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National Council

M A G A Z I N E

A quarterly publication from the National Council for Community Behavioral Healthcare

Excellence in Leadership



Leadership Lessons from Lincoln

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Great Leadership Is...

Behavioral health providers across the country speak out on what makes a successful leader • page 12

Leading Our Leaders...

National Council President and CEO, Linda Rosenberg, talks about the responsibility — and the power — of the grassroots • page 1



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Healthy Minds. Strong Communities.

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Excellence in Leadership

While leaders in behavioral healthcare have much in common with leaders across the nonprofit and corporate world, they also face a unique set of demands and challenges, requiring distinctive skills and competencies. True leadership has many dimensions — it is a product of inspiration and perspiration, emotion and experience, innovation and insight, and is as caring as it is cutting-edge.

This issue of the *National Council Magazine* brings you the spectrum of perspectives on leadership and is filled with ideas and tools that current and future leaders can use to shape a behavioral health system worthy of 21st century America.

New Name, New Direction

National Council News is now *The National Council Magazine*, reflecting the theme-based direction of our flagship publication, which has evolved since January 2006. Given the array of National Council e-newsletters that provide up-to-the minute news on public policy and technical assistance, it is only fitting that each issue of this magazine provide in-depth coverage on a key issue in behavioral health.

Look for upcoming issues of the magazine on the 2008 Annual Conference in Vegas, Addictions Treatment, Continuity of Therapy, and Children's Services.

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We welcome your feedback, ideas, and questions.

editorial



If only a few hundred behavioral health leaders across the country were as influential with their senators and members of Congress as America's more politically active car dealers or restaurant owners, there wouldn't be a behavioral health crisis in America.

Leading Our Leaders

Linda Rosenberg, MSW, President and CEO, National Council for Community Behavioral Healthcare

As behavioral healthcare leaders, we have long been challenged to succeed in an environment defined by a profound lack of national direction and by injustice, inefficiency, and chronic underfunding. Despite our decades-long efforts to convince government leaders to invest more in the services we provide, our progress seems agonizingly slow.

We have not yet figured out how to use good, clear communication, solid information, and education to impact the behavior of those we elect. Almost everyone else seems to have figured out how to fare well in the American political process to achieve public policy goals. Those concerned about breast cancer, gun owners, car dealers, convenience store operators, barbers, gas station owners, and a thousand more groups all seem to do better at protecting and advancing their inter-

The time has come for those of us in the behavioral healthcare community — the mental health and addictions treatment community — to get better focused and organized to get the job done in Washington and in all 50 states.

But many difficulties lie ahead. And money will remain tight. President Bush's \$2.9 trillion FY 2008 budget proposal calls for cuts to mental health and addictions treatment programs, Medicaid, and Medicare. Will these cuts be moderated, restored, or even turned into increases in spending by the new Congress? Will those serving in the military and their families be provided the mental health services that they need? Will parity finally pass and become law?

Who will step up to the plate and lead on these issues in Washington in 2007, 2008, and beyond? Will it be long-time Senator Ted Kennedy (D-MA), Senator Tom Harkin (D-IA), Senator Hillary Clinton (D-NY), or Senator Chris Dodd (D-CT)? Will it be new Speaker of the House Nancy Pelosi (D-CA) or House

giants John Dingell (D-MI), Charlie Rangel (D-NY), or Henry Waxman (D-CA)? Will Republican leaders like Senator Kay Bailey Hutchison (R-TX), Senator Gordon Smith (R-OR), Senator Orrin Hatch (R-UT), or Senator Olympia Snowe (R-ME) play a significant role given the new party breakdown?

A Policy Action Pledge for Every Leader
At the end of the year, I hope that you will be able to say yes to the following:

- I talked personally with my two U.S. senators and member of Congress in 2007.
- I invited my two senators and my congressperson to visit my organization in 2007.
- I met the chief of staff, legislative director, district director, and legislative assistant responsible for mental health and related issues for my two U.S. senators and member of Congress in 2007.
- I participated in the special executive development sessions on participating in the public policy process at the 37th Annual National Council Conference in Las Vegas, March 26-28, 2007.
- I participated in the National Council's Capitol Hill Day on May 2, 2007, along with one or more board members of my organization.
- I maintained contact with appropriate staff of my two U.S. senators and member of Congress throughout the year.
- I volunteered for at least one campaign and made a contribution to the campaigns of at least one of these officials of my choosing during 2007.

Frankly, while each of these national leaders exercises great power and will play an important role on our issues during the 110th Congress, it is us, not them, who must lead. We're the ones who must provide the insight, ideas, education, encouragement, prodding, support, and vision necessary to motivate and guide these and other elected leaders so they can accomplish what we all know must be done. It is our job to lead and to participate in shaping national policies related to the people, families, communities,

and the public and private sector payers that we serve.

Meanwhile, leaders of both parties are already laying the groundwork that will determine who will capture the Democratic and Republican nominations for president of the United States in 2008 — Hillary Clinton, Barack Obama, John Edwards, John McCain, Rudy Giuliani, Mitt Romney, or others yet to emerge.

How will these politicians lead us? Will we solve or improve the Iraq dilemma? Will we again place emphasis on top domestic priorities? Will we find a balance between the interests of businesses and the interests of struggling Americans? Will we raise the minimum wage? Will we sacrifice — drive less, air-condition less, go green — so we can be free from the tyranny of oil and our great grandchildren can grow up in a healthy world?

Will we seize SCHIP reauthorization and guarantee all children health coverage? Has the time for parity finally come? Will returning soldiers and their families get the services they need? What will be the impact of national policies and spending on community behavioral healthcare, on treatment for mental health and addictions?

The answers to these questions will depend on you — on all of us — not on the president and Congress... that is, of course, if we assume our own responsibility to lead.

Democrats in Washington have generally been more supportive on many of the issues we care most about. However, their assuming control of Congress means nothing in terms of assuring that all Americans in need of mental health and addiction treatment services actually receive those services if we don't step up to the plate and help shape those policies.

Continued on page 4

The Three Essentials of Leadership

Elizabeth Funk, MBA, Board Chair, National Council for Community Behavioral Healthcare

“If your actions inspire others to dream more, learn more, do more, and become more, you are a leader.” — *John Quincy Adams*

Who is a leader? Most of us can easily point to a person we identify as a leader and explain that person’s influence and impact on our lives. Leaders are usually defined by their contribution to others’ lives.

But what is a leader? How does a leader inspire others “to dream more, learn more, do more, and become more”? These are tougher questions. While we can identify leaders, we’re not quite as adept at figuring out the recipe for their success.

Essential #1: Focus on Others

One reason it might be hard to identify the magic ingredient in great leadership is that, as Lao Tzo stated, “A leader is best when people barely know he exists. When his work is done, his aim fulfilled, they will say: we did it ourselves.” True leaders do not seek fanfare, but quietly go about their work. From this perspective, it is obvious that community behavioral health provider organizations abound with leaders. By the very nature of their work, our leaders are the foundation of a force that puts others before self. The staff, clinical teams, and board members of

provider organizations across the nation work day in and day out to empower consumers.

Essential #2: Know When to Collaborate

Leaders must also be able to transform vision into reality. Mental health and addictions treatment provider organizations must work to collaborate, cooperate, and set priorities for a whole community system. Interaction and involvement with human services, education, and other aspects of community life are essential to the development of a complete system of care. Collaboration is an exercise that truly hones leadership skills. It requires clear identification of supporters and the development of multiple strategies to educate, frame issues, and build support. Leaders who have built systems of care, merged corporations, and joined local healthcare systems know well the tests of compassion, compromise, and confidence necessary to accomplish their mission.

Essential #3: Know When to Stand Alone

True leadership includes the ability to listen, to work with others to define and support an agenda, and to have the confidence to move ahead independently when necessary. This is especially true in the work of our industry’s multitude of professional, institutional, and advocacy associations. Leaders of each association must realize when it is necessary to go with the flow and when it is necessary to stand apart from the crowd. Leading by a vision that embraces the possible and the practical sometimes requires us to stand alone.

The National Council for Community Behavioral Healthcare is poised now, as

never before, to channel the collective power and skills of leaders of the community-based behavioral healthcare system at the local, state, and national level. In my 20 years of involvement with this association, I have never been as excited and optimistic about the work and future of the National Council.

