

Executive Report

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DESTINATION SEATTLE: MHCA'S 2009 SUMMER CONFERENCE

Whether you will be traveling solo or bringing the family, MHCA's 2009 Summer Conference in Seattle offers a satisfying destination and a program sure to stimulate your entrepreneurial spirit.

Our dates are Tuesday, August 18 through Friday, August 21, and we have an agenda tuned to your expressed interests. Our conference hotel is the Hyatt at Olive 8 (phone 888-421-1442 for reservations) and deadline for hotel reservations and MHCA registration is July 15, 2009.

We begin on Tuesday with a full day devoted to MHCA's newest collaborative project, the Integrated Healthcare Learning Community. Limited to contracted participants, the project will examine how providers of behavioral healthcare services and providers of primary healthcare services can offer their clients the most efficient and effective care through integrated delivery of those services. Kathy Reynolds, formerly CEO of Washtenaw Community Health Organization, now with the National Council, and Dr. Fred Michel, Chief Medical Director, Pikes Peak Behavioral Health Group, will facilitate and guide the project. Those who have contracted to participate have pledged their consistent involvement over five MHCA quarterly conferences and agreed to involve their primary care partners. Following the Learning Community session, our Mental Healthcare America Board of Directors will meet at 4:00 pm.

Wednesday's general session features keynoter Chuck Underwood, founder of The Generational Imperative (*see article below*). Underwood is prepared to address MHCA members very specifically about industry trends and opportunities pertaining to generational differences. For the benefit of our marketing/fund development audience, he will directly link his comments to how messages of promotion and fundraising can most effectively target groups of differing ages.

And speaking of our marketing audience, our Marketing and Fund Development Focus Group will convene on both Wednesday and Thursday afternoons from 1:30 – 4:30 under the able leadership of Chairman Nelson Burns. Watch for agenda details online at www.mhca.com.

Our Futures Forum will be led on Wednesday afternoon by Florida member Maggie Labarta, CEO of Meridian Behavioral Healthcare in Gainesville. Dr. Labarta promises another brain-teaser session in the

See Seattle, page 4

Seattle Keynoter to Address The Generations Dynamic

We in American business have no choice. We must understand generational influences on the marketplace and workplace, because those influences are powerful and permanent. Those of us who learn the values and motivations and attitudes of each generation will fare much better than those who don't.

Our keynoter in Seattle at MHCA's Summer Conference is Chuck Underwood, founder of The Generational Imperative, Inc. (TGI), a research-driven consulting firm that researches, analyzes, and presents generational dynamics to its clients in order to strengthen their marketing research, product development, marketing, advertising, public relations, sales, customer service, and bottom line as well as their human resources, employee recruiting and retention, personnel management, and finally their employee loyalty, productivity, and cooperativeness.

Mr. Underwood provides generational consulting to his clients coast-to-coast, in the form of seminars and training sessions, customized and proprietary research, keynote speeches, and more. We look forward to hearing his comments on this topic as it specifically applies to the field of behavioral healthcare ❖



A Message from the President

MHCA Commends National Council on Hill Day and its Importance for Effective Legislation

On behalf of our entire membership I want to express MHCA's appreciation for the excellent work the National Council does every day in the area of public policy. Their diligence paid off as behavioral health advocates convened for "Hill Day", the Council's June 10 gathering in Washington, D.C. Though I was unable to attend the event this year, I have talked to numerous MHCA members whose presence there was meaningful, not only as voices for our clients, but personally as they gained appreciation for the ongoing importance of effective lobbying. Here are a few comments from MHCA members who participated in Hill Day.



Shirley Havenga

I believe we had close to 400 folks for Hill Day from 40 states, and while the humidity tried to diminish us, we were all able to have productive meetings with members of Congress and were pleased to find enthusiasm among them for health care reform and strengthening our mental health and addictions treatment systems.

Shirley Havenga, CEO
Community Psychiatric Clinic
Seattle, Washington



Grady Wilkinson

Like the last few years, Hill Day was both informative for me and productive for our field. The National Council did an excellent job preparing us with



Don Hevey

background information during the Policy Committee meeting and with "leave behind" materials.

