

Executive Report

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Preview: Annual Meeting 2001

If a conference can have “something for everyone”, MHCA’s 2001 Annual Meeting will be that conference. From court rulings to insurance markets, from liability exposure to managing dual diagnoses...all this plus a presentation and training opportunities on technology make up our agenda. And that doesn’t include the informal opportunities for collegial exchange and enjoyment of San Diego!

Dates for the conference are February 20-23. We will convene again at San Diego’s Westin Horton Plaza Hotel, located conveniently in the center of downtown, within walking distance of this California city’s best shopping and entertainment.

Plan to come early and stay late. Committees and Boards meet on Tuesday, February 20. Forums on Corporate Structures, New Trends, and Futures will be held Wednesday morning prior to the Annual Business Meeting and Luncheon. Be sure to make reservations for the Luncheon where MHCA Board Chairman Harriet Hall will deliver her annual report of MHCA activities, accomplishments and goals.

Wednesday afternoon’s General Session begins with a panel presentation on “Implications of Recent and Pending Supreme Court Rulings on Behavioral Healthcare.” Leading the panel will be a representative of The Bazelon Center for Mental Health Law (*see accompanying article describing the Center, page 3*).

Later in the afternoon, Dr. Edward T. Negley, representing the Mental Health Risk Retention Group, will speak of “The Changing Insurance Market”. Predicted hardening of the market has significant implications for behavioral health in both rates and availability. Immediately following his remarks, finalists in the 2001 Negley Awards for

Excellence in Risk Management will describe their winning programs for “Limiting Liability Exposure While Addressing Violence in the Workplace and School.” Award ranking will be determined by MHRRG judges following their deliveries and results announced at the Annual Training Conference of the National Council for Community Behavioral Healthcare (NCCBH) in early April. Negley & Associates will host our Wednesday evening reception.

If technology is your thing (or could be with a little nudge), gear up at MHCA’s meeting by participating in small group Internet Training Sessions. Consecutive one hour training classes will be offered Thursday, from 8 am until 5 pm. There is no fee for the training, but pre-registration is recommended. Thursday afternoon’s agenda includes a related presentation on technology by MHCA member Harriet Hall, PhD and Centromine representative, Sheila Baler. The two will give an overview of business and society examples of the fast growing emphasis on internet use and consider business model opportunities now possible with the advent of internet based technologies and products. Dr. Hall will describe Jefferson Center’s experience establishing a chat room following the Columbine tragedy and their web development efforts since then. Together Hall and Baler will make “crystal ball” predictions to explore the future use of web-based strategies within the behavioral health arena.

At 9:30 am on Thursday, Dr. Kenneth Minkoff will deliver a morning-long description of his work with “An Integrated Model for Treatment of Individuals with Co-Occurring Psychiatric and

President's Column by Donald J. Hevey

Employees or Free Agents?

Recruitment and retention of employees is a topic that has surfaced repeatedly in our committees and discussion forums this past year. Most of you are having increasingly difficult times recruiting the personnel you need and an even more difficult time retaining the good ones because of limitations on compensation and arrangements you can offer.

According to all the trend data I've been reading, we're on the threshold of a major change in the way people look at their jobs, their relationships with employers, and the design of their careers. The old model was very clear. You go to school, and then you go to work for an employer. The employer decides what kind of work you will do, what kind of training you will receive, how you will be promoted, what compensation you will earn, and even when your employment will terminate. That is the model I am familiar with and it "works for me".

This model is rapidly fading, much to the chagrin of employers and their managers who feel a real need, emotional as well as power-related, to control their crucial relationships with employees. It was difficult enough when unions emerged and gained sufficient strength to influence, and even direct, certain aspects of that tenuous relationship. The new model, being adapted rather rapidly by workers, especially younger people, is potentially far more disruptive and practically im-

possible to control. "I'm in control of my career" is the battle cry of today's workers, particularly those under 30 or 35 years. The next generation to enter the workforce, the Millennium Generation, is even more adamant.