Today, the National Council is set to not just observe and report on the federal policy discourse on mental health and addictions treatment matters, but to more effectively help inform and shape that important discussion — with your help. We will be increasingly be calling on you to help tell our story to the world and to carry an important message to our U.S. senators, members of the U.S. House of Representatives, governors, state legislators, local government officials, community leaders, the news media and others.

We know that there is a plethora of leaders across the country, and the National Council will work with each one of you to turn our individual and shared visions into realities.

Elizabeth (Betty) Funk currently serves as National Council Board Chair and as president and CEO of the Mental Health and Substance Abuse Corporations of Massachusetts. Throughout her career, she has demonstrated how trade associations add value to provider organizations by addressing overarching issues of program operations, management, training, state and federal policy, and regulation of services. Betty also holds leadership positions in many other community organizations and has received numerous national and local awards for her many contributions to the field of mental health and addictions treatment.



“A LEADER IS BEST WHEN PEOPLE BARELY KNOW HE EXISTS. WHEN HIS WORK IS DONE, HIS AIM FULFILLED, THEY WILL SAY: WE DID IT OURSELVES.” — *Lao Tzo*

Doris Kearns Goodwin IS THE OPENING PLENARY SPEAKER AT THE 37TH ANNUAL CONFERENCE OF THE NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE, MARCH 26–28, 2007, AT THE MGM GRAND, LAS VEGAS.



Leadership Lessons from Abraham Lincoln

An interview with Doris Kearns Goodwin, Presidential Historian and Pulitzer Prize Winner, by Lea Ann Browning McNee, MS, Outreach and Development Officer, National Council for Community Behavioral Healthcare

In an exclusive interview with the National Council, Doris Kearns Goodwin shares lessons in leadership from her bestselling book, *Team of Rivals: The Political Genius of Abraham Lincoln*. Often underestimated as an orator and leader, Abraham Lincoln surprised both his colleagues and critics as he rose to political prominence. Goodwin analyzes Lincoln’s political acumen and extracts kernels of wisdom about leadership and building and maintaining teams in the midst of trying circumstances.

Q. How would you describe Abraham Lincoln as a leader? Does his leadership style fit into the categories that we are so familiar with today?

A. The great strengths of Lincoln’s leadership style lay in his unparalleled array of emotional strengths, which allowed him to deal with his colleagues almost without exception with abiding respect and fair-mindedness. He was able to share credit for success, take responsibility for failure, acknowledge his mistakes, learn from past errors, put grudges behind him, and rise above petty grievances better than any leader I have studied.

Q. Team of Rivals highlights Lincoln’s focus on purpose and how his commitment to purpose inspired others. That’s particularly relevant to those of us in behavioral health, although many of our field’s leaders feel that purpose — or “mission” as we most often call it — is less of a motivator now than in past generations. What can we learn from Lincoln about the importance of purpose?

“Lincoln wanted to leave the world a little better place for his having lived in it, to accomplish something worthy enough so that his story could be told after he died.”

A. All his life Lincoln seemed motivated by an ambition much larger than simply for office or power or celebrity. He wanted, as he often said, to leave the world a little better place for his having lived in it, to accomplish something worthy enough so that his story could be told after he died. Having such a large goal as his lodestar meant that he could endure failure and frustration along the way guided by this principled ambition.

Q. A lot of what you’ve shared demonstrates how Lincoln reached out to his rivals — literally to men who wanted his job — yet he managed to bring disparate groups together. How did he use his rivals for the greater good?

A. Lincoln understood that competitive views of policy were inevitable, and one of the reasons he wanted to fill his cabinet with his rivals was so that he could hear these disparate points of view at close range before making his decisions. His cabinet meetings were often fiery and even wild at times, but he withstood the confusion and disagreements knowing that it sharpened his thinking. Yet, even though he listened to everyone before he made his decisions, once the decision was made, he cautioned his cabinet that the time for debate was over and that while he continually welcomed their disagreements with one another inside his official family, he did not want to hear them disparaging one another in personal ways in public.

Q. Working in behavioral healthcare can be incredibly rewarding, yet, it can honestly be incredibly disappointing

sometimes, especially on the political front. Lincoln faced significant defeat in various stages of his career. How did he rise from the ashes in the face of such bitter disappointments?

A. The defeats Lincoln suffered along the way to his great success should provide solace to modern leaders today. The extreme difficulties he faced in providing an education for himself — he was only allowed to attend formal school a few weeks here, a few weeks there, all together only one year of formal schooling — make his remarkable self-taught learning almost impossible to understand. Then once he decided that politics was his lifelong ambition, he suffered a series of losses. After his first term in Congress he was unable to run again for he had lost popularity by questioning the president’s rationale for the Mexican American war in his maiden speech. He tried twice for a seat in the Senate — with hard-fought heartbreaking campaigns — but lost both times. Still, he didn’t give up when others would have decided that perhaps this wasn’t the best profession. He simply moved up his ambitions and ran as a dark horse candidate for the Republican nomination in 1860 and this time, thankfully for the country, he won!

Pulitzer prize-winning author Doris Kearns Goodwin is currently an NBC news analyst. She has taught at Harvard University, including the course on American Presidency. She worked as an assistant to President Lyndon Johnson during his last year in the White House. Her incisive presidential biographies include Lyndon Johnson and The American Dream; The Fitzgeralds and The Kennedys; No Ordinary Time: Franklin and Eleanor Roosevelt: The Home Front in World War II; and Team of Rivals: The Political Genius of Abraham Lincoln.

consumer leadership

Peer Specialists – The Emerging Leaders

Joseph A. Rogers, President and CEO, Mental Health Association of Southeastern Pennsylvania

When people who've recovered from mental illness are asked what has helped them in their recovery, they frequently respond, "Meaningful work." That has been true for me. As a 19-year-old patient in a Florida state hospital, I had been told by a vocational rehabilitation counselor that I would never be capable of holding a job. But when I was discharged to a short-staffed halfway house and was one of several residents trained to provide services to my peers, I gained confidence and stature in my own eyes. This was the beginning of my journey toward recovery.

As a Certified Peer Specialist, I was a role model for others like myself, helping them with problem-solving and goal setting as they struggled toward their own recovery. And I was getting as much out of it as they were. In other words, CPS programs benefit people on both sides of the equation.

Although CPS qualifications vary by state, the essentials are similar and usually include:

- A diagnosis of mental illness.
- A high school diploma or GED.
- Good verbal and written communication skills.

- The ability to demonstrate effective efforts at recovery.
- Proficiency in establishing positive relationships with peers.
- Successful completion of an approved certification training program.

CPS training programs range from 30 hours to more than 100 hours, and are designed to help participants acquire new knowledge, develop new skills, and enhance their own recovery.

Being organized nationally, and locally, is critical to sustaining the effort to develop peer specialist programs that empower consumers working as peer specialists and the consumers these specialists serve. A professional organization, "Peer Specialist Alliance of America" (www.peerspecialistallianceofamerica.org) was recently established to promote the emerging profession.

States that have CPS training programs include Arizona, Georgia (www.gacps.org/Home.html), Hawaii, Illinois, Iowa, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Pennsylvania (www.mhrecovery.org/services/peer.php),



and South Carolina. For more information, download "Certified Peer Specialist Training Program Descriptions," compiled by the University of Pennsylvania Collaborative on Community Integration, at www.upennrrtc.org/issues/salzercpsrepositoryfinal12_6_06.pdf.

Joseph A. Rogers is President and CEO of the Mental Health Association of Southeastern Pennsylvania and executive director of the National Mental Health Consumers' Self-Help Clearinghouse (funded by the federal Center for Mental Health Services). He is the founder of Project SHARE, a self-help and advocacy initiative run by and for consumers of mental health services. Rogers has served on the President's Committee on Employment of People with Disabilities and has testified before U.S. Senate committees and met with President Clinton on issues affecting people with mental illness. He has appeared on numerous radio and television shows and has consulted internationally on mental health issues.

Editorial, continued from page 1

It is our job to lead... to participate in shaping national policies related to our enterprise and the people, families, and communities that we serve. If we don't, who will?

Tom Peters — aptly crowned the "über-guru" by *The Economist* — has a small but important book on leadership, one of his four quick and to the point books in the Tom Peters *Essentials* series. His two major points on leadership are contained on the inside flap and on the back cover so they jump out — points that I want to underscore for you as we begin this new year:

Leadership Point #1: A key — perhaps THE key — to leadership is the effective communication of a story.

Leadership Point #2: "...nobody gives you power, you just take it..."

