

Executive Report

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Winter Conference Will Celebrate MHCA's Silver Anniversary

The MHCA Winter Conference always draws our highest attendance for the year since it also serves as our Annual Meeting with special events and important year-end corporate reports. But this year, the 2010 Winter Conference promises to be a truly memorable occasion where our shared achievements are recognized, our charter members and former board chairpersons honored and our future forecast shared as part of MHCA's 25th Anniversary Celebration. We will meet in Clearwater Beach, Florida, returning to the beautiful beachfront Sandpearl



Resort. Dates are Tuesday, February 23 through Friday, February 26.

We will start the week with the continuing MHCA Integrated

Healthcare Learning Community which convenes for their third in a series of five workshops with facilitation by Kathleen Reynolds, MSW, National Council specialist, and Dr. Fred Michel, Chief Medical Officer, Pikes Peak Behavioral Health Group. Thirty-one contracted participants are invited to attend with their local health partners.

Whether or not you will be participating in the Learning Community, plan to arrive early to enjoy beachfront fun in the form of a luau and volleyball activities on Tuesday evening.

See Conference, p. 3

Keynoter To Address Transformation Healthcare

MHCA's Keynote Speaker in February will be Dr. Lowell Catlett, a Regent's Professor/Dean and Chief Administrative Officer at New Mexico State University's College of Agricultural, Consumer and Environmental Sciences. An exciting futurist, he is knowledgeable about technologies and their implications on the way we will live and work. Catlett is a consultant to the U.S. Departments of Agriculture, the Interior, Defense and Labor. He has also been a consultant to many Fortune 500 companies.

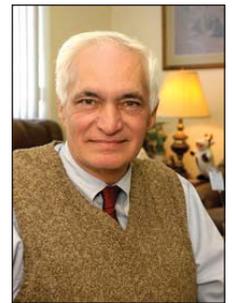
Dr. Catlett observes that economic downturns are common (14 recessions in the last 80 years) and provide a means for society to rebalance what they deem important.

Every recession leads to a spurt in new business starts, reformulation of business practices and new technological adaptations. This current pause is no exception as we focus on what we value most. Catlett advises, "Get ready for phenomenal growth in healthcare, energy and lifestyle markets. For those willing to embrace the opportunities, the next decade will be successful beyond any in history."

Lives saved, lives lived and communities invigorated will all be part of 21st century healthcare. Innovations in biology and performance metrics not only will save lives that were once lost but help others live lives free of depression, disease and physical pain. Longer and fuller lives will transform every aspect of society...parents at 60? Col-

lege at 75? Retirement at 85? Healthcare as a major economic development force...17% of GDP in 2007 and the major employer of most communities under 50,000 in population! Far from the gloom and doom portrayed by many, Catlett says that 21st century healthcare is rapidly becoming the most important transformation of the past 100 years both economically and socially.

MHCA welcomes Dr. Catlett and his message to our conference. ❖



*Lowell B. Catlett, PhD
Keynoter*

A Message from the President

Speak Up on MHCA's Strategic Plan

MHCA's Strategic Planning Team met on August 21 and November 13 to achieve the following objectives:

- ◆ Establish a 2012 MHCA vision;
- ◆ Identify and define key strategic initiatives;
- ◆ Create preliminary 2010, 2011, and 2012 horizon plans for each initiative;
- ◆ Establish action plans for each initiative.

These sessions were held as part of our quarterly conferences in Seattle, Washington and Scottsdale, Arizona. Approximately 30 MHCA members representing the board of directors, committee chairs and newer members participated in at least one of the sessions, and most attended both.

The action packed sessions were facilitated by Stu Winby of Innovation Point, Palo Alto, California. Stu used a process called the "Decision Accelerator"

which drove visioning exercises and model building, established time horizons, developed action steps, and identified inhibitors and enablers that would play for and against the visions.

