MHCA
Mental Health Corporations of America, Inc.

ExecutiveReport

September/October 2000

Published by Mental Health Corporations of America, Inc.

Fall Meeting Agenda Is as Big as Texas!

We are going to a BIG state with a BIG agenda! MHCA's Fall Conference dates are Monday, October 30 – Friday, November 3. We will convene in San Antonio, Texas at the Westin Riverwalk Hotel *(see Calendar for details).*

Wednesday's Keynote presentation on HIPAA will be delivered by Eileen F. Garrity RNCS, MS of Complete Business Solutions, Inc., Wellesley, Massachusetts. The federal *Health Insurance Portability and Accountability Act* will soon be implemented– this presentation should provide just the information you need to "anticipate the encounter."

Thursday's General Session will showcase the international behavioral health consulting work of Ken Jue, CEO of Monadnock Family Services, and Francis Silvestri, Managing Consultant, TATRA, a subsidiary of Monadnock. A roundtable meeting will be offered later in the day for face-to-face "how to" discussions with these two presenters. Also on Thursday's General Session agenda will be a timely presentation by Tony Broskowski, PhD of Pareto Solutions, Inc. on "Issues in Child Welfare – Opportunities for Community Mental Health."

HIPAA

Health Insurance Portability and Accountability Act

Anticipating the Encounter

*With apologies to the Metropolitan Museum of Art

The work of our Clinical Staffing Committee continues when that group meets Monday afternoon. On Tuesday, Phase II of our Strategic Planning Process begins at 8 am. That afternoon the Information Systems Committee meets at 3 pm followed by an MHCA Enterprises Board meeting. Wednesday morning's schedule has been reworked to allow attendees to participate in as many forums as possible. Though the EAP Committee/Focus Group will overlap with others, the New Trends, Corporate Structures and Futures Forums will follow one another, beginning with New Trends at 8 am.

The Executive Development Committee meets Thursday morning, and the newly combined Standards & Outcomes Committee will meet on Thursday afternoon at 3:30 pm.

An MR/DD Focus Group will meet Friday from noon to 5 pm. CEOs are urged to bring their key MR/DD staff to San Antonio for this new but important portion of our agenda. MHCA's Board of Directors meeting, which will be held at 8:30 am Friday, is open to all members. ❖

Fran Silvestri

Ken Jue

Tony Broskowski

CORRECTION:

Hotel Room Rates for our Fall Meeting at the Westin Riverwalk are $169 rather than $160 as previously reported.

President's Column by Donald J. Hevey

Donald J. Hevey

Inner Strengths + Outside Influencers = Creative Future

Now that Phase I of MHCA's Strategic Planning Process/2001-2003 has occurred, we have created quite a canvas upon which to paint the short term future of the organization. With facilitator Warren Evans' informed and enthusiastic leadership, 29 of us gathered in Portland, Oregon on August 14 and 15 to see what inner strengths and outside influencers might converge to indicate a "best" path for MHCA in the coming years.

MHCA's strengths were summarized in five areas. They are:

- Quality of membership
- Relationships of members
- Financial strength
- Strategic infrastructure
- Action oriented, entrepreneurial attitude and track record

From trends recognized by the members and confirmed by Evans, the following categories of **outside influencers** was identified:

1. Technological advances (such as the demand for organization transparency and boundaryless service delivery)
2. Socio-Political changes (such as an aging population and increasing tensions between the need for community based services and the backlash of "not in my backyard")
3. Economic markers (such as globalization and a diversity of payor sources)
4. Medical realities (such as increased lifespans)

While the emphasis was on future thinking, participants spent important time reflecting on MHCA's current agenda and confirming numerous ongoing initiatives as worthy of continuation.

At the end of the day, three topics were selected for intense focus prior to Phase II of our Strategic Planning Process to be held in San Antonio at our Fall Meeting. They are an emphasis on **benchmarking** of behavioral health service indicators, an exploration of **"branding"** for MHCA, and an investigation of the implications for **boundaryless service** by providers.

Members are invited to watch MHCA's website (www.mhca.com) and Listserver for opportunities to explore these subjects and others pertaining the to the Strategic Planning Process. In San Antonio an "executive committee" of the Strategic Planning group will convene. They will need your comments and your suggestions to make these preliminary cogitations become creative, productive realities for the future of MHCA and its members.

Warren Evans will join us again in San Antonio as facilitator. In the meantime, he will participate on our Listserver as we share a collective conversation on these topics. If there are those who wish to participate apart from the Listserver, I encourage you to be in touch with me here at the office by phone or mail. I hope to hear from every one of you.

