEOs, CFOs, COOs, clinical directors and other leaders in your organization must possess skills that go well beyond those they may have learned several decades ago in the "hallowed halls" of their alma maters. They must compete for dollars and reputation in today's tough corporate environment. To do so, they must stay on top of their game.

Let MHCA's Management Institute help deliver the necessary tools for your staff. Visit our online Institute today, and be watching for additional course offerings both online and as pre-conference and regional workshops.

Over two dozen courses may be accessed at MHCA's website (www.mhca.com). The courses are provided through a partnership with ontimetraining, an Internet-based, time-proven provider of online training to corporate America. Through the Institute, employees can access these courses at their convenience and at significantly discounted prices. Bulk purchase rates are also available, and we are planning to offer a "first time preview" to give MHCA members the opportunity to try this service free of charge.

Additionally, MHCA members are encouraged to submit course content recommendations to the Institute. Course selection criteria development is currently underway. To complete a course recommendation survey, go to MHCA's website or request a form from MHCA staff. ❖



MHCA Management Institute seminar presenter Warren Evans... "Service Excellence, Everybody's Business"

MISSION STATEMENT: Mental Health Corporations of America, Inc., a national system of mental health organizations, was formed to strengthen the competitive position of its members within the health care industry and to enhance their financial viability.

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CULTURAL SUCCESSION PROJECT

Preserving Our History for the Enlightenment of Our Future

There's a witty saying going around that "if you remember the 60s you weren't there". However you interpret that observation, you almost surely would agree that the 60's were indeed a time of upheaval, sad farewells and new beginnings. Regardless of the negatives, one certain positive was the birth of community mental healthcare. With the stroke of President John Kennedy's pen, the Community Mental Health Centers Act was signed into law in 1963, and thus began a new day in the delivery of behavioral healthcare services.

Recognizing that those involved in the early initiatives of that era will soon be stepping down to pursue the rewards of retirement, a group of MHCA members have expressed interest in preserving the essence of the community mental health mission for future generations of leadership. Thus, MHCA's subsidiary corporation, MHCA Enterprises, has launched a project to produce a videotaped history of the development and evolution of the community mental health movement.

It's an exciting venture that will start small but lead, no doubt, to wider application. Initial interviews with both active and retired CEOs with extensive experience in community mental health will be conducted this winter. The interviews will attempt to elicit and record the thoughts of these leaders on the critical issues faced by community mental health, with an emphasis on the common values that guided the actions taken to resolve those issues. A videotape of those interviews will be edited into a finished product to serve as a training tool for MHCA's Management Institute.

The Enterprises Board of Directors will oversee the project. They will conduct preliminary research to develop an overview of the significant milestone events or developmental stages that mark the growth of the community mental health movement. Concurrently they will identify individuals who played influential roles in shaping policy and/or practice during the development of community mental health. It is expected that these individuals will be primarily, but perhaps not exclusively, current or former members of MHCA.

All MHCA members are invited to submit their recollections of the milestones/phases of the overall movement, their local center's history and their personal observations on the successes/failures of the community mental health "experiment" throughout the past four decades. For your consideration, these milestones have been identified as a basis:

1. Initial clinic development (Child Guidance Clinics, Family Service Agencies, etc.)
2. Passage of Community Mental Health Centers Act
3. The availability of Federal grants (construction, staffing)
4. Managing the end of the Federal grants
5. The creation of block grants
6. The development of managed care
7. The era of mergers/acquisitions
8. The advent of the technological revolution

Please direct your comments by January 25 to:
Grady Wilkinson, CEO
Heritage Behavioral Health Center
151 N. Main Street, Decatur, IL 62523
(gwilkinson@heritagenet.org)

or Tara Boyter, MHCA
1876-A Eider Court
Tallahassee, FL 32308
(tboyter@mhca.com).

Include the following in addition to your name, address and phone/email information:

1. a definition of the milestone,
2. the context in which the milestone was encountered,
3. the actions taken in response to the milestone,
4. the values that guided those actions
5. and…please comment on the lessons learned over the years and concerns you may have for the preservation and evolution of the mission and values of community mental health.

