

Executive Report

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Summer in Seattle

As the weather warms, our thoughts turn to the Great Northwest and summer in Seattle! MHCA will hold its Summer Quarter Meeting there August 12-15 at The Westin Seattle downtown. Registration materials will be sent in June; hotel reservations deadline is July 19.

Our keynote presentation will focus on marketing strategies for the behavioral health industry (*see side bar*). Together with keynoter Edie Jardine, several MHCA members will serve as a panel on Wednesday morning to explore marketing challenges faced by community behavioral health leaders.

Our three forums (Futures, New Trends and Corporate Structures) will follow on Wednesday afternoon allowing for reflection on the keynote.

Thursday's General Session will include programs on E-learning opportunities by Sheree Graves of Conundrum Communications, a report on MHCA's benchmarking initiative and one on the newly created International Institute of Mental Health Leaders (IIMHL). MHCA members participating in June's "international knowledge exchange" in the UK will share their experiences as part of the IIMHL presentation. Leslie Mariner of Criterion Health will present two programs that have potential application to MHCA members in terms of meeting demands for increased service access and productivity (Navik Solutions), and for improving organizational performance (Sentinel Key Performance Monitoring). Vinfen Corporation will provide a member showcase, demonstrating and discussing their Outcomes and Records Systems (OARS). OARS, an internet enabled application, allows Vinfen to gather outcomes data in a centralized database for 150 sites and over 2000 clients.

These are the scheduled programs, but that's only part of the story. Come enjoy the whole occasion - and that includes YOUR participation! ❖

Our Keynoter:

Edith L. Jardine
Executive Vice President
and Senior Associate
OPEN MINDS



Edie Jardine has over 25 years of experience in the behavioral health and social services industry. She is responsible for management of *OPEN MINDS* publications, professional education programs, and research and consulting practice, as well as for marketing and sales for all product lines. She is a senior associate specializing in strategic planning, marketing, product development, financial management and managed care.

Ms. Jardine started her career as a counselor and administrator with a non-profit community-based organization. She spent six years in California State government, serving as special assistant to the director of the Department of Alcohol & Drug Programs and as assistant chief of the Division of Alcohol Program Services. Ms. Jardine was marketing & sales VP for 11 years for Foundation Health PsychCare Services where she was responsible for marketing, sales, product development and underwriting. From 1995-1998, she was a member of senior management of Value Behavioral Health, first as chief marketing & sales officer and later as COO, Public Sector Division. Ms. Jardine developed managed care programs for 26 separate public sector initiatives, including Medicaid HMOs, state and regional mental health and substance abuse carve-out programs, and child welfare programs. She was the first appointee to the legislatively created mental health seat of the California Department of Corporations Health Plan Advisory Committee. She has served as board member and volunteer for numerous non-profit organizations - chairing the Housing Development Committee of Catholic Charities, which was responsible for developing homeless shelters, low-income apartment buildings and Single Room Occupancy housing for the elderly for an inner city Diocese.

MHCA gladly anticipates Edie Jardine's visit in Seattle. ❖

President's Column by Donald J. Hevey



Donald J. Hevey

The Accordion Concept

At MHCA we strive to find the perfect venue for collaboration...whether it's a king size meeting hall or an impromptu ring of chairs in a corner, the important thing is that members find a meaningful way to put collegial energy into productive action. So we operate on the "accordion" concept...expanding, contracting, staying flexible and making it work. That concept was never so evident as in Savannah at our 2003 Spring Meeting where forums broke into small groups and focus groups reconvened for unscheduled second gatherings. The energy was palpable.

This exciting kind of interchange speaks clearly of a motivated membership. After 18 years (we started all this in 1985!) it is gratifying to get caught up in the action. And the infusion of fresh energy couldn't be more timely... many ideas that caught fire in Savannah will be channeled to our upcoming strategic planning process that is on the immediate horizon (2004-2006).