Grady Wilkinson, CEO
Sacred Heart Rehabilitation Center
Memphis, Michigan



Don Miskowiec

I've found that bringing our organization's board members to Hill Day has been the most effective way to energize our board in their public policy role. With almost 1600 National Council members, the possibilities are endless as more organizations participate in the event and bring their board members/other behavioral health stakeholders. It's an outstanding opportunity for all of us. I think it's great that MHCA and the Council are collaborating so much, and I'm proud to be a member of both organizations.

Don Miskowiec, CEO
North Central Behavioral
Health Systems, Inc.
La Salle, Illinois

A word of thanks to all MHCA members who attended Hill Day and a special message of encouragement to the National Council and its dynamic CEO, Linda Rosenberg, for their advocacy accomplishments. MHCA is committed to our shared legislative agenda. ❖

MHCA MISSION STATEMENT

MHCA is an alliance of select organizations that provide behavioral health and/or related services. It is designed to strengthen members' competitive position, enhance their leadership capabilities and facilitate their strategic networking opportunities.

THE EXECUTIVE REPORT

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135 Members in 33 States

MHCA Integrated Healthcare Learning Community Will Span Full Year, Require Committed Involvement

The room was packed in Savannah when MHCA introduced its year long Integrated Healthcare Learning Community on May 14. This program, which will be led by Kathleen M. Reynolds, MSW, ACSW, and Fred Michel, M.D., will begin officially in August 2009 when selected participants convene on Tuesday prior to MHCA's Summer Conference in Seattle (August 18-21). They will meet for a full day each quarter in conjunction with MHCA conferences in November 2009, February, May and August 2010.

With participation limited to approximately 30 companies, priority will be given to those that can commit to including participation by their primary care partners. A nominal \$300 fee will be charged each company to offset materials expense.

The project will examine how providers of behavioral healthcare services and providers of primary healthcare services can offer their clients the most efficient and effective care through integrated delivery of those services.

In their presentation to MHCA in May, Reynolds and Michel outlined the benefits to participating in a Learning Community:

- ◆ Reduced time to bring research into practice
- ◆ Opportunities to learn from others in areas of need
- ◆ Opportunities to teach others from your successes
- ◆ Consistent support and coaching from facilitators
- ◆ Access to the National Council's National Integrated Health Resource Center
- ◆ Two hours of consultation for your community
- ◆ Increased experience with the PDSA Cycle of Quality Improvement
- ◆ Periodic conference calls/webinars on topics of interest
- ◆ On-line forum
- ◆ Participation in the March 2010 National Learning Community of Learning Communities Preconference Meeting in Florida.

- ◆ Assistance with data collection

In addition to committing to attend the five face to face meetings in 2009-2010, participants will:

- ◆ Create a 15 month action plan for integrating behavioral health and primary care in their community
- ◆ Implement at least one PDSA cycle in between each face to face meeting,
- ◆ Participate in periodic conference calls/webinars between meetings
- ◆ Post/share materials with the National Resource Center



Kathleen M. Reynolds, MSW, ACSW



Fred Michel, M.D.

- ◆ Register on the National Registry of Integrated Health Program Sites
- ◆ Participate in collecting agreed upon data.

The Learning Community promises to be an exciting and worthwhile project! ❖

Strategic Planning for 2010-2012 to be Led by Stu Winby

Member-directed strategic planning is a process MHCA has always embraced. Throughout its 25 year history, MHCA has enlisted the leadership of outside professionals to bring innovative perspective to the process while involving the membership at every level of planning.

In May at our 2009 Spring Conference, preliminary planning discussion groups were held as part of our "Learn About It" forum. Approximately 50 participants took up topics ranging from MHCA's Information & Technology work to marketing, international work, research, public policy, and "what professional issues keep you awake at night?" Results of these discussions will provide a basis for launching our more formal Strategic Planning work.