Do we have a story? Of course we do. We have a compelling story of tremendous SUCCESS and tremendous UNMET NEED.

In every town we see the successes — men and women who 50 years ago would have languished a hundred to a ward; and children and families that just a few years ago would have been separated by residential placement and left to struggle alone under the weight of guilt and confusion.

And in every town we see the unmet need — young pregnant women with untreated depression; the elderly living alone, isolated, anxious, and at risk for suicide; seriously mentally ill men and women released from jails and prisons without housing and into a community mental health and addictions treatment system that desperately needs to be expanded and better funded.

What about our "just taking power"? Isn't that a bit presumptuous? Isn't it unrealistic perhaps? Can we really help steer the course of the greatest nation in the history of the world on matters we care about? You bet we can — and that is exactly what the National Council will do, with the help of every one of our members.

Behavioral health leaders must get a lot more serious about our involvement in the public policy process. Every one of us needs to get to know our U.S. senators and congressmen and their staffs personally and develop — "cultivate" — ongoing relationships with them.

We need to do a better job of reaching out to others — state and local elected officials, community leaders, the medical profession, business, clergy,

consumer leadership

From the Heart – Effective Consumer Leadership

Larry Fricks, Director, Appalachian Consulting Group and Founder, Georgia's Peer Specialist Training and Certification

Soon after becoming Georgia's Director of Consumer Relations in 1993, I was transformed by an unusual training experience. I donned headphones, bombarding my brain with the voices heard in some phases of schizophrenia. I then tried to navigate a rigid mental health bureaucracy that triggered frustration and anxiety and dragged me toward hopelessness. The lesson was profound and unforgettable.

This training program, titled Hearing Voices Curriculum, was developed by one of our country's greatest consumer leaders, Dr. Pat Deegan. Using her own experience of recovery from schizophrenia, Deegan drew me into her world, gained my empathy, and



then rose above the suffering to prepare me for the challenge of trying to recover in a system locked into its own way of doing business.

But what really amazed me was witnessing how non-consumer providers were buying in. I knew how to share my experience of recovery from bipolar illness with non-consumer providers. But I had never accomplished the sort of profound consciousness Deegan tapped into — unveiling how mental health systems, though perhaps well intended, perpetuate messages of hopelessness.

A consumer who gains value from the experience of recovery, transforms personal struggles, and gains insight to serve others is one of the keys to leadership. And being able to translate those insights and values into a language that non-consumer providers buy into exemplifies even greater leadership.

Another key to leadership is recognizing that those of us with disabilities are connected. And, out of that bond, we gain strength and support in each other. "We need to find the leader in each person," Deegan said. "Recognize each other's gifts."

Deegan also promotes leadership that encourages diversity, building consensus from differences —

cultural, ethnic, or other — as an important ingredient for leadership. "Cultivating the differences and putting those all on the table is important," Deegan said. "Then out of that diversity, when you get consensus, you will have better outcomes."

Consumer leaders also need to stay connected to their roots to remain strong and continue to grow. According to Deegan, "I always have to stay involved in a project at the grassroots — it fuels everything that I do."

In summary, the keys to consumer leadership include:

- Using the lived experience of recovery to transform others
- Translating that lived experience so that non-consumer providers buy in
- Promoting strengths among peers
- Encouraging diversity and then building consensus
- Staying connected to our roots

Larry Fricks was Georgia's Director of the Office of Consumer Relations and Recovery in the Division of Mental Health, Developmental Disabilities and Addictive Diseases. He served on the Planning Board for the Surgeon General's Report on Mental Health. Fricks has translated his arduous journey to recovery from mental illness and addiction disorders into consumer leadership, creating the three-year-old Certified Peer Specialist Project with Georgia's Mental Health Division.

academia, law enforcement, etc. — and developing them as allies.

It's our job to inform and educate them on subjects where we have standing, expertise and something to contribute. As one senator once said, "If I haven't learned, it's because you have not taught me."

The National Council is placing the highest priority on helping you do your job as a leader in the field of community behavioral healthcare. Your dues are paying the salaries of the most talented staff we can recruit and the most experienced political consultants we can hire. And in 2007 we are taking it to the next level — new communication tools, increased emphasis on involving you in ongoing liaison with national decision-makers, and policy and research support for your efforts.

Everything I'm asking you to do here is much easier than you think, can be extremely rewarding, and is necessary if we are to really help lead our nation in shaping public policy and inspiring a vision for community-based behavioral healthcare for the 21st century.

Our time to lead has come. All we need to do is get in there and do it!

69% OF BUSINESS LEADERS SAY IT'S IMPORTANT TO HAVE A MENTOR.

75% OF EXECUTIVES SAY GOOD PHYSICAL FITNESS IS CRITICAL FOR CAREER SUCCESS AT THE EXECUTIVE LEVEL.

33% OF EXECUTIVE'S TIME IS SPENT RESPONDING TO CRISES OR PROBLEMS.

Blogs and Beyond: Leaders in the New Web Age

Meena Dayak, Director of Marketing and Communications, National Council for Community Behavioral Healthcare

If technology has brought the world to our fingertips, it has also opened up powerful new ways for us to reach the world and to disseminate our message and mission.

Blogs, Wikis, MySpace, You Tube, iPhones, Podcasts...this is not just the language of Generation Y but should be the new language of leadership. Why? Because behavioral health is about connections and communities, and these new tools let us connect, collaborate, and influence as never before.

As Tom Peters, one of the most influential business thinkers of our age says in RE-imagine, "Info Tech changes everything. There is no higher priority than the total transformation of all business practice to e-business practice. The new technologies are...The Real Thing. The IT Revolution is in its infancy. And yet it has changed the rules — changed them so fundamentally that years and years will pass before we can begin talking about constructing a new rule book."

BLOG WITH NATIONAL COUNCIL PRESIDENT AND CEO LINDA ROSENBERG AND OTHER BEHAVIORAL HEALTH LEADERS AT WWW.ONOURMINDSBLOG.ORG.



“As the digital communication revolution takes place, leaders cannot afford to be bystanders.”

Today, behavioral health providers across the country are increasingly focused on technology. More and more providers are recognizing the electronic health record as an essential tool for delivering more effective and efficient care. However, we need to expand our horizons and understand that technology's potential goes even further. Technology yields immense possibilities for communication, branding, and marketing. And image and marketing are the heart of every business today, critical to survival and success.

The new communication revolution we are witnessing, facilitated by what some Silicon Valley gurus call "Web 2.0" or the new face of the all-empowering World Wide Web, is enabling community and collaboration on an unprecedented scale. Whether through the compendium of knowledge Wikipedia, the million-channel people's network YouTube, or the online metropolis MySpace, it's about the power of the people and helping one another through knowledge and information sharing.

It's obvious why *Time* magazine named every one of us, the American people, "Person of the Year" for 2006 "...for founding and framing the new digital democracy...."

As the digital communication revolution takes place, leaders cannot afford to be bystanders. We must be on the leading edge, ride with the wave, and exploit the new tools to our advantage.

YouTube is a classic example of how corporate content can be personalized to show that organizations are made up of people who do care about

their consumers and communities. It's a lesson in how personal stories can be used in customer service, internal communications, and marketing to lend a personal face to your organization and help foster better relations with all stakeholders, internal and external.

More and more, big business is using personalized video as a marketing tool. Why shouldn't behavioral healthcare follow suit? After all, we have powerful stories to tell about the difference we make in people's lives.

Today, if Reuters is carrying blog feeds alongside news postings and the *Wall Street Journal* is launching new blogs every day, don't you want to be blogging to draw the attention of media, policymakers, and your community and consumers? Don't you want to be sharing your views and exerting your influence?

Leaders, whether in the corporate or nonprofit world, are increasingly using blogs to engage in conversation with customers, employees, media, and policymakers. A "Blogger's Guide" from Ogilvy PR points out that blogs can serve as effective vehicles for marketing, idea testing, knowledge management, crisis communication, and thought leadership.

According to Technorati, 23,000 blogs are created every day—that's one every three seconds—and the number is accelerating. While the vast majority are diary-type blogs of interest only to a few family members or friends, some have gained large audiences.

According to a *New York Times* article, "All the Internet's a Stage, Why Don't CEOs Use It" by Randall Stross (published July 30, 2006), two years ago, when Jonathan Schwartz, then the president and chief operating officer at Sun Microsystems, inaugurated a blog that made him the most senior executive at his company to venture onto such

Continued on page 18

MONICA OSS LEADS THE INNOVATION INSTITUTE, MARCH 24-25 AND CONFERENCE WORKSHOPS, MARCH 26-28, 2007 AT THE 37TH ANNUAL CONFERENCE OF THE NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE AT THE MGM GRAND, LAS VEGAS.