An informal group of Executive Committee members and relatively new members met on Tuesday in Savannah to begin formulating the strategic planning process. A more formalized planning effort will continue in August (Seattle) and in November (Scottsdale). Ideas that have already made their way to the developing strategic laundry list include a review of committee and subsidiary corporation structures

to ensure maximum efficiencies, appropriate involvement of non-CEO key staff as part of MHCA's cultural succession emphasis, continuing development of our ongoing benchmarking initiative, and MHCA's participation on the "world stage" through the International Institute of Mental Health Leaders (IIMHL).

Through joint funding by SAMHSA, NIMH-England, and New Zealand's Health Commission, IIMHL is now operating under the auspices of MHCA to bring international mental health leaders together to "make services work for consumers."

Whether we draw up our chairs in a circle or hop a plane to the other side of the world, MHCA members commit themselves to finding workable, efficient and effective solutions for today's and tomorrow's behavioral health challenges.

Clearly, there is no lack of work to be done. And this is just the group of leaders to do it. Whether you were in Savannah or not, whether you are participating in the UK "knowledge exchange" or not, your participation in the continuation of these conversations and processes is critically important to your own professional growth as well as to the future of MHCA.

Each of our members brings unique talents and viewpoints to MHCA - together we play a lively accordion!

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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>

Mergers/Affiliations Supplement Project Enhanced by Interviews

At MHCA's Spring Meeting in Savannah we took a significant step toward development of a supplement to the "mergers manual" first published in 1995 by MHCA and NCCBH. Our Corporate Structures Forum is guiding this project that will result in a case history addendum to the original guidelines. Consultant Craig Savage, Principal, of Larson Allen-Cherry Bekaert, LLP has been engaged to shape the process.

In Savannah, Savage, along with his colleague Brian Ackerman, interviewed ten MHCA members whose corporate structure merger/affiliation experiences were documented through a survey conducted last year. Hour-long individual interviews with each of the ten were conducted to clarify survey responses and "dig deeper" for the complete story on each case.

Savage will continue his research and report to MHCA in November at our Fall Meeting in Scottsdale, Arizona. The completed report will become an official supplement to MHCA's *Affiliations, Mergers and Acquisitions: Guidelines for Pursuing Corporate Integration for Behavioral Services Providers*.

Craig Savage is a long time friend of MHCA and has been involved with several of our strategic planning processes over the years. Founded in 1953, the Larson Allen company has grown from a regional accounting firm to a national professional service firm with offices across the country. The firm is now a nationally recognized professional service provider. Craig may be reached at: Larson Allen-Cherry Bekaert, LLP, 525 North Tryon Street, Suite 1200, Charlotte, NC 28202 (704/998-5200). ❖

MHCA's Document Archives A Great Resource At www.mhca.com

Enclosed with this *Executive Report* is a description for and listing of MHCA's "Document Archives." These 55 documents in 19 categories offer a wealth of information available to you just for the "clicking". Check them out!

Benchmarking Initiative Progresses Toward Final Report

Like all adolescents, MHCA's fledgling benchmarking initiative requires constant oversight and gentle guidance as it slowly matures into a useful instrument. Benchmarking Work Group Chairman Susan Buchwalter, PhD reported on the project's progress at our Spring Meeting much like a proud parent well aware of her offspring's shortcomings. In spite of the fact that one survey reported "cash on hand equal to five hours operation", most data gathered over the past year seems solid and usable. The "360 degree initiative" includes comparative data in the areas of Corporate Overview, Financial Indicators, Staffing, Access, Attendance, Adverse Events, Outcomes, and Utilization/Staffing Rates/Productivity.

Between now and our Summer Meeting, MHCA's National Data Center Director Nancy Maudlin will be chasing down the outlier data, verifying the database and streamlining the final product. In Seattle, those members who participated in the benchmarking survey will receive individual company analyses comparing their data to other like organizations. Those analyses will be distributed in conjunction with a final project report to the membership in Thursday's general session, August 14. ❖

\$\$\$\$\$\$ Coming Soon \$\$\$\$\$\$

Heads Up! Be watching your mail boxes for the **2004 Negley Awards** application materials. This annual competition offers cash awards of **\$15,000** and **\$5,000** for three winning programs exemplifying "**Excellence in Risk Management**".