For the upcoming 2010-2012 planning effort, we have enlisted Stu Winby, Founder and Managing Partner of Sapience, a strategy-organization firm, and Innovation Point, both headquartered in the Silicon Valley. Winby works with executives and senior teams on strategy and organization, change, and innovation management. Over the last several years he has been working predominantly in health care at the CEO and

policy levels. Previous clients have included Microsoft, Cisco, Yahoo, Kimberly-Clark, Dean Foods, and Procter & Gamble. He spent 12 years at HP in positions that included Executive Director and General Manager of Strategy, Organization and Change, and Manager of Factory of the Future. These roles included product development and innovation strategy responsibility. Before joining HP, Winby was Vice President for Advisory Services at the American Productivity Center. He has participated in numerous governmental initiatives, including the White House Initiative on Productivity and the California Governor's Workplace forums. He has been a lecturer at many universities, including Stanford, Harvard, MIT, UCLA, USC, and the Naval Postgraduate School. His work has been published in numerous books and articles, including the Harvard Business review. Winby received degrees from San Jose State with graduate work at Stanford. ❖



Stu Winby

Applications Sought for Negley Awards Program

The 2010 Negley Awards for Excellence in Risk Management have been announced with the distribution of applications in mid-June to members of MHCA and the National Council and to shareholders of Mental Health Risk Retention Group. This year's topic is "Minimizing Medication Errors." In describing the topic, Negley Associates says, "Lawsuits against behavioral health care providers for medication errors consistently allege, among other things, two deficiencies in care. First, plaintiffs allege a failure to adequately warn the patient about known risks associated with the medication being prescribed. Second, plaintiffs claim

failures to obtain sufficient baseline information about the patient's condition and history and failure to update the baseline information and monitor the patient."

The Negley Awards, which have been offered to the behavioral health field since 1990, have not only dispersed in excess of one-quarter million dollars, but have served to enlighten service providers by showcasing best practices in risk management.

For 2010, first prize will be \$10,000 and two runner-up prizes of \$5,000 will be awarded as well. The three finalists will present their programs at MHCA's 2010 Winter Con-



ference (February 23-26) and at the National Council's Annual Conference (March 15-17). Application deadline is **November 13, 2009**. Additional copies of the application are available online at www.mhca.com. ❖

SEATTLE, *continued from page 1*

tradition of this long standing and favored MHCA Forum.

Thursday morning's general session will feature a member showcase from our longtime Seattle members, Sound Mental Health (CEO: David Stone). We will then hear from David Carleton, CEO of Kitchens With Mission. Immediately following Carleton's presentation, participants will have an opportunity to engage in a Tour and Lunch at the nearby Kitchens With Mission partner, FareStart. Pre-registration will be required for this event.

Finally on Friday after an early morning MHCA Board of Directors meeting, we will convene a seven-hour session on strategic planning for MHCA: 2010-2012. Invitees include MHCA board members, committee chairs and a small group of newer members who will add important perspective to our deliberations. Suggestions made in preliminary planning discussion groups held at our Spring Conference in Savannah, Georgia will provide

a valuable basis for the Seattle conversation. Serving as facilitator for this first of two planning sessions will be management consultant Stu Winby (*see article, page 3*).

Our complete agenda is included in registration materials that were mailed and are available online at www.mhca.com. We look forward to seeing many of you in Seattle! ❖

A Few Seattle Sites:

The Museum of Flight - From the Wright brothers to outer space, the wonder of flight comes alive at one of the world's largest air and space museums. With more than 150 historic aircraft on display, interactive exhibits and special programs and events, the Museum of Flight offers an exciting experience the whole family can enjoy. Open daily, 10 a.m. to 5 p.m.

Seattle Aquarium - The Seattle Aquarium reopened to the public in 2007 after a remodel and expansion. The newest exhibit is a 40-foot, 55,000-lb. viewing window into a 120,000-gallon aquarium filled with salmon, colorful rockfish, vibrant sea anemones, other native Washington marine life and interactive divers. The aquarium is located on Seattle's waterfront at Pier 59, just down the hillclimb stairs from Pike Place Market. Open 9:30 a.m. to 5 p.m. daily.

Space Needle - A legacy of the 1962 Seattle World's Fair, the 605-foot Space Needle observation tower is an ever-futuristic icon of Seattle. The Space Needle features an observation deck at the 520-foot level with 360-degree views of the Seattle skyline, Puget Sound and the Cascade and Olympic Mountains. Just below, SkyCity restaurant rotates on the hour and specializes in Pacific Northwest cuisine. Observation deck and lobby open Monday-Thursday, 10 a.m. to 9:30 p.m., and Friday-Saturday, 9:30 a.m. to 10:30 p.m.