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)**

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

Board Highlights

Excerpts from MHCA's Board of Directors Meeting, August 18, 2000 - Portland, Oregon

Executive Development Committee

(Reporting for all committees, work groups and subsidiary corporations):

The following topics of note were reported:

- Members have found the new schedule for vendor presentations to be useful.
- Standards and Outcomes Committee met jointly and asked and was approved to be formed into a single committee. The newly formed committee will pursue development of benchmarks.
- The following topics were recommended for quarterly meeting presentations

...HIPAA, possibly including Medical Records
...MHCA 2010 Fishbowl
...Social economy
...Services to criminally mentally ill
...Treatment of violent or dually diagnosed clients
...Integration of mental illness and substance abuse services
...Service delivery "beyond geographical boundaries"
...Best practices for group modalities and the issue of consumer choice
...New Topics:

1) Olmstead Decision and how various states are impacted;

2) Changes in Federal laws regarding return to work issues for the disabled population;

3) Board Governance.

- Report Cards:

1) Accreditation Surveyors - The survey report card form can be downloaded from MHCA's web site.

2) Merger and Affiliation Consultants - Report form has been developed by the Corporate Structures Committee and is available on MHCA's web site.

3) IS Committee has developed a consultant profile and plans to expand it to include web site links that consultants might recommend.

- Executive Management Institute

MHCA Enterprises Board has accepted responsibility for developing the Institute.

- Other recommendations for further study by the Executive Development Committee:

1) Incentive Compensation Plans for CEO and the implications for corporate compliance;
2) Exploring technological applications in Healthcare;
3) A change in program structure that would allow members to attend more committee meetings within the quarterly conference format;
4) Training for members on advanced functions and capabilities of MHCA's list server.

Nominating Committee

The nomination and election process for 2001 will begin September 1. Six slots are up for reelection. Ann Brand, Erv Brinker, Dick DeSanto, Bill Huddleston, Jim McDermott and Tom Riggs.

Strategic Planning Process

Tentative results of MHCA's strategic planning session for 2001-2003 are very stimulating. Topics identified will be placed on our web site for additional input from the membership. Specific list serves will be created for this purpose. A smaller group consisting of the Executive Committee, and all three board chairs and a former Board chairman will meet in San Antonio at the Fall Quarterly meeting to finalize the plan. ❖

Thanks Expressed for Support

MHCA Members:

On behalf of the Board and staff of North Care Center in Oklahoma City, we would like to thank you all very much for your kind expressions of sympathy and support during this difficult time.

Sincerely,
Mark Hayes, CEO

Note: On July 17 North Care's staff member Kristie LeGrange was murdered by a teenage patient for whom she was providing in-home counseling. ❖

Welcome CenterPoint and Abilene

MHCA's South and Southwest Regions each grew by one member in August. Ron Morton, CEO of Centerpoint Human Services in Winston-Salem, North Carolina, made it official when he "signed up" to become MHCA's newest member at our Conference in Portland. With a budget of $34.8 million, Centerpoint serves North Carolina's Forsyth, Stokes and Davie Counties.

Ron Morton

Bill Dillard

Visiting in Portland also were Bill Dillard, Interim Director, and Board Chair Larry Thompson, of Abilene Regional MHMR Center of Abilene,Texas. Their Board approved MHCA membership the next week. Welcome both! ❖

In Pursuit of Practice Guidelines

Susan Buchwalter, PhD, Chair of our Standards/Outcomes Task Group, will represent MHCA at a September 22 meeting of the Practice Guideline Coalition in Washington, DC. PGC is exploring the "possibility of building a multi-disciplinary, multi-organizational partnership designed to better behavioral health care through dissemination and implementation of non-proprietary, clinician friendly, clinical practice guidelines for behavioral health providers that are based on a broad consensus about the best available evidence." ❖

CALENDAR

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
☎ 210-224-6500
Revised Rate
Rate: $169/single or double
Registration Deadline: October 8, 2000

MHRRG 2000 Fall Board Meeting
Dates: November 20, 2000
Location: The Equinox
Manchester, Vermont
☎ 802-362-4700

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

Moving On…Moving In

Two long time MHCA center leaders have announced their impending retirements and named their successors.

Todd Centybear

In Vermont, Jim Leddy will leave the helm of The Howard Center for Human Services at the end of the year. Todd Centybear, who has worked for the Center for 25 years, has been named to replace him as CEO. Leddy, who represents Burlington and the surrounding area as a State Senator, will continue in public office.