Applications will be sent this summer and will be due in the fall (around Thanksgiving). Finalists will present their programs to MHCA in February and NCCBH in March. Don't miss this opportunity to showcase your risk management efforts and put cash back in your program!!



Savannah Charms MHCA

Keynote Presenter Joyce Gioia of The Herman Group, pictured with Georgia's Frank Fields.

Spring in Savannah, Georgia is a good thing! MHCA members enjoyed this southern city's busy riverfront and charming downtown squares as they convened for our Spring Meeting, May 13-16. Keynoter Joyce Gioia presented a two-part program on Wednesday, "Capitalizing on the Impending Crisis to Optimize Your Bottom Line" and "Winning the Talent Wars to Become an Employer of Choice." A Human Resource Focus Group met in the afternoon to consider these and other critical human resource issues (*see article, page 8*).

Five presentations in Thursday's General Session touched on a wide variety of topics. Guests John Paton and May Ahdab of the Software and Technology Vendors Association (SATVA) encouraged cooperative initiatives to improve deliverables. MHCA members Susan Rushing, Tony Kopera and Marty Martini described the "Balanced Scorecard" concept of organizational prioritization/achievement strategy. Roy Brown of River Edge Behavioral Health in Macon, Georgia provided information about their efforts to work with correctional systems to decriminalize the mentally ill. Sue Buchwalter, MHCA Board Vice Chairman, provided an update on our benchmarking initiative that is gaining momentum and proving to be an excellent member effort. Finally, Fran Silvestri, Director of the International Institute of Mental Health Leaders, offered tips on creating staff sabbaticals.



Susan Buchwalter, PhD



Fran Silvestri

From forums to receptions to informal riverfront strolls, a collegial energy permeated this quarter's meeting. Next stop, Seattle. Be sure to mark your calendars for MHCA's summer meeting, August 12-15, and be part of the continuing dialogue! ❖



Balanced Scorecard: Presenters Marty Martini, PhD, Susan Rushing and Anthony A. Kopera, PhD



Criminalization of the Mentally Ill: Presenter Roy Brown (far right) with Tim Otis and Bill Huddleston



How to Connect the Behavioral Health and Technologies Industries: SATVA's May Ahdab, PhD and John Paton

Developing Safety Mindfulness in Staff: Reducing Adverse Incidents in a Behavioral Health Care Organization

By *Vinfen Corporation, Cambridge, Massachusetts*

Winner: President's Award, 2003 Negley Awards for Excellence in Risk Management

Vinfen has created a Risk Management program that increases staff mindfulness and reduces the frequency of adverse events. This application for the 2003 Negley Award describes Vinfen's extensive risk management activities for its programs and discusses the applicability of Vinfen's process and experience in risk management to the rest of the industry. While we engage in strategic planning and goal setting, as do most human service organizations, we also have a process to create a collective state of "mindfulness" that produces an enhanced ability to discover and correct errors before they escalate into a crisis.

We face an alarming range of serious adverse events that typically occur in behavioral health programs - staff injuries, medication errors resulting in injury, motor vehicle accidents, assault, self-injury and suicide by persons served, fires, medical crises, and illegal activities on the part of staff or persons served. As these risks increase in the behavioral health industry, there is clearly a need to increase mindfulness in the organization. Programs must serve consumers with more challenging needs at a time when resources are decreasing. Recruiting, training, and retaining staff with skills needed to safely operate these high intensity programs is an unprecedented challenge. Managed care companies and state agencies have successfully shifted both financial and clinical risk to providers, and service providers now carry greater risk of liability associated with adverse events.