A Call to Action for Behavioral Health Providers

Medicare/Medicaid Incentives Lacking in American Recovery and Reinvestment Act

By Kevin Scalia, Executive Vice President, Corporate Development, Netsmart Technologies

There's good and bad news for behavioral health providers in the American Recovery and Reinvestment Act of 2009 (ARRA). The good news -- this legislation, passed in February by Congress and signed by President Barack Obama, sets aside more than \$20 billion for healthcare information technology (HIT) infrastructure and Medicare and Medicaid incentives. The primary goal is to motivate healthcare providers to use HIT in a meaningful way to benefit patients, clients and consumers. The bad news -- as adopted, the legislation excludes behavioral health providers from eligibility for billions of dollars in Medicare and Medicaid-related financial incentives related to meaningful use of electronic health records (EHR).

One aspect of the legislation directly relevant to behavioral health is an \$87 billion increase in the Federal Medical Assistance Percentage (FMAP) over the next 27 months. The FMAP is the share of Medicaid payment paid by the federal government. Of this \$87 billion, 65% will be evenly distributed to states and the remaining 35% will go to states with the highest unemployment rates due to the recession. Significant for behavioral health is the requirement that states maintain current eligibility standards for the next two years. This will minimize the expected reductions in provider programs, positively impacting behavioral health because Medicaid comprises a large portion of their revenue.

Due to concentrated efforts by the Software and Technology Vendors Association (SATVA), the National Council for Community Behavioral Healthcare, and the National Association

of Counties (NACo), behavioral health providers are eligible for \$2 billion in grants from the Office of the National Coordinator (ONCHIT). Of this money, \$300 million is specifically designated for regional or sub-national efforts related to health information exchanges, and much of the remainder is available as "implementation grants." These are granted to a state or qualified state-designated entity and used to facilitate and expand the electronic movement and use of health information among organizations.

However, behavioral health was *excluded* from the \$34 billion in Medicare/Medicaid financial incentives that go into effect in 2011. We are actively working to ask Congress to remedy this oversight.

Please contact your members of Congress to make them aware of this issue. Urge them to assure that non-physician Medicare and Medicaid providers are eligible for these incentive payments as part of the healthcare reform bill currently being debated in Congress. The National Council for Community Behavioral Healthcare Web site has a [searchable listing](#) of members of Congress. If you write, you can use the following language:

When ARRA was being drafted, Section 3000 of Title XXX was modified to fix the omission of community mental health centers by explicitly including them in the definition of Health Care Provider. The omission affected TITLE IV—MEDICARE AND MEDICAID HEALTH INFORMATION TECHNOLOGY; MISCELLANEOUS MEDICARE PROVISIONS, Sub-Title A – Medicare Incentives and Sub-title B – Medicaid incentives as well, but the

omission was not fixed in those sections. We request the following:

In Subtitle A and B sections 4101, 4102, and 4201, modify the definition of eligible provider and hospital to explicitly add psychiatric hospitals, community mental health centers and substance use treatment facilities.

In one respect, the ARRA addresses and encourages consumer-centric advances that will enhance quality of care through such items as development of a certified EHR, the use of electronic prescribing, and a focus on reporting outcomes and sharing clinical information. However, in order to realize the benefits of these advances, behavioral health needs to be in the fold for the funding to help make these initiatives a reality. ❖

Kevin Scalia is Executive Vice President of Corporate Development for Netsmart Technologies, a leading provider of software solutions for more than 18,000 health and human services organizations and professionals nationwide. He serves as current chair of the Software and Technology Vendors Association (SATVA), an organization formed to advance the effective use of information technology in behavioral health and human services. Scalia addressed the MHCA 2009 Spring Conference on issues pertaining to ARRA.



Discovering Greatness Message Sets Postive Tone in Savannah

Discovering Greatness in Ordinary Places was the keynote message at MHCA's 2009 Spring Conference in Savannah. Delivered by co-authors Pam Bilbrey and Brian Jones, the May 13th keynote explored how leaders can learn to open their eyes to recognize greatness within their own organizations and maximize its potential. As one listener responded, "This instilled motivation on the importance of staying focused on ordinary greatness during tough economic times." Bilbrey and Jones' new book on this topic will be released this summer.