Results of the first session were presented to our members in Scottsdale in a discussion forum on November 11. Many of the attendees provided feedback and input which carried forward into the team's



Don Hevey

conversations and planning efforts later in the week.

The planning team rolled up their sleeves in Scottsdale and developed strategic initiatives, horizon maps and action plans for our Vision, Policy and Health Reform, Business Models, Sustainability, Technology, and Performance Improvement.

The next step is to present this work to the membership in February during our Winter Conference. Winby will be on hand to help describe the proposed new vision and initiatives and

the implications for changes in our future scope and focus. Please plan to attend so we can hear your reactions and gain your insight as we craft plans and strategies for the next three years. ❖

Strategic Planning Team

In addition to all MHCA Board members (*listed at right*) the following individuals are part of our Strategic Planning Team:

MHA Board Members
(unduplicated)

- Dale Shreve, Chairman
- Morris Roth, Vice Chairman
- Barbara Daire, Secty/Treas
- Tod Citron
- Gary Lamson

Committee Chairs
(unduplicated)

- Nelson Burns, Marketing
- Sue Stubbs, International Planning

Other Members

- Ann Borders
- Maggie Labarta
- John Markley
- Tom Petrizzo
- Tom Sebastian
- Inman White

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

The *Executive Report* is published four times per year by:

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136 Members in 33 States

Conference, continued from p. 1

Wednesday's General Session keynote address will be delivered by academic futurist Dr. Lowell Catlett, a Regent's Professor/Dean and Chief Administrative Officer at New Mexico State University's College of Agricultural, Consumer and Environmental Sciences (*see p. 1*). A day full of forums and focus groups will fully engage conference participants, and we plan to include another "Speed Networking" event where participants can easily and effectively make new acquaintances – if you've never tried it, this is the perfect time to join in..

A fun-filled, celebratory 25th Anniversary Reception, Business Meeting and Banquet is planned for Wednesday evening. Through generous sponsorship by MHRRG/Negley Associates and Genoa Healthcare, the reception and banquet will be free of charge to all behavioral health guests and members. Long time member Bill Sette will serve as Master of Ceremonies, and MHCA Board Chairman Tony Kopera will deliver the annual business address. Reports will be received from Treasurer Jerry Mayo and Nominating Chair Erv Brinker. The banquet will be accompanied by live music and followed by "dancing with the MHCA stars!"

Our always popular New Trends Forum will convene Wednesday afternoon to hear from former member Dennis P. Morrison, PhD about "Informatics, Effectiveness and Cost." Denny, who now leads the Centerstone Research Institute, will facilitate a discussion on how cost effectiveness data will shape the future of the behavioral health field.

On Thursday morning several Florida providers will be joined by Judge Steven Leifman for a panel discussion on effective intersection of the behavioral health and criminal justice systems. Their presentation will be followed by a report on the status of MHCA's 2010-2012 Strategic Plan

See Conference, page 8

MHCA Names in the News

Maryalice Larson has announced her intention to step down from full time responsibilities as CEO at Wasilla, Alaska's Mat-Su Health Services on January 1, 2010. **Kevin M. Munson**, presently the Chief Operating Officer there, has been named to replace her. Larson became CEO at Mat-Su in 2004 after serving as the executive officer at Porter-Starke Services in Valparaiso, Indiana. She replaced Bill Hogan, and the company which had been called Life Quest soon was renamed Behavioral Health Services of Mat-Su, Inc. Since then Mat-Su has become a federally qualified health center and changed its name again to reflect its broader service. Larson says of her time in Wasilla, "It has been one of the most interesting and successful opportunities in my career." We wish Maryalice the best and offer a warm welcome to Kevin.