The new model, revolutionary in the historic flow of employee-employer relationships, recognizes that every worker has a degree of control over the relationship with the employer. Workers have choices. Employers need workers. Labor, at all skill levels and in practically every occupation, is a seller's market. Workers can exercise their choices. They can choose to influence the complex aspects of the relationship, or they can choose to relinquish that control to their employer(s).

Increasingly, workers will sell their talents, where and when they want to . . . and they're successfully negotiating for the rewards they want. They are free and independent agents, free to add value where and when they want. They will set the rules of engagement, causing employers to negotiate for their productive capacity. Employers must adjust to this free agent economy or struggle without sufficient talent to survive. ❖



Donald J. Hevey

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Dual Diagnosis . . .

"Comorbidity is an expectation, not an exception."



Kenneth Minkoff, MD

In his article, "An Integrated Model for the Management of Co-Occurring Psychiatric and Substance Disorders in Managed-Care Systems", Kenneth Minkoff, MD outlines seven research based principles of successful treatment interventions in individuals with co-occurring disorders. The first principle claims that "comorbidity is an expectation, not an exception." He will address these and other findings concerning dual diagnosis in his presentation to MHCA at our Annual Meeting on February 22 in San Diego, California.

Dr. Minkoff is the Director of Integrated Psychiatric and Addiction Services for Arbour Health System and Medical Director of Choate Health Management. He is a board-certified psychiatrist with certificate of additional qualifications in Addiction Psychiatry, and is a nationally known expert on dual diagnosis and integration of mental health and substance disorder services. He has authored and edited numerous works, including "Dual Diagnosis of Serious Mental Illness and Substance Disorder", which he co-edited with Robert Drake, MD. Dr. Minkoff is also Chair of the Center for Mental Health Services Public Managed Care Initiatives Panel on Co-occurring Psychiatric and Substance Disorders and a member of the board of the American Association of Community Psychiatrists.

He is an experienced psychiatric administrator in outpatient and inpatient settings and has developed considerable expertise in developing public and private managed care systems. With David Pollack, MD, he is co-editor of "Managed Mental Health Care in the Public Sector - A Survival Manual". Areas of consultation include: psychiatric and addiction integration, managed care systems development, quality management, physician management, contracting and reimbursement, utilization management and levels of care assessment, hospital alternatives for mental health, and substance abuse. ❖

The Bazelon Center

When MHCA members convene in San Diego for their 2001 Annual Meeting in February, a featured panel presentation will be "Implications of Recent and Pending Supreme Court Rulings on Behavioral Healthcare". Leading the presentation, which will be held Wednesday, February 21 at 2 pm, will be a representative of The Bazelon Center.

About the Center:

The Judge David L. Bazelon Center for Mental Health Law is a nonprofit legal advocacy organization based in Washington D.C. The Center's name honors the federal appeals court judge whose landmark decisions pioneered the field of mental health law, and its advocacy is based on the principle that every individual is entitled to choice and dignity. For many people with mental disabilities, this means something as basic as having a decent place to live, supportive services and equality of opportunity.

Since 1972, the Center has successfully challenged many barriers. Precedent-setting litigation has outlawed institutional abuse and won protections against arbitrary confinement. In the courts and in Congress, advocacy has opened up public schools, workplaces, housing and other opportunities for community life.

Bazelon Center attorneys provide technical support for and co-counsel selected lawsuits with private lawyers, legal services programs, ACLU chapters and state protection and advocacy systems. They collaborate with local, regional and national advocacy and consumer organizations to reform public systems and promote consumer participation in the design and operation of service programs. They are active in national policy coalitions, working to preserve and expand programs that assure children and adults with mental disabilities of choice and dignity.