Are We in the Fast Lane on the Road to Irrelevance?

Innovation — The Key to Survival

Monica E. Oss, Chief Executive Officer, OPEN MINDS

As 2006 came to a close, I spent a considerable amount of time reading a 'wrap up' of the strategic and management issues faced by executives and policymakers in the behavioral health and social service field. I was left with one inescapable conclusion — the most fundamental problem in the sector is the inability of organizations in the field to innovate and successfully bring new service innovation to the consumers that we serve.

How did I reach this conclusion? I was struck by two parallel trends in 2006. The first trend is the "slow death" of organizations in the field. From nonprofit service organizations to for-profit delivery systems and care management organizations, the 2006 trade press was full of stories of layoffs, reduced revenue, smaller margins, and budget cuts — all the signs of the death of an industry. The second trend was a preponderance of new research and product developments in communication technologies, treatment methodologies, devices, pharmaceuticals, mind-body treatment models, and more — all focusing on behavioral disorders and the related social support needs of citizens. It struck me that while one industry appeared to be dying, another was emerging out of its ashes.

So what is the reason for the disconnect? In my opinion, the traditional behavioral health and social service sector has been unable to harness these new developments and to bring innovation to consumers. Why? It appears that the traditional sector has delegated and relegated innovation to the government — almost operating as a "victim" of their payers. In addition, behavioral health and social service organizations do not appear to have business management models that facilitate innovation.

You may argue that innovation isn't our most fundamental problem. After all, executive teams are dealing with low payment rates, poor productivity, human resource capacity challenges, lack of parity, and "over" regulation. But I would counter that these management problems are the result of the field's inability to innovate.

Lack of innovative services creates a commodity marketplace — one that is always characterized by low rates. And, lack of innovation makes the behavioral health and social service sector a less attractive professional environment. This, coupled with the lower compensation that is the by-product of a "commodity" marketplace, results in fewer college graduates pursuing careers in our field. Consequently, the perception of the field by policymakers and legislators as "never changing" results in a lackluster response to calls for consumer parity as well as a tendency to focus on "regulation" to assure results. Finally, we are seeing "paying customers" who can afford to (or have the kinds of payer arrangements where they

can choose to) move to other market sectors and nontraditional service providers for solutions to their behavioral health treatment and social support needs — resulting in a shrinking total market.

So, what is innovation? Webster's defines innovation as "the introduction of something new" or "a new idea, method, or device." From an organizational perspective, innovation is the process of converting knowledge and ideas into better ways of doing business or into new or improved products and services that are valued by the community. The innovation process incorporates research and development, commercialization, and technology diffusion. And it requires strong leadership.

Despite a literal flood of new biotechnologies and information technologies that could be brought to bear in improving the delivery and outcome of services to consumers, few are making their way to the services offered in the field. Our field is suffering from early stage rigor mortis (preceding death) due to the inability to bring innovation in service to the consumers we serve. The question is what should we do about this fundamental strategic challenge?

I think we need an initiative to incorporate innovation into the business management model of traditional behavioral health and social service provider and care management organizations. To do this there are four key business practices that these organizations need to adopt:

1. Market-based strategic planning.
2. Ongoing market research to identify market gaps and prospective innovation opportunities to fill those market gaps.
3. A structured process for assessment of potential opportunities to fill market gaps through innovation and the likely success of the organization to adopt and offer these innovations.
4. Development of the executive team skills needed to implement innovation models such as service line design, new consumer market launch, change management, process reengineering, and more.

Continued on page 8



effectiveness

Psychiatric Leadership Supports Clinical Excellence

Karen H. Rhea, MD, Vice President for Medical Services, Centerstone

As psychopharmacology has become more significant over the past decade, there has been a sharp focus on giving the right medication, with psychiatrists seen largely as prescribers, not as clinical leaders. However, psychiatrists in medical director and other leadership positions in community behavioral health-care organizations are uniquely positioned to support clinical excellence. They play a key part in shaping organizational direction as part of a diverse management team.

Credible psychiatric leadership clearly contributes to effectiveness in selecting and implementing evidence-based treatments for specific disorders, especially those involving pharmacotherapy. Additionally, in spite of the individualized treatment approach in behavioral healthcare, support is needed to increase consistency in clinical practice. For example, psychiatrists as leaders can help to establish organization-wide expectations for monitoring laboratory parameters, support diagnostic accuracy across the organization, or serve as champions for mood stabilization prior to antidepressant use in bipolar-depressed patients.

The medical director can also be an early adopter of the electronic health record and give significant clinical feedback in the implementation process. Feedback can be gathered from other technologically savvy medical staff willing to participate in constructing an efficient and useful electronic health record, along with the medical director's input.

Clinical research at community mental health centers truly requires the participation of the medical director in decision making on worthwhile and workable protocols as well as the many ongoing implementation issues. Those of us involved in significant research at our facilities are often working in collaboration with academic institutions. Psychiatrists have spent years in institutions of higher learning and are frequently familiar with the leadership and the politics of academia. The collegial relationship between physicians enhances the community mental health center-academia relationship, which can be mutually enriching and beneficial.

Finally, psychiatrists who are medical directors may have significant credibility outside the organization. Their contributions bring a unique perspective to

policy issues at state and national levels.

Psychiatrists in the medical director role have long been expected to manage the medical piece of the organization. There is, however, a largely untapped resource for transformational leadership by these psychiatrists. As Bennis and Nanus suggest, "Managers do things right and leaders do the right things."

Karen Rhea, MD, is vice president for Medical Services at Centerstone — Tennessee's largest and the nation's ninth largest, behavioral healthcare organization providing a full range of mental health services, substance abuse treatment, and related educational services throughout the Middle Tennessee region. Dr. Rhea's practice experience includes child, adolescent, and general psychiatry. She has also been assistant professor of psychiatry at the Vanderbilt University School of Medicine and has received numerous awards for excellence in teaching and research from the Vanderbilt Child and Adolescent Psychiatric Hospital in Nashville, TN.

Innovation, continued from page 7

But, there are a few caveats about innovation. The first is to make sure that executive teams do not confuse complexity with innovation. Innovation is not about greatly increasing the number of service offerings for consumers or adding incremental service line expansions or variations. For most organizations, maximum quality and profitability are possible with lower numbers of service offerings — added service complexity increases costs and shrinks margins.

Rather, innovation is about adopting truly unique technologies that have a distinctly better way in terms of performance, service, or cost. Generally speaking, innovative technologies are disruptive technologies that cause changes in organizational thinking, culture, process, and customer relationships.

The second caveat for the executive team interested in building their "innovation index" is to realize that we have moved to a new open model of innovation. In the recent past, the assumption was that the knowledge needed to innovate was concentrated in a few large organizations (whether academic or corporate) and that all innovation flowed from

adopting the knowledge made available by those institutions. The new generation of information and communication technologies has changed this environment.

Today, the information needed to innovate comes from a variety of sources, and executive teams can easily look outside the boundaries of their organization and their industry sector for ideas and intellectual property they can bring in through adaptation or licensure. This means that innovation is possible for the smallest and most resource-poor organizations — but it also means that the barriers to innovation have been greatly diminished and the time to market for innovation has been greatly reduced.

If organizations in the behavioral health and social service sector continue on the current path, what will happen? On a macro level, probably not much. Consumers and their payers will continue to need behavioral health treatment interventions and social supports, but they will seek their solutions in non-traditional service sectors. This won't happen

overnight; it will happen over time. Traditional service providers won't go away with a bang — they'll leave with a whisper and a one-inch article in the local newspaper.

In their place will be a new generation of organizations, led by executive teams that have conceptualized the solutions that consumers need and adopted innovations that provide the most value to consumers. The strategic question for the field is the one of 'old dogs and new tricks.' Is it possible to bring innovation to the traditional service sector? The strategic challenge for executive teams is whether they can learn those new tricks.

Monica E. Oss is the CEO and founder of OPEN MINDS, a national behavioral health and social service industry market research and management consulting firm. She is a featured speaker and author of numerous books and articles on industry trends and strategic marketing and management issues. She has a broad range of executive experience in both the public and private sectors of the behavioral health and social service field.

courage

Leadership: The Leap of Faith

Helen (Kelly) Dylag, RN, CEO, Far West Center

True accomplishments in leadership don't just happen. Certainly, the core competencies and technical traits of quality leaders are well documented in professional literature. Yet, there is more.