New Hampshire's Monadnock Family Services has announced appointment of **Jayme Collins** as Chief Executive Officer to follow **Ken Jue** who is becoming a part time advisor to the organization in special projects. Ms. Collins has served as Monadnock's Chief Operating



Maryalice Larson



Kevin Munson



Ken Jue

Officer prior to her appointment to the top leadership position. Ken, who has been deeply involved in the advancement of behavioral health services in Ecuador, hosted visitors from there at MHCA's recent Fall Conference. He also made a presentation on Monadnock's InShape Wellness Program, a successful community effort that he championed and for which he will remain a central promoter. Monadnock is located in Keene, serving Cheshire and western Hillsborough Counties.



Jayme Collins

M H C A is pleased to announce the addition of Florida's **Sutton Place Behavioral Health** as our newest member. Located in north Florida's Yulee, Sutton Place provides psychiatric treatment, mental health counseling and substance abuse services for residents of Nassau County. **Laureen Pagel PhD**, CEO, attended our 2009 Spring Conference in Savannah, Georgia as a guest and our Fall Conference in Scottsdale, Arizona as a new member. Dr. Pagel serves on the Board of the Florida Council for Community Mental Health and on the Executive Committee of the Florida Alcohol and Drug Abuse Association. She also chairs the Florida Certification Board's Mental Health Advisory Board. Please check the Sutton Place website for more information: <http://www.spbh.org>.



Laureen Pagel, PhD

HEARTS ARE RENEWED AT MHCA 2009 FALL CONFERENCE

With a pre-conference Integrated Healthcare Learning Community session on Tuesday and our second Strategic Planning workshop on Friday, MHCA's 2009 Fall Conference attracted nearly 200 attendees to Scottsdale, Arizona November 10 - 13. A fully packed agenda kept everyone busy all week!

Wednesday's keynote message by John Izzo on "Renewing the Heart of Healthcare" received high

praise. Said one long time CEO and charter MHCA member, "After 30 years as a CEO there's still so much to learn!" Another added, "I came into the session thinking I already knew what he was going to say. Boy was I wrong. I came away with ideas and practices that I will initiate. Thanks, I needed that!"

Equally inspiring were Thursday's general session presentations. First, panelists provided excellent



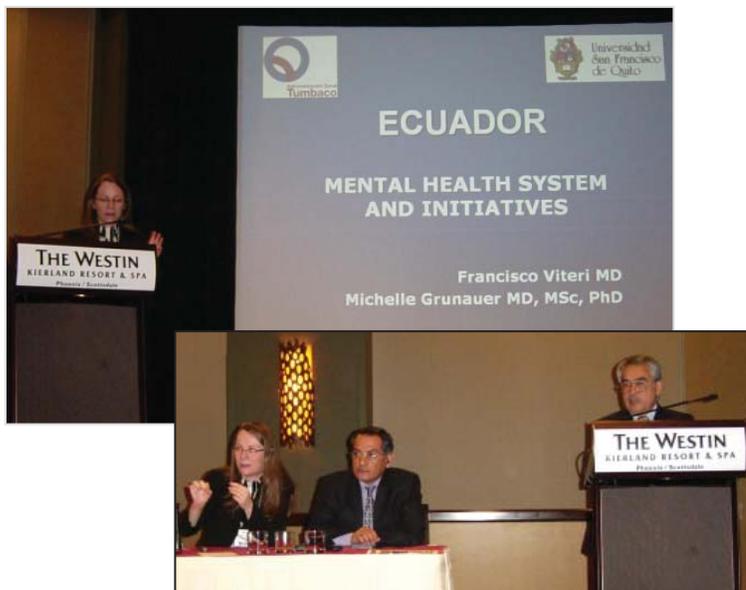
MHCA CEO Don Hevey, left, with Fall Conference Keynote John Izzo

information about "Using Business Intelligence as a Secret Weapon for Quality and Process Improvement." Specific, real world examples of "data cube" applications were given by Gary Lamson and Madeline Becker of Vinfen Corporation, Karen Suddath of Wyandot Center, Catherine Carter of Valley Mental Health, Greg Speed of Cape Counseling, and Steve Keller and Doug Philipon of iCentrix Corporation. Then Ken Jue, CEO of Monadnock Family Services, told how that organization's

"InShape Wellness Program" has provided client support services in a community-embracing, person-affirming way. Ecuadorean visitors Michelle Grunauer, MD and Francisco Viteri, MD joined our conference to share the work being done there to introduce behavioral healthcare services to a largely rural population.