Maggie Labarta

In Florida, Doug Starr, PhD, one of MHCA's founding members, will retire from Meridian Behavioral Health August 31. Margarita Labarta, PhD, who has served as the Center's VP for Children's Services, will become CEO there. Starr will continue to work at the Center part time, providing unique services of neuro-feedback. ❖

Northpointe Has New CEO

Rick Fox

Rick Fox has been named CEO at Northpointe Behavioral Healthcare Systems in Kingsford, Michigan. He replaces Jim Gaynor, who left Northpointe to become CEO at Unity, Inc. in Portland, Oregon. Fox comes to Northpointe from the Woodlands CMHC in Cassoppolis, a southwest Michigan center. We welcome this new CEO! ❖

PORTLAND REPORT

News from MHCA's Summer Conference

If you are going to expand a meeting agenda to include an extra day, Portland, Oregon in August is the place and time to do it. The city showed off her best weather for MHCA members and guests who attended our Summer Conference August 14-18, with clear skies and perfect temperatures. The Chamber of Commerce could get some fine testimonies from this crowd!

With all that Portland has to offer, it was especially gratifying and telling that all committee and board meetings as well our general sessions were consistently well attended. From Monday and Tuesday's add-on Strategic Planning Sessions to Wednesday and Thursday's typical myriad of meetings, attention was keen and participation was high.

Keynoters Robert Browne, MD of Eli Lilly, and Will Torrey, MD of West Central Services received good marks for their joint presentation on "Psychopharmacology – Designing Services to Facilitate Recovery of Adults with Severe Mental Illness." A response panel effectively further explored the topic. Panelists were Michael Stevens, MD of Valley Mental Health, David Feldman of Circles of Care, and Mark Perry of River Edge Behavioral Health.

Thursday's general session included excellent presentations on marketing, managed care, succession planning and core values/strategic business planning. Evaluation results indicate that each topic was well received.

Officially joining MHCA at this meeting was Ron Morton of CenterPoint Human Services in North Carolina *(see page 4)*. Three new CEOs, recently named to lead MHCA member centers, attended the meeting. They are Todd Centybear of The Howard Center in Vermont; Jon Cherry of Lifestream Behavioral Health in Florida; and Morris Roth of Pikes Peak in Colorado. Among the guests were Bill Dillard and Larry Thompson of Abilene Regional MHMR Center in Abilene, Texas; Jerome Doyle and Rick Williams of EMQ Children & Family Services in Campbell, California; and Melinda Mowery of Clackamas County Mental Health in Marylhurst, Oregon. ❖

...Presenters

MHCA CEO Don Hevey thanked Tom Willey and Mark Carrel of Behavioral Healthmark and MHCA member Denny Morrison for a fine Marketing presentation.

David Feldman and Mark Perry participated in a response panel with Michael Stevens, MD (not pictured) following the Keynote.

Wayne Dreggors and MHCA CEO Don Hevey congratulated Leslie Mariner on her "Insider's View" remarks.

"Developing Leadership Talent for Future Strategic Tasks" was the topic for these Succession Planner Panelists: Ann Borders, Mary Hiland, David Feldman, Lloyd Sidwell and Howard Bracco.

ACT Corporation- Profiling the Potentially Dangerous Client

Winner of the 2000 Negley Awards for Excellence in Risk Retention - Board of Directors' Award

He pulled a large caliber pistol from his pocket...

On a bright, sunny afternoon in Daytona Beach, a man with an angry scowl entered the foyer at Act's Emergency Services facility and walked to the reception window. He pulled a large caliber pistol from his pocket, leveled it at the Customer Service Representative and said, "I need to speak to someone now."

A Crisis Stabilization unit therapist, with forensic population training and experience, engaged the gunman and, using aggression control techniques (Attachment I) was able to defuse the dangerous situation. The result was assessment and treatment of the gunman, who had a history of substance abuse and mental disorder.

Act Corporation has operated crisis services for 32 years and has operated an inpatient Crisis Stabilization Unit for 19 years. Through that process, experience and knowledge have resulted in increasing expertise in managing the liability presented by patients who pose a danger to others and to self. Those patients who are likely to act in a violent or aggressive manner have been found to possess certain characteristics.

Characteristics of High-Risk Patients Who May Act Out in Violent or Aggressive Acts

- Patients discharged from psychiatric hospitals who do not exhibit symptoms of alcohol or drug abuse are about as safe as their non-patient neighbors.
- The presence of two or more psychiatric diagnoses approximately doubles the risk of violence.
- Substance abuse triples the rate of violence in non-patients in the community and increases the rate of violence of discharged patients by up to five times.
- Substance abuse is a much greater risk factor for violent behavior than mental disorder.
- Paranoid patients with persecution delusions, usually direct violence at a specific person, often relatives or friends.
- Paranoid schizophrenics are likely to commit the most serious crimes because of their ability to plan and their retention of some reality testing.
- Schizophrenics and manics who make threats before admission have a 33% assault risk in the hospital.
- Manic patients often respond violently to any form of limit setting and one of four attack someone within their first 24 hours of hospitalization.
- "Threat/control-override" symptoms include feeling dominated, the thought that others wish harm upon the patient, and the belief that one is being followed.
- Persons who reported threat control override (TCO) symptoms, were about twice as likely to engage in assaultive behavior.