Leadership success often has its origins in moments of inspiration. Inspiration fuels innovation — the energy we direct toward rethinking old problems in new ways, reinventing processes, changing insight into action, or creating new opportunities. To innovate is "to create a new approach or idea; to imagine the future as it has not been seen."

The Andrea Yates tragedy — the death of five young children at the hands of their mother — became a call to action for my organization, the Far West Center. Somehow, we had to reach out to new mothers to assure that they received the mental health care they critically needed. We felt the need to act quickly, but what exactly were we to do?

We conceived the *Help for Mom*™ program, received pilot funding, and launched, hoping for the best. We saw our first mom within a week of starting. Now, hundreds of moms later, the comprehensive *Help for Mom* Program is a making a difference and is a model for other centers to replicate. Thus, out of a tragedy came a moment of inspiration that led to a program innovation.

Innovation is the heart of intelligence, inquisitiveness, integrity, imagination, and leadership.

Innovative leadership is like a *Leap of Faith*.

Literally, the *Leap of Faith* is an attraction at a vacation resort in the Caribbean. It is a 60-foot vertical drop that plunges you from the top of a Mayan temple into an acrylic tube and submerges you beneath a shark-infested lagoon.

Figuratively, the *Leap of Faith* imparts some extraordinary lessons in innovative leadership:

- All we do as leaders is a *Leap of Faith*. Every day, everywhere — one leap after another.
- At the top of your leap, embrace the moment. There is no going back, so you will have to deal with the uncertainty of what is to come. Cultivate your courage. Call upon your "inner mom" to strengthen your core and steel your commitment to advance. Remember, others are waiting behind you.

- As you drop through your leap, keep your eyes open. Stay focused on your goal. Distractions can be deadly. See and set your mission.

- Don't fight the tube. It gives you support and protection, so "go with the flow." Watch your benchmarks along the way as you progress toward the lagoon. Monitor your efforts and actions as you drop.

- Respect the sharks. Understand their motivation and culture. Do not go out of your way to taunt them unless you want to be eaten alive. This is not a time for bravado but for quiet confidence.

- If something goes wrong during your Leap, have lifesavers standing by. Great leaders take risks, however they also calculate their challenge level and secure contingency plans.

- The *Leap of Faith* is a true team effort. Know your role in the Leap. You may thrive inside the tube, or you may better serve as a spectator. Someone must hold the camera. All roles matter.

- Check your reckless thrill-seeking. Showing off may dazzle, but it also destroys. Your Leap is transparent, so match your impact to your vision and values.

- Remember that exhilaration and fear can coexist — this is what's called leadership.

- Let the "prize" come to you. You cannot control the drop. It will come to you in the form of an accomplishment, a good outcome, quality, or success. The most meaningful results will find you.

- Celebrate your Leap when you are out of the lagoon. Reflect on your accomplishment and relive it. It is energizing and inspiring.

- Indulge your urge for more. Go back again and again to the top of your Leap. The outcome is worth the effort. Many happy returns!

Every challenge to our courage and conviction as leaders creates more, not less, inspiration and innovation. Our *Leap of Faith* builds bridges to the future for others to follow or enhance.

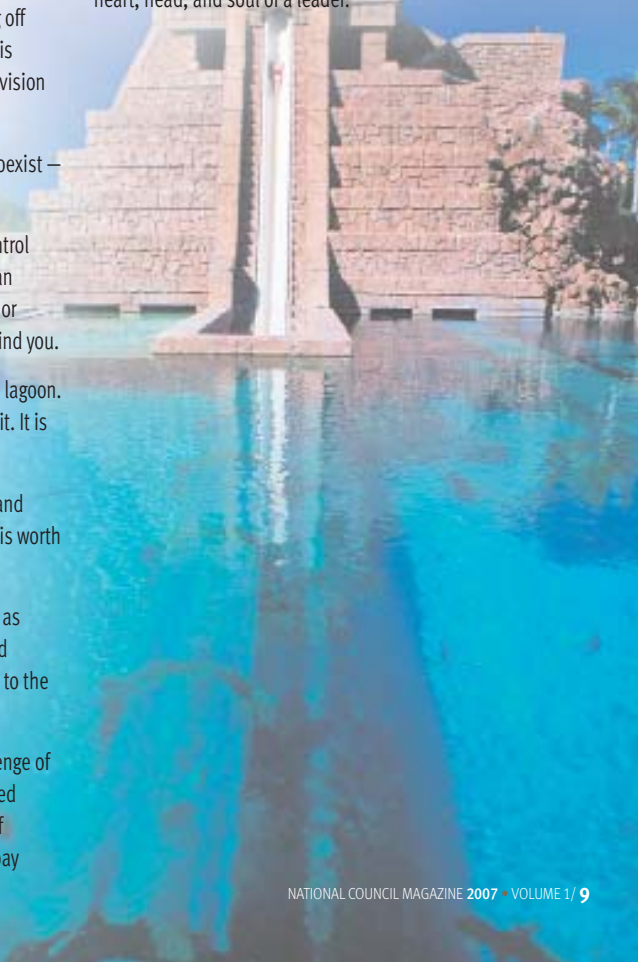
For example, at the Far West Center, the challenge of stretching limited public funding over increased needs called for a fresh approach. Old ways of delivering services forced us to "rob Peter to pay

Helen (Kelly) Dylag is a recipient of the 2006 Lifetime Achievement Award from the National Council for Community Behavioral Healthcare. Her nearly 30 years in behavioral healthcare are marked by innovations to improve the lives of persons and families with mental illnesses. As CEO of the Far West Center in Ohio, she has introduced several unique prevention and recovery programs.

Paul," and service was provided without regard for the ability to pay or be paid. Organizations like ours cannot long continue without a more reasoned and proactive approach. So change we did — but how?

We developed "The Cuyahoga Plan," an internal managed care plan for public sector funding. In this plan, new members (clients) are allocated resources (services) equivalent to the level of their care needs. Need for additional care must be justified by the clinician and requires internal authorization by the "Plan Committee." A perfect system? No. An improved system? Yes. It was difficult to start, since we changed old methods and challenged our services. With momentum, evidence of value-added care, and relief for the bottomline, we continue to refine the plan. Our first Leap of Faith in managing the cost of care has led to subsequent leaps into quality improvement.

Artful leadership is both reasoned and strong and is filled with discovery and the passion to innovate. Seek those moments of inspiration, for they fuel the heart, head, and soul of a leader.



Leadership through Community Engagement

Kenneth Jue, MSSA, CEO, Monadnock Family Services

The clients our organizations serve live on the fringes of their communities with the stigma of mental illness negatively impacting their lives. This will not change appreciably until community mental health and addictions treatment organizations are viewed as part of the mainstream. Too many of our centers are as marginalized as our clientele and we are often not part of our communities' key leadership circles.

However, as leaders, we can change this situation. If we lead our centers to become "go to" community organizations, then we can gain stature in our communities and pave additional roads to support our consumers' recovery efforts.

Most of us focus completely inward upon our organizations' needs. We believe this is necessary to achieve what we were hired to do. We become occupied with our own organization and overlook our organization's role in the larger fabric of our communities and how we might engage our communities in our mission.

Community engagement is a two-way street and a planned effort. We must invest our energy and time to understand our communities' needs, look

outward in becoming activists, and get engaged in our communities' affairs. Our engagement will enable other community members to get to know us, to feel comfortable with us, and to appreciate our expertise. Effective community engagement can lead to our communities' willingness to connect with our service mission. If our organizations and our mission can become mainstream, then we no longer have to function on the fringe of our communities. We could convert this newfound status to an asset that will benefit our clients/consumers and reduce their social isolation.

All this does not fall solely on the shoulders of the organizational managers. Board members can help with community engagement. My board of directors has historically accepted this responsibility. They are ambassadors and mental health advocates. Their support and intervention are vital to successful community engagement efforts. Ask your board members to introduce you to their networks. It is likely that they are members of service clubs or other community organizations. Staff and other constituencies can provide additional insights about our communities.

Our clients have benefited from my agency's broad community acceptance. We have business, education, and healthcare partners, and hundreds of community volunteers and advocates throughout our communities. We are invited to join community problem-solving efforts on issues such as community housing, which results in direct benefit to those we serve.