MHCA's 2010-2012 Strategic Plan was front and center both Wednesday and Friday. All members were

asked to participate on Wednesday in an open forum where planning efforts to date were described and debated. On Friday the appointed committee for Strategic Planning met to advance the agenda set forth at our August conference and to incorporate suggestions from the open forum. Facilitator Stu Winby, together with MHCA leaders, will give an update in general session on February 25 at our Winter Conference.



Above left: Dr. Michelle Grunauer of Ecuador
 Left: Drs. Michelle Grunauer and Francisco Viteri of Ecuador with their host - at the podium, Ken Jue.
 Above: Data Cube Panelists, from left: Madeline Becker, PhD, Gary Lamson, Steve Keller, Catherine Carter, PhD, Doug Philipon, Greg Speed and Karen Suddath



Above left: *Diana Knaebe and Tony Kopera (seated right) led Wednesday's open forum on MHCA's Strategic Planning, here joined by Ken Jue.*

Left: *CEOs Waymon Stewart and Mary Monnat discuss issues included in the developing Strategic Plan.*

Above: *Group Discussion on the finer points of Strategic Planning. Left to right, Catherine Carter, Debra Falvo, Dan Ranieri, Dale Shreve, Darrell Evora and David Jordan.*



We appreciated a visit from Leslie Mariner of Essential Learning who provided information about online education and communication resources in our Learn About It program. And our Information and Technology Focus Group benefitted from presentations by MHCA members Rick Doucet, Charles

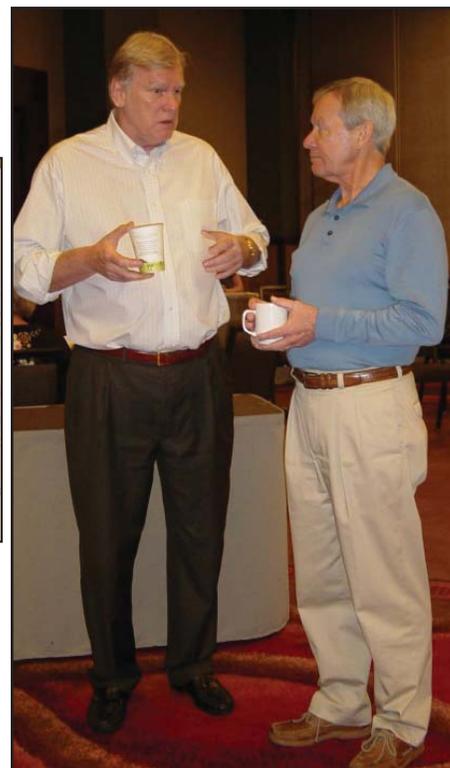
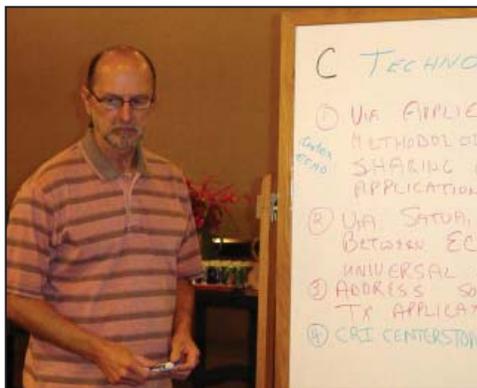
Harris and Susan Rushing on state data warehousing.