Vinfen's Risk Management Program: The mission of Vinfen's Risk Management Program is to "ensure that bad things do not happen to our consumers, our employees, our community, or our company." To achieve this, Vinfen has developed a process to identify and examine adverse events without blame or prejudice in an effort to develop systematic approaches to reduce risk. Vinfen's Risk Management Program (a) collects information about adverse events (or the risk of adverse events), (b) convenes a Risk Management Committee who analyze and act on information to reduce the risk of reported events from recurring or worsening and (c) employs a workplace safety program to increase employee mindfulness for client safety as well as their own.

Collecting Information on Adverse Events: Central to Vinfen's system of collecting information is a detailed process of reporting adverse events in each of Vinfen's 215 program sites. While collecting information in a large and decentralized system like Vinfen is challenging, it is important that all programs report adverse events in a standardized and systematic format. To accomplish this, Vinfen has developed systems to increase the timeliness and completeness of reporting.

Vinfen established the Quality Department as the single point of responsibility for maintaining all records of adverse

events to track trends across the organization and assure the integrity of the reports. When Vinfen first began to collect risk data, we asked programs to forward copies of all incident reports and medication occurrence reports by the tenth of the month with the risk report forms. The Quality Department reviewed all risk report forms and supplementary material. If the reports were missing attachments, or if the number of incident reports submitted did not correspond to the number of incident reports referenced in the risk report, the Quality Department contacted the Program to reconcile the variance.

We now employ our organization-wide computer network that strengthens our reporting system. On the first of each month, the quality Management Department e-mails risk reporting forms (#A) to each program in Vinfen. We have discovered that e-mailing forms each month increases the return rate because it reminds programs to complete the form and reinforces the importance that management places on this process. We e-mail reminders to programs that have not completed the forms. Reports from the compiled data are generated each month and distributed to Vinfen's risk Committee at the end of the month. When Vinfen began this risk reporting process in 1998, less than two-thirds of programs completed and submitted the forms on time. In October 2002, more than 98% of Programs completed and submitted all required forms on time.

Vinfen has discovered that managers are much more likely to submit data when the submission of data results in useful reports returned to them. Vinfen scrupulously generates a wide range of reports sent to programs based on the data that they have sent. Monthly reports are created for the Risk Committee providing detail about the month's adverse events. A "highlights report" is produced for the Executive Committee, all programs and the Board of Directors providing an analytical overview of the quarter's performance in risk management. Annually, a detailed analytical events summary is prepared. This report is distributed to all programs, the Executive Committee, the Board of Directors, and used in Vinfen's CARF Management Report (#B). Reports are intentionally simple to read, relying on graphical presentation, giving programs an opportunity to track trends. Vinfen has established its own benchmarks for most adverse incidents, which allow programs to assess their performance against benchmarks.

Vinfen is required by its state regulators to file critical incident reports with them on their forms within 24 hours. These critical incidents include any instances of assault, self-harm, abuse or neglect, fire, significant property destructions, indecent behavior, and missing persons. Critical incidents are faxed within 24 hours of the event to the Quality

See Safety, page 6

Safety, continued from page 5

Department where they are individually reviewed by a Quality Manager and Vinfen's Medical Director. All significant medication errors, including those that require medical intervention, are reported by fax within 24 hours to the Medical Director.

Investigations of adverse events provide an additional source of information. All allegations of abuse, neglect, or human rights violations trigger investigations. Significant risk related trends are investigated. In the spring of 2002, a smoking related fire occurred in one of Vinfen's supported housing programs. Vinfen conducted an investigation that examined the event, and smoking related risk areas throughout the organization. As a result of the investigation several recommendations were made by the Risk Management Committee including making fire safe mattresses available to those programs that provide service to consumers who exhibit high-risk smoking practices (#C). Vinfen takes these investigations seriously and conducts approximately 60 internal investigations per year. These investigations are essential in Vinfen's effort to understand without blame or prejudice the details of adverse events or risk related trends occurring in the company and act appropriately in response to this understanding. The Quality Department assigns all investigations to senior Vinfen staff. The Quality Department tracks and manages the review process. The Director of Quality, Chief Operating Officer, Corporate Counsel, and Medical Director review copies of the reports within 48 hours of completion. The quality Department provides summaries of all investigations to the Vinfen's risk Committee. The investigation process in conjunction with the reporting process on adverse events provides a rich, vital information base to the risk Committee in its efforts to understand and reduce risk at Vinfen.