Photo Journal ... Scottsdale

1) ***Developing a Continuum of Care for Seniors*** **presented by David Dangerfield, DSW (left) and Rod Betit, Utah's Director of Health.**

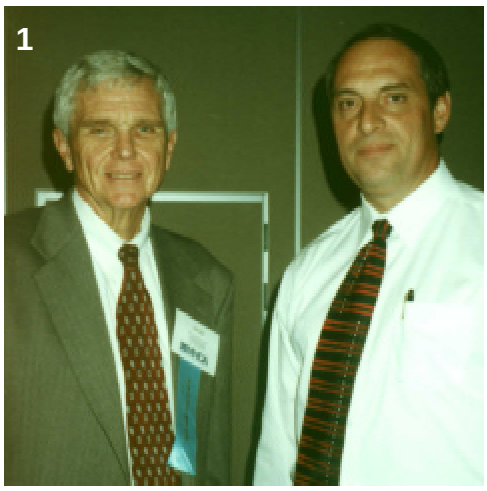
2) ***CARF Accreditation Today*** **by Nikki Migas, pictured with MHCA's Bill Huddleston (left) and CARF's new CEO Brian J. Boon, PhD.**

3) ***Emotional Intelligence*** **- A panel presentation by Rich Handley, PhD, Kate Cannon, MEd, and Reuven Bar-On, PhD. Far left is Steve Roark. Far right is Paul Wilson.**

4) Thanks to ***Thursday's reception sponsor*** **Eli Lilly represented by Borden Wilson and Traci Davies pictured with Jon Cherry, Gilbert Gonzales and Jim Gaynor.**

5) ***Behavioral Healthcare's Response to Community Trauma*****, presented by Jefferson MHC's Jeanne Oliver and CEO Harriet Hall pictured with Philip Wilson.**

6) ***Futures Fishbowl..."CMHC 2010"*** **led by Harriet Hall, Denny Morrison, Dick DeSanto, and Grady Wilkinson.**



Youth Violence Prevention Program

An initiative of Care Plus NJ

Winner - Board of Directors' Award: ***2001 Negley Awards for Excellence in Risk Management***

The names of the schools Paducah, Jonesboro, Columbine read like a litany of every parent's worst nightmare. Locally in Bergen County, New Jersey, we have had our own violent events that occurred among school children. From serial suicides within a peer group, to threats of school destruction, to the suicide of a beloved teacher accused of sexual misconduct.

As Community Mental Health Providers we are committed to reaching out and responding to crises within our community. Yet a perceptible shift in our working relationship with schools has occurred in the last several years. We have seen schools becoming acutely concerned about their liability in these violent situations and have in turn felt them attempting to shift some of the responsibility for these cases onto CMHCs. As these issues have gained more attention both locally and nationally we have needed to struggle with the question of how we can continue to serve the community and still protect ourselves.

Two very high profile cases in New Jersey have caused additional concern regarding liability for any CMHC operating in this state. In the case of Jesse Temendequas, the convicted sex offender who raped and murdered 11-year-old Megan Kanka while under the supervision of the State penal system, the statewide community outrage caused the passage of a series of bills collectively known as Megan's Law. Among many other things, these laws now place sexually predatory offenders into the care of a CMHC which is supposed to "monitor" their progress and work with the legal system if recidivism seems imminent. As yet unknown are the liability ramifications for these CMHCs if the "patient/offender" attacks another victim. Another case is that of Sam Manzie, a 15-year-old boy who had been sexually abused for several months at the hands of an adult male he met via the Internet. He became non-compliant with both the FBI in a sting operation to capture the offender, as well as with his family and the adolescent partial hospital from which he was receiving psychiatric treatment. The parents requested full hospitalization, but upon psychiatric screening were told it was not necessary. Two days later Manzie sexually abused and then murdered Eddie Werner, an 11-year-old neighborhood boy who came to Manzie's house, selling cookies. The resulting public outcry against the mental health system, which appeared to have allowed this troubled child to be left unsupervised within the community, was extreme in New Jersey.

Care Plus NJ, Inc. a private not for profit community mental health agency, manages the Bergen County Psychiatric Emergency Screening Program (PESP). The screening program is responsible for assessing individuals to make a determination of whether they are a danger to self or others due to mental illness. We evaluate 5000 clients annually.

Following Columbine, the community reacted strongly to the perceived increase of violent incidents in schools nationwide. In late May of 1999 Care Plus PESP began receiving a greatly increased number of calls from schools. By September of 1999 the number of these types of calls had increased by 53% over the previous year.

While our organization had provided support to schools for many years the frequency and nature of the calls began to set an alarming new tone. Schools began calling the emergency hotline regarding students who did not appear to require emergency evaluation, but rather as a matter of policy due to concern over their liability. More concerning still was the request that we provide to the school an "official" letter stating that the student had been evaluated by our psychiatrist, and that s/he posed no further threat to self or others. This policy presented a number of concerns. It overwhelmed our resources and took away attention from those cases in need of true psychiatric intervention. It also served to further stigmatize mental illness by removing children from school when they told someone they were having aggressive or self-destructive thoughts. School administrators made it quite clear to the PESP that it was *their own* liability that was giving them concern, and that students would not be allowed back into school with out "official clearance" from us or another psychiatrist.

Bergen County, like many other localities, does not possess the resources to provide immediate psychiatric evaluations to all children on demand. Wait lists are long, and appointment times can be deferred for over a month. Additionally, the nature of the request from the school administrators seemed to be transferring the liability of students' future behavior onto our organization.