Being in a position to become community engaged is important. When opportunities arise to become engaged in a community effort, take advantage of them. Of course, things won't change overnight. It takes a long-term strategy to become a community "player" and to garner the social capital that will become a valuable resource for advancing the recovery efforts of our consumer constituencies.

A social worker by training, Kenneth Jue is the CEO of Monadnock Family Services, a nonprofit community mental health center in Keene, New Hampshire, that also functions as a mental health managed care company for private firms. Jue has extensive experience in planning, program development, marketing, community relations, and organizational consultation.

A survey of "emerging leaders" conducted by the Center for Creative Leadership revealed that:

45% of leaders across various generations said they would seek development in the following areas:

- Leadership
- Vision
- Performance appraisal
- Team building
- Problem solving/decision making
- Public speaking/presentation skills
- Quality/process improvement
- Managing change
- Strategic planning
- Self-awareness
- Conflict management

- Management/business skills
- Communication skills
- Computer training
- Skills training in my field of expertise

But not in

- Diplomacy/politics at work
- Hiring/interviewing
- Time management
- Diversity
- Career-coaching skills
- Career planning
- Life balance
- Creativity
- Ethics

LEONARD ALTAMURA LEADS TWO PRECONFERENCE INSTITUTES ON SUNDAY, MARCH 25, AND A WORKSHOP ON MONDAY, MARCH 26, 2007 — ALL ON BOARD GOVERNANCE — AT THE 37TH ANNUAL CONFERENCE OF THE NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE AT THE MGM GRAND, LAS VEGAS.



board leadership

Mission-Driven CEO—Board Partnerships Foster Success

Leonard Altamura, DSW, LCSW, President/CEO, Steinger Behavioral Care Services

What makes an organization, brought together by a particular CEO and a group of board members, grow and thrive? Is it magic? Is it a super-competent CEO? Is it some incredibly lucky draw of board members? Or is it just because they are all smart and personable?

Much more likely, today's most successful and exceptional behavioral health organizations are run by men and women who share one common trait — the pursuit of the company's mission — and who engage their boards to join them in that pursuit. When leadership is focused on a common mission and common future, it's tough for personalities, egos, favors, politics, and head-games to become obstacles. I believe that today's mission-driven, vision-focused, values-based CEO/board partnerships are the key to the long-term success of behavioral health organizations.

With the recent death of President Gerald R. Ford, we were reminded of his words, "We are a Republic

of laws, not men." Analogously, our nonprofits are "organizations of missions, not men." When we lose sight of that truth, all of the distractions of the day-to-day operations can obliterate the reason we open our doors in the morning. Yet, when focused on the mission, executives find it much easier to think strategically, and to engage all of the resources at hand, including board skills, relationships, and so on. No competent CEO lets those resources get squandered!

When problems arise.... Interestingly, whether the board or the CEO involves me as a consultant, there is almost always a current of dissatisfaction of one with the other. So all too often, I am brought in with the subtle expectation that I will referee the dispute. What I usually do instead is try to get all of the parties focused on a few essentials: defining the mission; specifying a few objectives to work toward; and developing simple metrics to measure progress toward success. It's amazing to watch the

dynamics change once the future, rather than the past, becomes the focal point! And success of even the smallest magnitude acts as a huge reinforcement to repeat those positive behaviors even more.

There is certainly no panacea for CEO incompetence or foolish board intransigence. But the answer to fixing most board/CEO conflicts begins with focusing on the corporate mission as the one sure way to get everyone back to the basics of why they all chose to be a part of this company.

Leonard Altamura is the President/CEO of Steinger Behavioral Care Services, a private, not-for-profit organization providing southern New Jersey communities with a comprehensive range of rehabilitative mental health services. He also is the principal in Altamura & Associates Consulting, LLC, specializing in nonprofit board and executive leadership development.

Suggested Reading: Mission Based Management by Peter C. Brinkerhoff, Wiley Nonprofit Series. Peter Brinkerhoff will speak at the 37th Annual National Council Conference, March 26–28, 2007, in Las Vegas.

Community Representatives — Providing Mission-Critical Leadership

George J. Astrachan, DD, Board Member, National Council for Community Behavioral Healthcare and Immediate Past Board Chair, Gateway Healthcare

Community representatives have a critical role to play on the board of a community-based behavioral health organization, adding the distinctive layman's perspective and voice to the organization's mission and advocacy.

Many of us who are involved as community board members come from professional or business backgrounds having little to do with the behavioral health community. Our interest in mental health and addictions treatment may come from our own family history or from an inner desire to offer what we can of ourselves to help others. We bring to the table a unique perspective that can be added to the voices of those whose vocation immerses them completely in the behavioral health field.

I've served as a community board representative for more than 24 years now, with our local and state agencies and with the National Council for Community Behavioral Healthcare. I've learned that

active involvement with any organization requires not only a commitment of time, but a commitment, as well, to the ideology and goals set forth by the organization.

We all share similar concerns regarding policies emanating from Congress and from our own state legislatures that affect the behavioral health community. We also know that strong advocacy regarding these policies can greatly enhance a positive outcome on behalf of those unable to represent themselves. To this end, each year, for the past several years, we as community representatives, together with colleagues and professionals from across the country and at the National Council, visit with our congressional representatives or their senior policy staff, in Washington, D.C. Our purpose is to provide information and urge support for issues which are important to the behavioral health community. This has been a very successful endeavor,

providing a continuing dialogue with those who can make a difference.

Community representatives have much to contribute as critical and active partners on the boards of community behavioral health organizations.

George Astrachan is the Rabbi Emeritus of Temple Sinai in Rhode Island and serves on the board of Gateway Healthcare, a nonprofit behavioral healthcare organization that provides a wide array of services to help people recover from mental health, substance abuse, and behavioral and emotional disorders. He has also served on the National Council's Board of Directors since 2007, representing Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont.



Members Share... Perspectives on Leadership

Stephen Trefz, MSW, LISW, Executive Director, Mid-Eastern Iowa Community Mental Health Center, Iowa City, IA

A great leader is one who

- Has vision and the means to communicate that vision — how s/he and you can work together to achieve it.
- Has a good say/do ratio.
- Listens, so you are valued.
- Leads by example.

Jane Rivera, Executive Assistant to the Chairman and CEO; Secretary of the Board of Directors, Northwest Human Services, Lafayette Hill, PA

The qualities most valued in a good leader are

- Listening and communicating.
- Knowing those they lead and being able to convey how they want to lead them.
- Respect for others.
- Being consistent, fair, and straightforward.

As Rosalynn Carter said, “A leader takes people where they want to go. A great leader takes people where they don’t necessarily want to go, but ought to be.”

Daryll Griffin, Executive Director, DC Behavioral Health Association, Washington D.C.

The qualities I value most in a leader are

- Knowledge and quick wittedness — leaders who can think on their feet and are well versed on an issue and use that knowledge to respond to any situation that arises, always comes out ahead.
- Heart — being able to put yourself in the other person’s shoes.

A leader is a person who loves to win and hates to lose.

Jeffrey Walter, President, Rushford Center Inc., Meriden, CT

Great leaders are those who exhibit Level 5 Leadership as Jim Collins describes in his book *Good To Great*. Leaders are those who

- Embody a paradoxical mix of personal humility and professional will.
- Are ambitious, but for the organization, not themselves.
- Display a compelling modesty and are self-effacing.
- Are fanatics about producing “sustained results,” and will do “whatever it takes.”
- Are “more plow horse than show horse.”
- Are quick to attribute successes to the people in their organizations; and just as quick to take responsibility when things don’t go well.
- Are always pushing their people toward continuous improvement and better operating results.
- Have compassion.
- Have a sense of humor, but don’t take themselves too seriously.

“Leaders who’ve inspired me the most are Abraham Lincoln, Franklin D. Roosevelt, and my current board chair, who is CEO of our local hospital — he embodies most of the traits described by Jim Collins.”

— Jeffrey Walter

John Creek, MA, MHA, President and CEO, Six County, Inc., Zanesville, OH

A chief medical officer of mine once defined a good leader of a mental health center as 1/4 psychopath, 1/4 sociopath, and 1/2 nice guy. Pretty much sums it up!

Good leaders must

- Have enough charisma to be able to get staff to follow his/her vision.
- Be able to handle lots of stress on a daily basis.
- See the big picture and predict the future.
- Rule with the wisdom and fairness of Solomon.
- Be willing to take calculated risks.
- Be able to maintain a positive attitude in the face of adversity.
- Be able to command the respect of staff.