Adverse events reports are not limited to client-related incidents. The appropriate department provides reports on all accidents involving company vehicles and work related employee injury data to the Department who incorporates the data into Vinfen's risk Data Base. The Quality Director reviews final reports of all data for accuracy.

Taking Action – Risk Management Committee:

Vinfen's Risk Management Committee is responsible for analyzing reports, identifying trends and reviewing the results of investigations. They make decisions regarding the remedies for adverse incidents, as well as the steps to prevent problems in the future. The Committee is co-chaired by Vinfen's director of Quality and Director of Risk Management. The Committee is comprised of ten senior staff from Vinfen including the Chief Operating Officer, Medical Director, Service Division Heads, Clinical and Nursing Directors, Director of Facilities and Director of Purchasing (#D). The Risk Committee takes action company-wide that includes changing policy in response to even a single event if the Committee believes that the changes will reduce the risk of the event occurring again. The Committee requests investigations designed to change procedures that will prevent adverse events from occurring again. As we know, the best predictor of a significant adverse event is the frequency of minor and overlooked events. If the Committee observes a trend related to adverse events,

it takes whatever steps it need to investigate and act to reduce risk. The Committee has the authority to take whatever action it needs, including making significant expenditures of organization time, energy, and cash. Given the makeup of the Committee, Risk Management Committee meetings are expensive undertakings. However, Vinfen has discovered that it is worth the cost to have all of the key members of the organization who are needed to make major organizational decisions around the table at the same time. The Committee can, at a regular or special committee meeting, take immediate, necessary action to reduce risk.

In 2001 Vinfen's Risk Committee decided to review all incidents and medication occurrences within 24 hours of the event. In 2002 they added review of restraint reports within 24 hours. Programs now e-mail or fax the incident report, medication occurrence report, or restraint report to one of three e-mail addresses maintained by the quality Department. A Quality Manager reviews the report and forwards it to the divisional VP, Medical Director, Director of Nursing, and Clinical Director as applicable. This process better assures prompt identification and organizational response to adverse events that pose significant liability concerns.

Vinfen's V-Safe Program: Vinfen began a major initiative to improve workplace safety for its 1600 employees at the end of 1999. Along with committing staff resources to oversee workplace safety, improvements to physical sites and employee training, we understood the importance of increasing employee awareness of safety. After an analysis of our data, we found many of our injuries were not a result of unsafe conditions, but unsafe behavior of our employees. Employees often were rushing around, taking short cuts, and not being "mindful" of their own safety.

We designed a low cost, easy to implement safety incentive program aimed at increasing employee safety awareness. Any organization would be able to develop and implement a similar incentive program to match their specific needs. Despite the decentralized nature of our organization with 215 sites throughout eastern Massachusetts and Northern Connecticut, we were able to develop a system involving all employees in our safety program. Our major focus was to keep safety in the forefront of employees' minds and ensure that reporting of all incidents is maintained. We did not want to inadvertently support a culture of underreporting workplace accidents. Instead of just measuring and rewarding workdays free from accidents, we reward creative, useful safety suggestions, attendance at safety training, random raffles, safety quizzes testing employee knowledge of policies and general safety facts, and annual safety awards. This approach keeps the safety program fresh and provides all employees multiple opportunities to participate in the safety program.

We sponsor two safety related events each month. Winners receive movie tickets, video store gift cards, V-Safe items (T-shirts, first aid kits and flashlights). These low-cost items are well received by employees. We also recognize these individuals on a monthly basis, continually highlighting our safety program throughout the company (#E). In addition to the incentive program, we send out e-mail messages on a regular basis on general safety, recall notices, or monthly safety topics.