Assessment of Risk

Risk assessments should include:

1. The patient's thoughts and feelings before, during, and after previous violent acts.
2. Assessment of the role of mental status characteristics related to the behavior and the presence of threat/control override delusions or hallucinations along with the role of substance abuse.
3. A review of documents relevant to violence history such as mental health treatment records, jail, prison, secure hospital records, arrest reports, victim/witness statements, and employment records.

Risk Reduction Plan

The Act Corporation is accredited by the Joint Commission on Accreditation of Healthcare Organizations (Attachment II) and has developed a wide range of procedures and practices designed to ensure patient and staff safety. In addition to a full-time Safety Officer, a Safety Committee is in place and meets regularly to deal with safety issues (Attachment IV).

The issue of dangerous client incidents falls under the purview of the Safety Officer, and information is kept regarding these incidents (Attachment III). Along with the Safety Committee, patient violent acts are monitored by the Quality Assurance Director (Attachment V).

The Act Corporation has no known incidents of violent attacks perpetrated by persons with severe mental illness or substance abuse that have caused severe injury or death or community outrage directed toward the mentally ill within at least the last ten years.

The evolution of a Center-wide system

The programs that impact on identifying high-risk violent patients have evolved over several years. Through the years, a center-wide system has been created to form the comprehensive program, which can be categorized as prevention activities, intervention activities, and aftervention activities.

Prevention Activities

Behavioral Healthcare Law Enforcement Interface

In an effort to assist law enforcement in making accurate assessment of situations involving men-

tal patients, Act Corporation has designated a Licensed Clinical Coordinator to develop and deliver information regarding this interface (Attachments VI and VII).

Aggression Control Techniques

All persons who are employed at Act, or who will have contact with Act patients, are required to take a four hour course on the techniques of responding to acts of aggression by patients (Attachment I).

Verbal De-Escalation Skills

The skills taught in this process follow the anagram of CARE encouraging staff to Concentrate by giving focused attention to the patient, Acknowledge that the patient is being heard and understood, reflecting how the patient may feel, and Empathizing by trying to experience the patients feelings (Attachment VIII).

Safety in the Natural Environment

Attachment IX describes the procedure to conduct on site visits in a safe manner and spelling out details of how to respond when encountering a potentially dangerous patient. The case management mental status examination (Attachment X) includes assessment of homicidal/aggressive thoughts or intent. If thoughts or plans are present, that response triggers a complete and thorough homicide/aggression risk assessment (Attachment XI).

Out Reach Task Force

The major thrust of the Out Reach Task Force is to reduce juvenile crime through the teaching of conflict resolution skills (Attachments XII and XIII).

Access Services

The first point of contact for many potential clients is a call to the 800 number at Act's Access Center (Attachment XIV). That call is received by one of several staff in a large room with special headset telephones, computer screens, and caller identification. They conduct a formal assessment (Attachment XV).

State Hospital Liaison

Among the most disturbed patients returning to the community, are those forensic patients discharged from the State Hospital. These potentially dangerous forensic patients are monitored face-to-face on a quarterly basis by case managers while they reside at the State Hospital and are evaluated face-to-face within 48 hours of discharge and receive aftercare services (Attachments XVI and XVII).

Case Resource and Ethics Committee.

This committee is comprised of Act Corporation professionals and community agency officials and staff and makes disposition on patients who are high risk, both in the natural environment and being discharged from a state facility (Attachment XVIII).

Physically Secure Shelter

In order to prevent high risk youth from penetrating further into the criminal justice system, Act provides a secure shelter for 30 children in conjunction with the Department of Juvenile Justice. (Attachment XIX).

B.E.A.CH. House

In an effort to reunite disordered families and to prevent entry into elements of the criminal justice system, a homelike shelter is provided by Act Corporation (Attachment XX).