Co-authors Pam Bilbrey and Brian Jones (right) were welcomed as Keynoters by MHCA CEO Don Hevey.

session presentation was made by Jeremy Nelson, Owner/CEO of Afia, Inc. His topic was social media, and he delivered a "primer" on Twitter, Facebook, LinkedIn and the like.

Our Futures Forum, led by Harriet Hall, PhD, introduced a futuring model that led to discussion of the intersection of two scenarios and the potential for resulting probabilities in the behavioral healthcare field. What if we move to a single payor system? What if we reform our current insurance based system? And how do those issues interact with the possibility of universal healthcare coverage, or, conversely, the continuation of significant numbers of uninsured? or, is it technological and biosciences breakthroughs that keep you awake at night, things like neuro-imaging and genetic testing and how they will impact the provision of behavioral health services? And just for good measure, think about how the availability of funding or lack thereof for these cutting edge practices would impact their implementation, and then try to predict how that will impact your organization.

In the New Trends Forum, Kathy Reynolds and Dr. Fred Michel introduced the MHCA Integrated Health Learning Community that will begin officially at our 2009 Summer Conference. See the article on page 3 of this *Executive Report* for details.

Our Learn About It program in Savannah was devoted to a roundtable session on topics that will

be explored in our 2010-2012 Strategic Planning process. This was a great preliminary discussion and provided valuable building blocks for the formal sessions to take place in August and November. See article on page 3 of this *Executive Report* for details and information about our planning facilitator, Stu Winby.

On Thursday afternoon, Wes Davidson and Dale Shreve provided a forum on Psychiatric Recruitment that described an initiative with the American Association of Community Psychiatrists to provide mentoring and encourage placements for psychiatrists within the community behavioral healthcare setting. In addition, Mel Smith led a presentation on Peer Collaboration where he described MHCA's newest member benefit and met with others interested in forming peer collaboration partnerships within the MHCA membership.

We appreciate our exhibitors and especially thank sponsors Qol meds for our Wednesday morning continental breakfast and Genoa Healthcare for our Wednesday evening reception. ❖

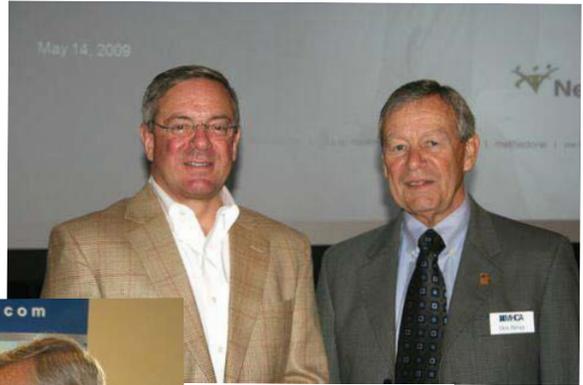


MHCA Board Chairman Tony Kopera opened the Conference with a welcome to members and visitors.

In addition to the keynote, general session presentations included the "Impact of the American Recovery and Reinvestment Act on Behavioral Health Providers" delivered by Kevin Scalia, Executive Vice President for Development at Netsmart Technologies. See a follow up article on the topic, page 5 of this *Executive Report*. Another general



MHCA's Don Hevey (left) and Frank Collins (right) welcomed speaker Jeremy Nelson.



Netsmart Exec Kevin Scalia (left) and Don Hevey



Mel Smith (right) represented Peer Partners, LLC and was greeted by MHCA CEO Don Hevey

Roundtable Discussions Kick Off MHCA's 2010-2012 Strategic Planning Process...

To Be Continued in August and November



Nelson Burns (left) led a group focusing on marketing and fund development issues.



Debra Falvo's (left) table concentrated on the topic of MHCA's international connections.



Jerry Mayo (center) asked participants to consider the role of MHCA in public policy.



Chris Wyre (with back to camera) conducted a discussion on MHCA's information and technology emphasis.