Our V-Safe program has proven to be successful at increasing safety awareness and is an effective process to keep employees “mindful” of workplace safety. Each quarter, employees make over 100 entries to the safety quiz, a proven tool for getting employees to discuss and debate safety issues within the programs and during staff meetings. Since the inception of the V-Safe program in June of 2000, we have awarded over 425 safety awards. The healthy competition has added fun to the V-Safe program and discussions of employee safety occur throughout the company at a much greater frequency. The program actively engages employees to consider their own safety and the safety of others throughout the day.

Results of the Process: Vinfen has ample evidence that its Risk Management program is successful.

First, Vinfen has seen observable improvement in client care and decreases in negative indicators:

- During the past three years serious medication errors have been reduced by 65%.
- From FY-2001 to FY-2002, client injuries decreased 27%.
- In the past three years overall client satisfaction has increased: from 2.75 in FY-2001 to 3.87 in FY-2003. (1.0 most dissatisfied to 5.0 most satisfied).
- From 1998 to 2002 Workers Compensation reports as result of on the job injuries have decreased by 54%.
- From 1999 to 2002 lost time claims due to work related injuries has been reduced by 57%.
- From 2000 to 2002 our work related injury incidence rate (number of total cases per 100 employees) has dropped from 9.1 to 3.5.
- From 1999 to 2002 the number of injury reports a year decreased from 154 to 86.
- During the past two years, company vehicle accidents have been reduced by 17%.

Second, we have evidence that staff have embraced these processes and developed safety “mindfulness.” As noted earlier, risk reporting is no longer seen as a chore, but as a valuable and routine part of a manager’s job.

- The number of late adverse incident reports has decreased from 40% in 1998 to less than 5% in 2002.
- Senior managers have taken the responsibility for all investigations completed in the organization.
- In 2002 more than one-third of 215 program sites were working on safety related goals.
- Staff submit entries to quarterly “Safety Quizzes,” averaging more than 100 entries per quiz.

Third, Vinfen policies and procedures have been developed in response to lessons from Vinfen’s information gathering about and analysis of adverse events (#F).

- Development of a comprehensive safety policy and procedure manual for all sites with regular updates.
- Environmental emergencies policies covering Fire, Heat, and Natural Disasters.
- Safe driving policies, including remedial driver training for employees identified as unsafe drivers.
- Development and implementation of safety rules
- Incident reporting procedures.

Fourth, we believe that Vinfen’s Risk Processes represent exemplary practice with regard to professional standards of care. As noted in Vinfen’s 2001 CARF Accreditation Survey report, we make “an exceptional commitment to the management of data related to incident reports.” The most important beneficiaries of the success of Vinfen’s Risk Processes are the consumers served by Vinfen.

- The Committee identifies staff training opportunities to maintain safer environments, e.g. Medication Administration Program Supervisor Training that teaches skills in medication administration to decrease errors.
- Program staff provide the Committee with safety suggestions that allow for proactive responses to potential risk areas.
- A safety policy and procedure manual provides standardized procedures and training materials for all staff and consumers.

Relevance of Vinfen’s Activities to the Industry: We believe that Vinfen’s risk processes can serve as a model for the industry. Vinfen’s approach is relatively “low-tech” and uses tools available to all providers. Our data collection systems are based in commonly available and affordable software applications such as Microsoft Word, Microsoft Access and e-mail. Existing staff, as a part of their regular duties, complete most of the work for these processes. Internal senior managers conduct investigations. Reporting is done by internal Vinfen staff and distributed internally in Vinfen. No part of the process involves staff, activities, or tools that would not routinely be found in most provider organizations. Vinfen believes that the most important reason for the success of this program is that Vinfen management has made a commitment to making it a success. Any organization that decides to take Risk Management seriously can develop similar policies, procedures, and processes. Most of the success of the program comes from patience and persistence in building the program over time with effective execution.