Thanks, too, for the support of our generous sponsors. Continental breakfast was hosted on Wednesday by QoL meds and on Thursday by iCentrix Corporation. Wednesday evening's beautiful outdoor reception was made possible by Genoa Healthcare. ❖

FOCUS: STRATEGIC PLANNING

Left: *A contemplative John Markley studies Public Policy issues.*

Below: *Tony Kopera leads discussion on Technology issues.*



Above: *Diana Knaebe engages Harriet Hall, Maggie Labarta and Tom Petrizzo.*

Right: *Ann Borders coordinates discussion by Inman White, Deb Falvo, Jim Gaynor, Susan Rushing and Morris Roth.*



Above: *Strategic Planning Consultant Stu Winby, left, confers with MHCA CEO Don Hevey as Friday's session begins.*

Speaking Up for Comparative Effectiveness Research

by A. Deo Garlock, Director, MindLinc, Duke University Behavioral Health EMR

Comparative Effectiveness Research

The American Recovery and Reinvestment Act of 2009 (ARRA) was signed into law on February 17, 2009 to boost our economy, create or save jobs, and invest in targeted areas such as health care. ARRA contains \$1.1 billion for comparative effectiveness research. Comparative effectiveness research (CER) compares treatments and strategies to improve health with appropriations as follows:

1. \$300 million for the Agency for Healthcare Research and Quality (<http://www.ahrq.gov>)
2. \$400 million for the National Institutes of Health (<http://grants.nih.gov/recovery/>), and
3. \$400 million for the Office of the Secretary of Health and Human Services (<http://www.hhs.gov/recovery/index.html>)

ARRA CER funds support research efforts assessing the comparative effectiveness of health care treatments and strategies that:

1. Conduct, support, or synthesize research that compares the clinical outcomes, effectiveness, and appropriateness of items, services, and procedures that are used to prevent, diagnose, or treat diseases, disorders, and other health conditions.
2. Encourage the development and use of clinical registries, clinical data networks, and other forms of electronic health data that can be used to generate or obtain outcomes data.

On March 19, 2009, HHS announced and authorized the members of the Federal Coordinating Council for Comparative Effectiveness Research to help coordinate and guide investments in comparative effectiveness research, advise the President and Congress on federal comparative effectiveness research infrastructure needs, and review federal agency organizational expenditures for comparative effectiveness research. Peter Delany, Director, Office of Applied Studies, Substance Abuse and Mental Health Services Administration serves on this council, other members can be found at: <http://www.hhs.gov/recovery/programs/os/cerbios.html>

Congress within the ARRA scope, directed the Institute of Medicine (IOM) to recommend national CER priorities for research questions to be supported by ARRA funds. The IOM's report, *Initial National Priorities for Comparative Effectiveness Research* provides a priority list of research CER ARRA topics, and identifies the necessary requirements to support a robust and sustainable CER enterprise. IOM's full interactive list of priorities and recommendations can be found at <http://www.iom.edu/en/Reports/2009/ComparativenessResearchPriorities.aspx>.

Why ARRA CER?

Essentially there are two primary reasons:

- 1) US citizens receive poor value for their health care expenditures (with value = quality x cost), and
- 2) Better data is needed to make informed decisions to decrease costs and improve quality.

The US spends almost twice as much as most "industrialized" nations with the US costs reaching 17% of GDP in 2009 and other countries spending only 6-12% of their GDP on health care. Most experts agree the high cost of health care in the US threatens our economy and our ability to compete internationally.

In terms of quality, the US ranks below average in comparison with other industrialized nations for the standard outcome measures of infant mortality and life expectancy. In 2008, seeking additional quality measures, the Organisation for Economic Co-operation and Development (OECD) developed international standards of technical and effectiveness measurements of Quality of Care. The US performance rankings were mixed:

Quality of Preventive Care (US – second to last),

Quality of Care for Chronic Conditions (US mixed ranking results across conditions)

Quality of Care for Certain Acute Conditions (US mixed ranking results across conditions)

Quality of Cancer Care (better than average)

A consensus report from the Institute of Medicine stated, "All too often, the information necessary to inform these medical decisions is incomplete or unavailable, resulting in more than half of the treatments delivered today lacking clear evidence of effectiveness."