Bazelon Center for Mental Health Law

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Phone: 202-467-5730 Fax: 202-223-0409

Website: www.bazelon.org ❖

InfoSystems Task Force to Meet

One of the major and key elements that emerged from MHCA's recent strategic planning process was the issue of "boundaryless products and services". The focus is on three audiences - MHCA members, MHCA consumers, and others. The issue was finally translated into the broad area of technology development and implementation as an initial strategy.

A task force will convene on January 30-31 to develop an implementation plan and budget for this activity prior to our Annual Meeting in late February. Serving on the task force are Harriet Hall, PhD, MHCA Chairman, Jim Gaynor, Information Systems Committee Chairman, Denny Morrison, PhD, Dale Shreve, Erv Brinker and Grady Wilkinson. Don Hevey, MHCA CEO, and Frank Collins, MHCA Information Systems Director, will attend as well.

The task force will report to the entire IS Committee when it meets on February 20 in San Diego. ❖

Meeting Agenda Correction

MHCA's EAP Committee will not meet in San Diego at our Annual Meeting as published in preliminary meeting materials. The PES Users' Group will meet as scheduled at 1:30 pm on Tuesday, February 20.

Annual Meeting, *continued from page 1*

Substance Disorders." Dr. Minkoff is Medical Director of Choate Health Management in Acton, Massachusetts. Widely published, Dr. Minkoff is an effective and energetic speaker who has been well received by behavioral health audiences (*see article, page 3*).

On Friday, in addition to MHCA's Board of Directors meeting, the Board of Mental Health Risk Retention Group will convene followed by the MHRRG Annual Shareholders Meeting. All MHRRG Shareholders have been invited and are encouraged to attend.

Please join us in San Diego!

Negley Finalists Chosen

When the three finalists are chosen for the annual Negley Awards for Excellence in Risk Management, one thing is certain. There will be no losers. Finalists are assured of receiving one of three cash prizes, either the \$15,000 top prize, or one of two additional \$5,000 prizes. Thus, we are pleased to announce selection of these three "winners", who will present their programs first at MHCA's Annual Meeting, February 21, in San Diego, California. They are:

Care Plus, Paramus, NJ

President: Joseph A. Masciandaro

Director: Barbara Maurer

F.E.G.S., New York, NY

COO: Jonas Waizer, PhD

VP Marketing: Joseph A. Miller, PhD

TREND Community MHS, Hendersonville, NC

CEO: Jeffrey A. Grimm, PhD

Julie Morrison, Community Relations Coord.

Board members of the Mental Health Risk Retention Group (MHRRG) serve as judges in the Negley Award competition. They first judge written applications and then rank finalists based on their presentations. Finalist ranking is made public at the spring meeting of the National Council for Community Behavioral Healthcare (NCCBH) which will be held this year in Portland, Oregon in April.

The 2001 topic of the Negley Awards is "Limiting Liability Exposure While Addressing Violence in the Workplace and School." Applicants submitted five page descriptions of programs currently in place and replicable within the industry. Applications must clearly demonstrate that the described program limits or prevents liability exposure for the organization; that in preventing losses the organization has improved its quality of care; and that the program is relevant to the industry.

The Negley awards were established in 1990 by Negley Associates, Inc., underwriting managers for the Mental Health Risk Retention Group. Since the award program's inception, one-quarter million dollars have been awarded to deserving applicants. ❖

Cross Cultural Work up Close and Personal

Visiting a Psych Hospital in Cuba

"It was an excuse for me to visit Cuba and an opportunity to see the state of healthcare there. As a mental health professional and director of a Community Mental Health Center, I at least had related credentials."

This is how **Philip E. Wilson, LCSW, CMHE** begins his telling of a trip to the first United States Healthcare Exhibition held in Havana, Cuba, a year ago (January 25-29, 2000). Through a friend who was helping organize the event, Philip participated not only in the Exhibition but was able to enjoy a tour of a psychiatric hospital, the Hospital Psiquiatrico de la Habana, in a Havana suburb.