I was mentored by my parents, who instilled in me a pretty basic value system that has stood the test of time — be fair with people, walk in other people’s shoes before you judge them, do unto others as you would have them do unto you, and work hard.

David Ptaszek, LCSW, CBHE, Executive Director, Pennyroyal Regional Mental Health-MR Board, Hopkinsville, KY

A leader must

- Believe in whatever mission or goal he/she is attempting to accomplish, whether that mission was chosen or thrust upon the person.
- Convey a believable appearance of having the ability, skills, and determination to complete the mission.
- Convey a believable concern and value for the persons he/she purports to lead.
- Be able to communicate — verbally and non-verbally — the importance of completing the mission so that this belief is embraced by the persons s/he is attempting to lead. Once this occurs, the leader no longer has to generate the energy on his/her own, and a true synergy can take place.
- Absolutely demonstrate integrity of thought, verbal expression, and behavior.

A leader must not just set an example but must BE the example!

Cindy Lloyd, Office Manager, Pennsylvania Community Providers Association, Harrisburg, PA

Qualities of a good leader are

- Integrity and honesty.
- Fairness.
- Being a good listener.
- Fostering growth in those they oversee.
- Being open to new ideas.
- Being a good manager.
- Giving credit when credit is due rather than taking it for themselves.

My mentor was a former supervisor who allowed me to grow so much in my position that when she assumed a different role, I was able to step into her supervisory position without too many “growing pains.”

The National Council asked our members, behavioral health leaders and staff across the country, “What qualities do you value in a good leader? Is there anyone who has inspired you the most or mentored you?” We share here the range of responses we received.

Mike Fidgeon, Chief Operating Officer, Eastern Division, Providence Service Corporation, Fredericksburg, VA

Great leaders don’t attempt to wear somebody else’s style, values, beliefs, and passions. They are genuinely authentic and unique in their presentations and their passions.

Leaders must be more than great visionaries and put action — their own and that of those they lead — behind their mission, purpose, and beliefs. They must roll up their sleeves and do the things they profess as important, both small and large.

The greatest leaders are more capable of putting the interests of others above their own personal self-interests. My personal model in line with my world and faith view is Jesus Christ. Regardless of a person’s religious beliefs, to know and understand His teachings, and the reflection of those teachings in how He lived out his life, sets an example for me that cannot be matched by other leaders I know and have read about.

Thinking about contemporary leaders, I am always struck by the leadership of many of our Secretaries of State. Not that I agree with all of their positions, but I admire the “diplomacy” with which they carry their authority and their ability, in many situations, to influence desired and often positive outcomes by non-aggressive means. In particular, I admire Colin Powell and Madeleine Albright.

Wendy Gradison, LCSW, CPRP, President and CEO, PRS, Inc., Falls Church, VA

I value a leader who

- Acts consistently with integrity and fairness.
- Has a vision for the future that can be persuasively articulated.
- Is willing to trust.
- Is courageous in doing the unpopular when it’s the right thing to do to further a vision.

One person that fits this description for me is Martha Long, the Executive Director of The Village in Long Beach, CA.

Pamela Baker, PhD, FAAMR, Director, South Mississippi Regional Center, Long Beach, MS

Leaders are those people we acknowledge as challengers, guardians, teachers, nurturers, encouragers, and servants.

Leaders aren’t celebrities in the sense that our culture understands those flashy, trendy personalities. They are, instead, “heroes,” who help us imagine what can be. At the same time, they look down occasionally, as though to remind themselves, that they, too, walk on the same “clay feet” as the rest of the world around them.

Leaders embody somewhat disparate identities, being capable simultaneously of great vision and frail humanity. They come into our lives at the most needful times of personal challenges or growth opportunities or sometimes unexpectedly, like lagniappe. Many times, we recognize the full importance of their acquaintance when they are no longer in our lives. They help us see ourselves through their eyes, help us search for new ways of living, working, and learning. While authority may be vested in them, they recognize that power is only a transient trapping of a particular time or circumstance. The most effective leaders may be those people whose lives challenge our traditional impressions of the qualities and attributes to which we have typically sought inspiration.

Five leaders have influenced my life in significant ways, shaping my sense of self-worth and contribution across different phases of later adult life.

- *Alma Gray, my maternal grandmother, who taught perseverance and patience in the face of adverse conditions*
- *Mrs. Whitfield and Mrs. Dunlap, both of whom were my piano instructors for most of my formative years. In different ways, they taught discipline and focus and helped me learn to nurture and value my God-given abilities*
- *Kenneth Quinn, my art instructor in junior high school. He taught me to accept nothing less than excellence of personal effort*
- *Dr. Allen Hall, my clinical director at MS State College for Women. Dr. Hall challenged me daily to enter unknown territories. He prodded, praised, disciplined, and encouraged me, but didn’t demean or devalue in those instructional experiences.*

Mary Anderson, Treasurer, Board of Directors, Newaygo County Community Mental Health, White Cloud, MI

Leadership is the ability to

- Communicate.
- Look at the whole picture.
- Make time to do the research.
- Listen to those with experience, but be able to use common sense to draw your own conclusions.
- Work with people to bring them together with consensus and to have a win-win situation, when possible.
- Be loyal to your organization.
- Advocate for your organization and promote it.

Patrick Connell, RN, MBA, CHE, CBHE, CIP, CHC, President, Nebraska Association of Behavioral Health Organizations, Omaha, NE.

Today, effective information management is one of the keys to successful leadership. Leaders are clearly overwhelmed when they have to process staggering amounts of information, no matter how useful or beneficial it may be. However, I remember how my former CEO inspired me to make something as simple as reviewing professional journals a high priority so that I would be a lifelong learner and hence an effective leader.

This CEO led by example — each month she personally reviewed 15–18 journals and shortlisted relevant and useful articles by scanning the table of contents and then the article abstracts and conclusions. She read articles she determined relevant in their entirety, marking sections she thought were especially valuable and noting how this information might be used. She routed each journal to specific individuals for review and requested that they get back to her in 30 days.

I look back on this simple process and am amazed at its effectiveness. It embraced the basic management concepts of division of labor and shared learning, generated focused feedback, and had clear deadlines. The process created efficient learning opportunities while ensuring that there was an ongoing and rigorous process of personal and team learning. The lessons learned serve me well to this day.

“A leader must not just set an example but must BE the example!”
— David Ptaszek

How Leaders Can Be Real Influencers

Dale Klatzker, PhD, President/CEO, The Providence Center

Most managers in our industry today have evolved into their positions through a combination of aptitude, attitude, and luck. While many of us study the literature, read the current journals, attend conferences, and check out the latest management books, few of us are trained in the more delicate talent of leadership. The skills that made us great clinicians or enabled us to balance the company books do not automatically transform us into leading others.

From the first half of the 20th century until the present, we have been partial to various theories on leadership. Theorists on leadership have analyzed leadership traits, leadership styles and behaviors, situational leadership, transformational leadership, charismatic leadership, servant and team leadership, and distributive leadership, among others. While we can learn something from each of these approaches, a number of key concepts reappear:

- **Leadership and Power** — These concepts are related since both involve a process of influence. Positional power comes from title and rank and personal power comes from authority garnered through supporters. Genuine leaders rely on the power of relationships and the desire of groups to be led. The leader with personal power influences because he or she is seen as having something of value to add.
- **Leadership and Coercion** — Coercion is a form of influence that revolves around the use (or threatened use) of force and the proffering of rewards. Saddam Hussein, Adolph Hitler, and others are generally not held up as model leaders for us to emulate.

• **Leadership and Management** — Good managers bring order and consistency to the work environment through establishing plans, forming structures, and monitoring results. The authority of the position gains compliance in the effort. On the other hand, modern leaders establish a direction by developing a vision and then inspiring people to follow. To be successful, a leader needs to be well versed in management and skillful in ways to encourage, stimulate, and motivate.

There is no question that for either current or aspiring leaders, the tasks involved in influential leadership are part science and part art form. Success can be found through the liberal application of personal integrity, humility, and maintaining a touchstone focus on mission and vision. Part of success also involves remembering that great leaders are those who let other people believe in themselves and take the credit for accomplishments.