ARRA CER provides a mechanism to collect information to make more informed health care decisions to improve quality of care, decrease costs, and provide better value for our health care expenditures.

How MHCA Members Can Participate in CER

Pursue Funding

Research the following sites for opportunities:

1. Agency for Healthcare Research and Quality (<http://www.ahrq.gov>)
2. NIH, through the National Institute of Mental Health, plans to commit approximately \$45 million per year of its Recovery Act funding to the Challenge Grants initiative) <http://www.nimh.nih.gov/recovery/recovery-act-nih-challenge-grants-nimh-areas.shtml>
3. Health and Human Services (<http://www.hhs.gov/recovery/index.html>)

Advocate for Behavioral Health

A recently published study, “Comparative Effectiveness: Perspectives for Consideration,” Deloitte Center for Health Solutions, May 19, 2009 profiled the comparative effectiveness systems of the United Kingdom, Australia, Canada, and Germany to better understand how the concept might affect the United States. The study concludes “1) understanding the evidence base underlying different clinical interventions is critical, 2) building a value-driven, transparent, effective program for managing and disseminating the evidence to key stakeholders is just as important, and 3) if implemented correctly, comparative effectiveness research has the potential to fundamentally change the industry and to improve care and reduce healthcare costs for Americans.”

At a recent presentation to NIMH, Mark McClellan, M.D., Ph.D., Director of the Engelberg Center for Health Care Reform at The Brookings Institution and former Administrator of the Centers for Medicare and Medicaid Services, and former Commissioner of the Food and Drug Administration, said

“accountability measures and quality metrics for mental illnesses are lacking from the discussions about health care reform, and more leadership is needed from the mental health community to help guide the process of health care reform and CER.”

So the time to act is now:

- Take a look at the IOM’s top priority list (link provided above).
- Review and analyze the information from AHRQ, NIMH and HHS. Most likely there are priority areas that were left off the list
- Contact MHCA, your State and National associations.
- Contact Peter Delany, Director, Office of Applied Studies, Substance Abuse and Mental Health Services Administration – he serves on Federal Coordinating Council for Comparative Effectiveness Research.

Prepare for the Future

Comparative Effectiveness Research presents a high impact, high uncertainty opportunity. CER-related questions for consideration:

- Does your organization have comparative effectiveness research efforts as part of your immediate and three year strategic plan?
- Are you discussing comparative effectiveness research with staff and physicians?
- Are you currently participating in Pay-For-Performance Programs?
- Are you discussing Comparative Effectiveness Research with Payors?
- Does your information system collect behavioral health clinical measurement and outcomes, and financial information?
- Do you have access to a multi-organizational data warehouse for benchmarking purposes?
- Does your information system facilitate research studies, so you can set up intra- and inter-organizational studies to compare treatment approaches?

Comparative Effectiveness Research is funded in the US, tested in other countries, and moving forward. How CER will be used is uncertain. It is time to become educated on CER, raise awareness amongst our key stakeholders, advocate for behavioral health, ensure information system platforms can produce what we need, and add CER to our strategic plan and actions. ❖

For more information, contact the author:

A. Deo Garlock, Director, MindLinc, Duke University Behavioral Health EMR
 Direct Office: 919-303-9704
 Toll Free: 1-888-346-MIND (6463)
 Cell: 919-889-2279
 e-mail: deo.garlock@mindlinc.com
 Website: www.mindlinc.com

Member Memo

Profiles

MHCA members should update their member profiles online by February 1, 2010 in preparation for inclusion in our 2010-2011 Membership Directory (printed and online versions).

Dues

Membership dues are to be paid no later than January 31 for 2010. Invoices were mailed to CEOs on November 20.