Summary:

Vinfen’s Risk Management Program seeks to create “mindfulness” throughout the organization through a comprehensive approach that makes all staff stakeholders create a safe environment for our consumers. While the mission of our risk management program is to “ensure that bad things do not happen to our consumers, our employees, our community or our company,” we believe that such an approach improves our programs, sharpens all our staff’s skills and enhances the services we provide. We have employed the technologies we have at hand like e-mail available to all programs throughout a widely dispersed organization. Many behavioral health care organizations have such technology that they can easily employ with the off the shelf software. More importantly, we have engaged both management and staff in a mutually cooperative system of reporting, analyzing, providing feedback and constructive action. By paying attention both the adverse incidents as they happen and to trends of incidents that are easily ignored or overlooked, we attempt to take steps that will prevent a more serious incident in the future. By doing so, we avoid costly risk and we serve our consumers better. ❖

(For more information on Negley and Vinfen, see p. 8)

Welcome Rutland

MHCA welcomes a returning member, Rutland Mental Health Services, Inc. of Rutland, Vermont. A member from 1985-1996, Rutland has rejoined under the direction of CEO Mark G. Monson, PhD. According



Mark Monson, PhD

to their website, www.rmhscn.org, Rutland is affiliated with Rutland Regional Medical Center through the Community Care Network (CCN), a parent corporation offering an array of health, human service, vocational and rehabilitative programs serving the greater Rutland region. The partnership is "based on the need for a seamless continuum of behavioral health care." Glad to have them back! ❖

Human Resource Leaders Make Connections through MHCA



HR leader Linda Brannon and MHCA CEO Don Hevey confer in Savannah

Many Human Resources Directors from our member agencies attended MHCA's spring meeting, which focused in large part on employment and staffing issues. They convened first in a scheduled forum on Wednesday afternoon. So eager was this group to talk together and share information that they requested an impromptu meeting room so they could meet again on Thursday afternoon for several hours. From this meeting a Human Resource Focus Group was formed so that valuable information, materials and problem solving ideas can be shared with all member agencies.

Linda Brannon, Vice President of Human Resources for Circles of Care in Melbourne, Florida, stated, "We are so pleased and appreciative to MHCA for the opportunity to form our focus group." The group expects to develop a network among members through which they can share best practices and enhance everyone's human resource department. The focus group plans to convene again at MHCA's 2004 Annual Meeting in February (St. Pete Beach, Florida). ❖

Calendar

MHCA 2003 Summer Meeting

Dates: August 12-15, 2003
Location: The Westin Seattle
 Seattle, Washington
 ☎ (206) 728-1000
Rate: \$159 single/double
Registration Deadline: July 19, 2003

MHCA 2003 Fall Meeting

Dates: November 4-7, 2003
Location: Radisson Resort and Spa
 Scottsdale, Arizona
 ☎ (480) 991-3800
Rate: \$139 single/double
Registration Deadline: October 2, 2003

MHCA 2004 Annual Meeting

Dates: February 24-27, 2004
Location: The Don CeSar Beach Resort & Spa
 St. Pete Beach, Florida
 ☎ (800) 282-1116
Rate: \$209 single/double
Registration Deadline: January 20, 2004

The Negley Awards for Excellence in Risk Management

The Negley Awards were established in 1990 by Negley Associates, Inc., underwriting managers for the Mental Health Risk Retention Group. The Awards recognize and reward outstanding achievements in risk management by community behavioral health centers and are open to all MHRRG shareholders and members of MHCA and NCCBH. Since the award program's inception, in excess of one-quarter million dollars have been awarded to deserving applicants. The **President's Award** provides a \$15,000 cash prize to the recipient organization.

2003 President's Award Winner

Vinfen Corporation of Cambridge, Massachusetts provides a wide range of services for adults and children including outpatient services, emergency services, day and vocational programs, an extensive array of residential options, HIV services, nursing home services and substance abuse services. Approximately 40% of Vinfen's revenue is derived from services for individuals with mental retardation and developmental disabilities while 60% comes from services for people with mental illnesses. Vinfen's annual budget is approximately \$73 million (1600 staff). CEO is Gary Lamson. Quality Management Director is Madeline Becker. Phone 617-441-1800 (*See article, page 5*). ❖