Care Plus's ongoing commitment to serve the community, combined with our need to protect the liability of our agency, caused us to apply to the

See *Youth Violence Prevention Program*, page 6

Youth Violence Prevention Prog, **cont. from p. 5**

Bergen County Youth Services Commission for a grant to initiate a model program that would address the needs of local school districts. In January, 2000 Care Plus NJ, Inc. received a grant that enabled us to partner with the Bergen County Police Youth Division, municipal police departments and the Trauma in Youth Project, to create the **Youth Violence Prevention Program.** The goal of this program is to help improve school safety by identifying youth that may be at risk for violent behavior and linking these children to needed services. The program provides formal education and professional consultation to educators to assist in the early identification of at risk youth and prevention of violent incidents.

When contacting school districts, emphasis is placed on the fact there can never be a steadfast guarantee that violent behavior can be predicted. However, there are frequently warning signs that youth may be in danger of acting out. The focus of the program is to raise awareness of some of the warning signs that can assist with early intervention on the part of the school and getting these children the help they need. A fundamental goal of this program is to provide school systems with a plan for reducing their (and our) liability by providing them with a framework within which they focus on limiting their exposure by maximizing their adherence to a "best practices" model.

In planning the Youth Violence Prevention Program Care Plus NJ staff conducted a needs assessment consisting of key informant interviews and focus groups at community organizations and schools. The gaps in training and preparedness were identified and a plan was created to address these needs. The program as described below is a direct result of these efforts. All services are provided to local schools at no cost to them.

◆ Foremost among the program's components are workshop(s) or seminar(s) that we provide to schools within Bergen County. These workshops are tailored to the individual school's needs in terms of content, length, medium and format. Seminars have been delivered to an entire district's faculty, to a single school's faculty, or to a crisis management team depending on the particular district's preference. We have utilized monthly Faculty Meetings, district wide "In-Service Days", and early dismissal days. Occasionally schools will pull out teachers and other staff from their regularly assigned schedules to attend these training programs. A typical seminar lasts for two hours and is attended by teachers, members of the Child Study Team, school nurses and psychologists, deans, truant officers and principals. The curriculum of these seminars vary, but usually focus on Planning, Early Warning Signs of Potentially Violent Children, a beginning definition of childhood depression, school violence prevention strategies, appropriate steps for intervention in a violent situation, and postvention suggestions.

◆ The staff of the Youth Violence Prevention Program has actively partnered with the Office of Emergency Management. Not only does our involvement with this office of the county police department keep us up to date with current FBI and police recommendations for best practice models, it also provides an introduction between the police and school districts in a non crisis environment. A relationship between schools and the police is fostered through this interaction and allows both to benefit from early contact.

◆ Educators are exposed to evidence based programs such as FAST (Families And Students Together), Multi Systemic Family Therapy, Community Cares, and Anger Management. These programs provide teachers with a variety of tools to help them manage potentially violent situations.

◆ Although many districts are creating their own Safety Plans and School Safety Documents, many of them are working in a vacuum - unaware that they are using outdated information and frequently creating unrealistic expectations of the response that they will receive from outside organizations. Many do not realize that the policies that they may be designing are in conflict with the recommendation of bomb squads, fire departments, and police forces. By reviewing these documents with the districts, we are able to point out areas of concern and link the schools with the appropriate agencies so that they can utilize outside expertise.

◆ The Program Coordinator is an active member in the Bergen County Partnership for Community Health, a leadership organization of people in the fields of mental health, schools, religion, media, government, public health, and recreation. This group promotes the concept of "Asset Rich Children and Asset Rich Schools (a philosophy that has grown out of work done at the Search Institute, Minneapolis MN, and which focuses on the Resiliency Model of Childhood Development). The Program Coordinator acts as a liaison between this community organization and the school districts as well as to foster the involvement of this group within the schools.

See *Youth Violence Prevention Program*, page 8

New Rep to JCAHO

MHCA has nominated Susan L. Rushing as this organization's delegate to the Behavioral Healthcare Professional and Technical Advisory Committee (PTAC) of the Joint Commission on Accreditation of Health Organizations (JCAHO). Alternate delegate nominee is Harold C. Loewen. Both appointments are for a three year term. Rushing is CEO of the Burke Center in Lufkin, Texas, and Loewen is CEO of Oaklawn in Goshen, Indiana.

These nominations are made to replace outgoing delegate Howard F. Bracco, PhD and alternate Gary W. Lamson whose terms have ended due to JCAHO imposed term limits. Bracco has served as primary delegate for five years. MHCA greatly appreciates the service of both Bracco and Lamson in these roles and fully expects JCAHO approval of Rushing and Loewen.