Philip's full account of his trip is a delight to read as he details not only the facilities but the people and atmosphere of the place. Though there was clear evidence of Cuba's long economic distress, in general he observed an upbeat place with dedicated professionals and high hopes. With the assistance of an interpreter, Philip met at some length with Dr. Eduardo B. Ordaz Ducunge, Hospital Director, and Dr. Ricardo Gonzalez Menendez, Psychiatrist. A two hour tour included visits to inpatient and outpatient sections of the hospital compound as well as to an extensive vocational training area.

According to Philip's findings, the hospital treats major mental illnesses. Most patients are diagnosed with schizophrenia, but other diagnostic categories are also treated. The hospital treats alcoholism and is now treating drug addiction (which staff says was only introduced five years ago with tourism). Cuba also provides addiction treatment for people throughout the Caribbean and Central and South America. For most mental health issues within the community, people seek help from their family doctors. One aspect of the hospital's work has been to support these local community doctors in their understanding of mental health issues and treatment. Dr. Gonzalez has written a book to assist family doctors in responding to the mental health needs of their patients, a copy of which he gave to Philip.

Treatment at the hospital is provided on four levels: social, vocational, recreation and entertainment. Hospital patients participate daily in these four areas of activity. For work activities

patients are paid for their participation as with any other worker, however, payment is at a lower rate. The goal is patient participation rather than output. Dr. Ordaz underscored the therapeutic value of vocational rehabilitation and involving patients in structured activities.

Further, Dr. Gonzalez said that while many of the psychiatrists had been analytically trained, the hospital is very eclectic in its use of psychotherapy models. He described their use of acupuncture for substance abusers and spoke of the hospital's use of "green medicine" (herbal therapies). Medications are widely used, though the "older generic medications" are more often available with the newer antipsychotics and antidepressants available only when made so through charitable organizations.

An especially touching part of Philip's tour was to the hospital museum which included exhibits tracing the history of the facility. Its many famous visitors, including the Pope, were heralded along with the hospital's many awards and accomplishments. As Philip and staff chatted through the interpreter, the universal issue of mental illness stigma surfaced. Philip easily drew "not in my back yard" parallels between Cuba's experience and his own in New Jersey.

Of interest to Philip as the tour continued was the high staff to patient ratio. As he noted, "socialist countries have full employment." "People have jobs in psychiatric hospitals that pay as much as jobs in other sectors because salaries are equalized."

Philip Wilson hopes to return to the Hospital Psiquiatrico de la Habana with a group of mental health professionals from the United States. His gracious hosts confirmed that such a group would be most welcome. ❖

For more information about Philip Wilson's trip to Cuba, contact him as follows:

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or 201-947-1688



Calendar



MHCA 2001 Annual Meeting

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

NCCBH and

Association of Behavioral Healthcare Management
 Annual Behavioral Healthcare Training Conference
 "In the Public Interest"

Dates: March 31 - April 3, 2001
Location: Portland Hilton Hotel
 Portland, Oregon
Contact: ☎ 301-984-6200

MHCA 2001 Spring Meeting

Dates: May 22-25, 2001
Location: Caesars Palace
 Las Vegas, Nevada
 ☎ 702-731-7222
Rate: \$149 or \$179/depending on selection
Registration Deadline: April 21, 2001

MHCA 2001 Summer Meeting

Dates: August 14 - 17, 2001
Location: Westin Bayshore Resort & Marina
 Vancouver, British Columbia
 ☎ 604-682-3377
Rate: \$265 or 280 Canadian based on room
 choice (approximately \$183-193 U.S.)
Registration Deadline: July 15, 2001

MHCA 2001 Fall Meeting

Dates: November 6-9, 2001
Location: Radisson Resort and Spa
 Scottsdale, Arizona
 ☎ 480-991-3800
Rate: \$169/single or double
Registration Deadline: October 2, 2001

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

Mental Health Risk Retention Group, Inc.

A Liability Insurance Company Owned by Its Policyholders



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