Elections

Deadline for voting in MHCA Board of Directors run-off elections is December 11. Six positions on the Board were offered. One incumbent was re-elected on first ballot. Five will be determined by run-off results.

MHCA Quality Improvement Collaborative: Phase Two

Based upon the exciting results that were produced in the first phase of MHCA's Quality Improvement Collaborative, a second phase will begin on February 25 at our 2010 Winter Conference in Clearwater Beach, Florida. In the initial phase over 20 MHCA member organizations joined together to learn quality improvement methods and conduct ongoing improvement projects. These projects focused on improving systems of care that were person-centered and safe, effective, efficient, equitable, or timely. Working together, individual participants were able to provide mutual support for their projects and demonstrate improvement in the quality of care provided.

Phase two of the MHCA Quality Improvement Collaborative is again supported by MHCA, the Center for Mental Health Services (CMHS), and participating organizations. Facilitating the project will be Allen S. Daniels, EdD, with the Depression and Bipolar Support Alliance.



Allen S. Daniels, EdD

According to A. Kathryn Power, MEd, Director of CMHS, "The MHCA behavioral health organizations which were able to work together in phase one demonstrated true improvements in ser-

vices and the quality of care provided. Efforts like these demonstrate leadership in the transformation of systems of care that support recovery for people who live with mental illnesses."

Goals for phase two of the Collaborative will be:

- To sustain the commitments that the initial member organizations have made to quality improvement;
- To recruit new member organizations;
- To develop organizational peer mentors who can help teach and support the initiation of QI projects in new MHCA member organizations;
- To foster shared data tracking and cross system reporting in MHCA;
- And, to promote mental health system transformation through self-sustaining commitments to quality improvement.

This will be accomplished through a dedicated group of leaders from phase one who will help to recruit, train, and support quality improvement initiatives in member organizations. This process will be guided by a steering committee and a core group of peer mentors. Participants will again be asked to make a one year commitment to participate in the Collaborative and conduct a quality improvement project. In this phase more virtual meetings will be added and technical assistance will be provided through both virtual meetings and face-to-face workshops to be held at quarterly MHCA conferences. ❖

Conference, continued from p. 3

by facilitator Stu Winby and MHCA representatives. The afternoon features a showcase by three 2010 Negley Award finalists demonstrating programs of excellence in risk management. Also scheduled is the first meeting of "Phase Two" for MHCA's Quality Improvement Collaborative with facilitation by Allen S. Daniels, EdD, Executive VP and Director of Scientific Affairs, Depression and Bipolar Support Alliance (*see above*).

Our Marketing and Fund Development Focus Group convenes Wednesday and Thursday afternoons. Topics include L3C corporate structure opportunities plus Benevon fundraising and cause marketing.

Friday's agenda includes the MHCA Board of Directors meeting along with both a board meeting and annual meeting of the Mental Health Risk Retention Group (MHRRG). The complete conference agenda will be posted online and provided with registration materials.

CALENDAR



MHCA Holiday Office Hours

During the winter holidays, MHCA's corporate office in Tallahassee, Florida will be closed December 25 through January 1.

MHCA 2010 Winter Conference and Annual Meeting

Celebrating our 25th Anniversary!

Dates: February 23-26, 2010
Location: The Sandpearl
 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

MHCA 2010 Spring Conference

Dates: May 4-7, 2010
Location: Marriott Baltimore
 Waterfront
 Baltimore, Maryland
Phone: 410-962-0202
Rate: \$189 single/double
Deadline: April 16, 2010

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>

Since 1985 MHCA has provided unique opportunities for sharing and building leadership skills. As we celebrate our 25th Anniversary, we invite you to be part of this exciting conference and learn how you and your organization can not only survive but thrive in the years to come. Make plans now to enjoy this exceptional event, to connect with former and current colleagues, to breathe in some salty air and stretch your abilities, renew your commitment and invigorate your professional spirit! ❖