JCAHO's first PTAC was created in 1979 to advise the hospital accreditation program on proposed standard and survey procedure changes. PTACs for the other accreditation programs (except laboratories) were formed in subsequent years. Members of the six PTACs include professionals from each respective field who represent national organizations as well as advocates. Each PTAC is composed primarily of individuals nominated by selected professional organizations. All have public or consumer group representation. A JCAHO board member serves as a liaison to each PTAC. ❖

Woods Leads Family Service Center

As Lloyd Sidwell shifts gears to oversee foundation activities at Family Resources, Inc. in Houston, Texas, former CFO Nyla K. Woods, CPA, MBA has been named CEO of their operating entity, Family Service Center. Lloyd will complete his term on MHCA's Board of Directors which ends in February 2002. We extend a warm welcome to Ms. Woods. ❖

Lloyd Sidwell

Two New Faces

MHCA's membership grew by two in September when both the Steininger Center of New Jersey and the Warren Yazoo Mental Health Service of Mississippi joined. CEOs Len Altamura of Steininger and Steve Roark of Warren Yazoo attended our Summer Meeting in Vancouver.

Len Altamura

The Steininger Center is located in Cherry Hill and becomes the tenth New Jersey member. Warren Yazoo MHS is located in Vicksburg and joins Pine Belt Mental Health resources to become the second Mississippi member. The addition of these two brings MHCA membership to 132. ❖

Steve Roark

Regnier Steps Up at Grand Prairie

MHCA has learned that long time member Carolyn W. Thompson, PhD will retire as CEO at Grand Prairie Services in Tinley Park, Illinois at year's end. Replacing her is Dennis Regnier, former Deputy Chief Executive Officer. We welcomed Regnier at our Summer Meeting in Vancouver. ❖

Carolyn Thompson

Tate and Ford Assume New Leadership Roles

North Care Center of Oklahoma City has named P. Randy Tate MSW to succeed former CEO Mark Hayes. Tate, who had served as Chief Growth Officer at North Care, assumed the CEO role in May.

Leslie Ford is the new CEO at Unity, Inc. of Portland, Oregon. She follows Wayne Miya who had stepped in to lead the organization following Jim Gaynor's departure for Portland's Verity. ❖

Calendar

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

MHCA 2002 Summer Meeting
Dates: August 6-9, 2002
Location: Westin Harbour Castle
Toronto, Ontario Canada
Rate: $249 single/double Canadian
Registration Deadline: July 3, 2002

Three Important Deadlines

MHCA members should remember that annual CEO Compensation Surveys are due November 30 . These surveys are completely confidential and are reported in aggregate terms only. Ballots for MHCA Board elections are due December 7. Member Profiles for inclusion in the 2002 printed directory are due December 14. The Profile may be completed online at *www.mhca.com*. ❖

Holiday Schedule

The MHCA office in Tallahassee, Florida will be closed on these dates - we wish each of you a holiday season of good cheer.

November 22 & 23
December 24 - January 1

Youth Violence Prevention Prog, **cont. from p. 6**

◆ Schools are offered ongoing consultation, and can utilize the services of the program for a variety of issues. Our close involvement with the Trauma In Youth Program *(Attachment)* enables us to offer crisis intervention with trained professionals to students who are the subject of a violent attack, witness violence, or are otherwise affected by violence.

◆ Schools are discouraged from focusing on an official letter stating that a student has been evaluated and no longer poses a threat to self of others. A psychiatric evaluation can only provide a snapshot image of a patient's mental status. Instead we have encouraged principals and directors of guidance to work closely with parents and CMHCs to improve communication regarding treatment issues of at risk children. We have written a letter explaining to parents the importance of ongoing communication, and encouraging them to consider signing a release of information letter *(Attachment)*. This will enable school personnel to have a more realistic sense of whether or not a child is able **to** function safely in a school setting. Appropriate communication can provide the school with vital information regarding a child's progress in treatment and may enable a school to intervene with an at risk child prior to a crisis developing. The letter to parents has been given to principals and has been adapted by several to use in their schools.

The Youth Violence Prevention Program is relatively new, however, early results have been encouraging. Since instituting the program calls from schools to the Psychiatric Emergency Screening Program have returned to normal levels. While at first glance this might be attributed to a fading of the Columbine legacy, the concomitant growth of the Youth Violence Prevention Program suggests the need for this program and the ongoing concern that schools have over these issues. Data collected shows a consistent need for the information we are delivering. Fully 84% of participants found the program to be both useful and effective in providing them with information and tools that they need to manage school violence. Follow-up presentations have been utilized by approximately two-thirds of the schools served, and ongoing contact is maintained between the Program Coordinator and principals.

Note: Incorporated in 1978, Care Plus NJ is a private, not-for-profit corpration with its main facility located in Paramus, NJ. CEO is Joseph A. Masciandaro. Contact Barbara Maurer, Director of Emergency Screening at 201-262-7108. The referenced attachment may be requested from MHCA.