ER Supplement Highlights Sexual Misconduct Prevention

With this issue of the *Executive Report* is a supplement containing a description of Boys Town's program to prevent sexual misconduct in the workplace. Their program was selected as a winner in the 2009 Negley Awards for Excellence in Risk Management. Dennis Vollmer and Scott Hartmann of Boys Town presented their program to MHCA in February 2009, and Vollmer presented again to the National Council in April. The following information has been provided by Boys Town:

Boys Town is a beacon of hope for America's children and families through its life-changing youth care and health care programs across the United States. Founded by Father Edward Flanagan in 1917, Boys Town is now 90 years strong.

The Boys Town Intensive Residential Treatment Center is a long-term, 24-hour residential treatment program for youth ages 7 to 18 with psychiatric disorders. The residential program is specifically designed to offer medically directed care for more seriously troubled youth who require supervision, safety and therapy but do not require inpatient psychiatric care. The Center provides round-the-clock supervision, locked/secure facilities and numerous oth-

er safety and program features. Typically, youth admitted to the Center are unable to function in normal family or community settings. For many of these high-risk youth, placements in traditional treatment programs have repeatedly failed and reunification with the family shows little promise without stabilizing intervention.

The Boys Town Specialized Treatment Group Homes are a medically directed and secure treatment program for youths ages 10 to 18. The Homes provide effective treatment within a family-oriented environment for youth with psychiatric disorders. The program offers the support, care and round-the-clock supervision to enable youth to progress in daily living skills and appropriate healthy socialization. These youth are unable to function in normal family or community settings. The goal of the program is to help children successfully transition to a less restrictive level of care.

For more information (including attachments referenced in the supplement), contact Dennis G. Vollmer, MHD, LMHP, Intensive Residential Treatment Center, Boys Town National Research Hospital, 555 North 30th Street, Omaha, NE 68131 or phone 402-498-6396. ❖

MHCA's Corporate Benchmarking Survey Fiscal Year 2009

All survey data must be entered by early November in order for results to be available at MHCA's 2010 Annual Conference in February.

Now in its fourth survey year, MHCA's Corporate Benchmarking project is accepting data electronically from all MHCA member companies.

Regardless of your Fiscal Year (e.g. July - June, or January-December, etc.), your company can be included in this increasingly meaningful study. The more participants we include, the more comparison groups we can create.

Comparative data are collected in the areas of
Corporate Overview
Financial Indicators Outcomes
Staffing Attendance
Adverse Events Access
Utilization/Staffing Rates/Productivity

Start Collecting
Data Now!

For more information, contact:
Nancy Maudlin, MBA, Director
MHCA National Data Center
nmaudlin@mhca.com or 850-942-4900

How Do You Get Started?
Log-in at www.mhca.com
Follow Benchmarking
links and instructions.

CALENDAR

MHCA 2009 Summer Conference

Dates: August 18-21, 2009
Location: Hyatt at Olive 8
Seattle, Washington
Phone: 1-888-421-1442
Rate: \$199 single/double
Deadline: July 15, 2009

MHCA 2009 Fall Conference

Dates: November 10-13, 2009
Location: Westin Kierland Resort
Scottsdale, Arizona
Phone: 800-228-3000
Rate: \$249 single/double
Deadline: October 7, 2009

MHCA 2010 Winter Conference and Annual Meeting

Dates: February 23-26, 2010
Location: Sandpearl Resort
Clearwater Beach, Florida
Phone: 877-726-3111
Rate: \$283 single/double
Deadline: January 19, 2010

National Council's 40th National Mental Health and Addictions Conference & Expo

Dates: March 15-17, 2010
Location: Coronado Springs
Disney World
Orlando, Florida

IIMHL 2010 Leadership Exchange Citizens in Partnership - Inclusion or Illusion

Dates: May 17-21, 2010
Location: United Kingdom and Ireland
For More Information: <http://www.iimhl.com/Meetings/2010KillarneyIE-RegForm.asp>

*In times of change, learners
inherit the Earth, while the
learned find themselves
beautifully equipped to deal
with a world
that no longer exists.*

Eric Hoffer
(July 25, 1902 – May 21, 1983)
American social writer and philosopher.