Intervention Activities

Civil Commitment

The Act Corporation presents dangerous patients for involuntary treatment to court on a weekly basis. Present at these court hearings is an attorney from the prosecutor's office, a public defender, professionals who know the patient, family members, law enforcement officers, and public health officials. (Attachments XXI and XXII)

Capturing Information on Dangerousness

The client registration form (Attachment XXIII) contains items which capture information on probation or parole status, not guilty by reason of insanity court order, mental illness conditional release status, diagnosis of schizophrenia, psychotic disorder or mood disorder, involvement in criminal justice system, and forensic involvement. Various forms are used to capture information on dangerousness (Attachments XXIV, XXV, XXVI. and XXVII).

Along with Aggression Control Techniques (Attachment I) and Verbal De-Escalation Techniques (Attachment VIII) the standard 15, 30, and 60 minute checks and line-of-vision techniques are employed.

As noted earlier, a De-Escalation preference form (Attachment XXVI) is completed as part of the Nurses' Assessment in the early stages of admission. This information allows the patient to prescribe his or her own method of reducing agitation and avoiding seclusion and restraint. The results have been dramatic: a 39% decrease in the use of seclusion and an 80% decrease in the use of restraints (Attachment XXVIII).

Treatment Alternatives to Street Crime

Through Treatment Alternatives to Street Crime, Act targets the 18 years of age and older population that are third degree felons, on probation who have a significant substance abuse problem (Attachment XXIX).

See Dangerous Client, page 8

Dangerous Client, continued from page 7

Forensic Services

A very high-risk group for dangerous behavior are those who carry DSM IV diagnoses, and who have criminal convictions. These patients are identified through the Forensic State Hospital, Department of Corrections, or judicial system official (Attachment XXX).

Reality House

There is a separate unit for treatment of those with dual diagnosis. This intensive treatment program uses a highly structured behaviorally oriented approach with strong emphasis on vocational rehabilitation (Attachment XXXI).

Family Adolescent Conflict Treatment

This program targets adolescents (ages 12 to 18) who commit or threaten to commit violence on a family member (Attachment XXXII).

Domestic Abuse intervention

Utilizing a group education format, men who have perpetrated a violent act on a woman (partner, child, etc.) meet with a group of facilitators for 24 sessions (Attachment XXXIII).

Drug Court

This Act managed activity designs interventions for persons who have been charged with possession of controlled substances, forged prescriptions, forged checks, or grand theft (Attachment XXXIV).

Assessment Protocol: Danger To Others

Various instruments are used to collect information pertaining to violence such as the likelihood of causing serious bodily harm (Attachment XXV), legal factors, and violence history (Attachment XXIII). When there is an indication of potential violence, clinical specialists have available a danger to others assessment protocol (Attachment XXXV).

Transitional and Independent Living

In an effort to prevent adolescents between the ages of 16-19, who are at high risk of violence, from penetrating the juvenile justice system further, the Department of Juvenile Justice makes referrals to the Act Transitional Living/Independent Living Program (Attachment XXXVI)

Aftervention Activities

Safety Risk Management Committee

This committee is part of Act's Risk Management Program (Attachment III). The committee meets on a regular basis to review risk management reports, action taken, and any need for further action (Attachment IV).

Case Resource and Ethics Committee

While this committee performs a prevention function in reviewing patient cases at high risk for violence, it also performs an aftervention function by making recommendations for managing patients who have a history of violence (Attachment XVIII).

Outreach

Efforts are made to include family and support systems. Staff often request law enforcement to conduct wellness checks. Earlier, it was noted that approximately 40% of murders are by gunshot. Officers frequently, at the request of emergency staff, take guns into their possession when a risk of harm is identified. Throughout this work the issue of confidentiality is held at the forefront and no steps are taken without consent and participation of the patient.

Quality Improvement

At a broader level the Corporation has defined an extensive plan to improve the quality of services (Attachment V) which is a 22 page document. An abbreviated sample is attached and includes the required report of peer review regarding mortality and morbidity. In addition to adopting the values of accessibility, customer driven services, and teamwork, the plan sets specific quality goals and provides for monitoring and evaluation.

Over the last few years Act Corporation has been giving increased attention to loss control programs in general and to more responsible assessment of potentially dangerous patients and to avoidance of risk for harm to others in particular.

At the most general level, Act Corporation sets values and goals for quality improvement, which is system wide. These system wide values and goals have broad impact on all levels of service delivery and, in turn, on risk reduction. ❖

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

About the Center:

Founded in 1965 as The Guidance Center, this Daytona Beach, Florida, not-for-profit community mental health center was renamed Act Corporation in 1985. CEO is Wayne Dreggors. Contacts for the programs described in this article are Leo Salter, PhD, Chief Clinical Psychologist, and Carolyn Wood, Clinical Director. Act Corp. is located at 404 South Ridgewood Avenue, Daytona Beach, FL 32114 (Phone: 904-947-4257)