Dale K. Klatzker has been President/CEO of The Providence Center in Rhode Island since 2004. The Providence Center has been an integral part of Rhode Island's exemplary behavioral healthcare system since its establishment in 1969. Klatzker has a PhD in social policy, planning and administration from the Heller Graduate School for Advanced Studies in Social Welfare at Brandeis University and a Masters of Social Work from Boston University. Klatzker served as board chair of the National Council for Community Behavioral Healthcare from 2003 to 2005.

Leaders Benefit from the Global Perspective

Fran Silvestri, Director, International Initiative for Mental Health Leadership

In 1983, when I was an employee of Monadnock Family Service in Keene, New Hampshire, I was awarded a three-month sabbatical in Trieste, Italy to learn about Law 180 and the process of deinstitutionalization for persons with mental illness.

Passed in 1978, Law 180 brought about deep-seated and radical changes to psychiatric treatment in Italy. It abolished psychiatric hospitals which segregated the mentally ill from society. It helped to integrate psychiatry into the general health service and into the social context of the community, leading to the growth of community-based services. Cooperatives or social enterprises, which grew out of the closing of the psychiatric hospitals, are an important part of Italy's mental health system today. Cooperatives allow people with mental illnesses to work and assume a social role other than that of being "mentally ill," transforming the vistas of rehabilitation.

Little information about Law 180 and the lessons it yielded was available in the United States. But MFS had learned to use its sabbatical program to seek promising ideas and practices from across the world, often before they were reported in literature. This program created opportunities to develop innovative practices within the organization. My visit to Italy resulted in the establishment, in 1985,

of the Wyman Way Cooperative — the first United States version of an Italian style, consumer-owned and operated worker cooperative that is still operating 22 years later.

Based on this international learning experience, I launched the International Initiative for Mental Health Leadership in 2003 with three sponsors — the United States Substance Abuse and Mental Health Services Administration, the National Institute for Mental Health in England, and the Mental Health Directorate of the Health Ministry of New Zealand. Subsequently five more countries — Australia, Canada, Northern Ireland, Republic of Ireland, and Scotland — joined the initiative.

IIMHL is focused on key leaders within the mental health sector

- Chief executives of provider organizations
- Directors of national mental health departments
- Consumer leaders
- Leaders of indigenous and ethnic systems
- Clinical leaders
- Funders — state, provincial, regional, local health authorities
- Educational, training, and research leaders

IIMHL offers support and technical assistance to leaders by helping them adapt to rapid changes in the field and by providing a support network through partnership with other leaders around the world. We identify and share the best in managerial and operational practices together with information about international developments. Our international leadership development opportunities supplement national policies and service developments, with an emphasis on evidence-based practices. *Continued on page 16*

“International leadership development opportunities supplement national policies and service developments, with an emphasis on evidence-based practices.”

The Consumer IS NOT Really King

An IBM survey of more than 700 consumers and business leaders in North America and Europe found that

- 79 percent of business leaders admitted that they take significant marketing and promotional actions without clearly understanding consumer expectations.
- Only 17 percent of business leaders consider emotional factors at all when making consumer-related decisions.
- 74 percent of business leaders act on an operational basis, e.g., "what can be made faster or more efficient," rather than focusing on an in-depth understanding of what the consumer may value most.



Global Perspective - continued from page 15

IIMHL offers three key services:

Leadership Exchange

The annual IIMHL Leadership Exchange links key leaders so they have the opportunity to collaborate and build an international partnership. The benefits of such collaborative effort will cascade down to all staff and consumers and include joint program and service development, staff exchanges and sabbaticals, sharing of managerial and operational expertise, research, and peer consultation.

Since its inception in 2003, IIMHL has undertaken four Leadership Exchanges in England, the United States, Australia and New Zealand, the Republic of Ireland, England and Scotland.

Future Leadership Exchanges are planned for:

- August 27-31, 2007, in the United States and Canada: working conference in Ottawa.
- March 2009 in Australia and New Zealand: working conference in Australia.
- June 2010 in the United Kingdom and Republic of Ireland: working conference in Dublin.

Exchange of Ideas

IIMHL assists in transferring ideas from one country to another. For example:

- The International Trailblazer Program — a unique training program between general/primary care practitioners and mental health services presently being tested in the United States and New Zealand.
- Peer Recovery Specialist Service — a United States and New Zealand concept now emerging in Scotland and England.
- Elimination of Seclusion and Restrain — an initiative of the National Association of State Mental Health Program Directors in the United States brought to Australia and New Zealand.

IIMHL Collaborative

The newest project is based in a poor socio-economic area of Quito, Ecuador, where IIMHL is working with a local Rotary Club and the Ministry of Health to develop the community's only mental health services, integrated with a new primary healthcare center. The project will offer

opportunities for volunteers from the United States to work for three months with IIMHL and the local community to design and launch community-based services.

IIMHL is a unique organization that truly captures the essence of our increasingly global economy. Membership is free — CEOs, and their organizations, can learn more and join by visiting www.iimhl.com.

Fran Silvestri is director of the International Initiative for Mental Health Leadership and is currently based in Auckland, New Zealand. From 1988 to 1998, he served as CEO of Monadnock Family Services in Keene, New Hampshire. He led the development of Monadnock Partnership — a region-wide, integrated service linking healthcare, social services, and economic development. He also established the Elm City Cooperative, a project that allows those recovering from mental illness to own their homes. His recent publications include Defining Inclusive Mental Health Services and The Future Approach for Community Mental Health.

“Effective transformation of behavioral health services will happen when leaders focus on the “what” of leadership in addition to the “how.””

Leadership for What?

Kris Ericson, PhD, Executive Director, American College of Mental Health Administration

The behavioral health community faces numerous leadership challenges. In addition to the tightening of fiscal resources, requirements to expand services, and the mandate to transform the system, we are also faced with the retirement of individuals who for the last 40 years have created and led the development and implementation of behavioral health services. These individuals — who have successfully served as program managers, implementers, regulators, and clinicians — are now being asked to assume new roles and provide leadership for the next iteration of behavioral health services.

Succession planning and deciding who fills what role is important. But we need to go a step further and ask “leadership for what?” This requires determining all that is necessary to keep organizations viable and prepared to deliver effective services and treatment in the framework of evidence-based practices and a system grounded in

principles of recovery and resiliency. Leadership challenges must be addressed within the complexity of organizations and systems that drive the delivery of behavioral health services.

The American College of Mental Health Administration, in collaboration with the National Center for Healthcare Leadership, has embarked on an initiative to promote the development of emerging leaders, and to develop leadership skills specific to the current challenges of the behavioral health system.

Four provider organizations from across the United States have formed the ACMHA Leadership Excellence Network (LENS). Through support and direction from the College and NCHL, these provider teams are addressing individual and organizational leadership development in initiatives such as implementing the Medicaid rehabilitation option in the provision of community psychiatric support

services; expanding the Illness Management and Recovery Evidence-based Practices in agency residential programs; redesigning programs and processes to enhance patient-centered care; and building a strengths-based company. By developing leadership plans specific to the redesign and transformation of behavioral health services, members of the ACMHA LENS are focused on the “what” of leadership in addition to the “how.”

Kris Ericson is executive director of the American College of Mental Health Administration, an organization that convenes leaders concerned with mental health and addictive disease from across systems to promote best practices, broker ideas that contribute to the evolution of behavioral health, and promote leadership development and succession. ACMHA's LENS project has received initial funding support from the Substance Abuse and Mental Health Services Administration and United Health Care.

Formal Training Boosts Skills and Bottomline

Brenda Joyner, PhD, MBA, CEO and Oliver Russell, LCSW-C, Regional Director — Vesta, Inc.

Behavioral healthcare presents a challenging business environment. Though many employees come to our agency with excellent clinical skills, few have experience leading or running a business.

We've found that adequate business management knowledge is needed up front in order to avoid costly learning curves and to establish:

- Clinical compliance systems to meet federal, state, and local regulations.
- Financial compliance systems to avoid fraud, waste, and abuse.
- Development and use of best practices.
- Balance of clinical and financial liabilities as dollars are squeezed.

Strong leadership is critical to counter challenges such as possible continued cuts in reimbursements due to the national debt, a shrinking labor force and inability to compete on salary, and a high rate of employee turnover in our industry.

What skills and competencies do leaders and organizations require to be successful in this

challenging business environment?

- *Every process must be efficient* — process re-engineering skills.
- *The organization must be an early adopter* — strategic planning skills.
- *Online and live training and a real-time MIS* and technical skills.
- *Protection of cash flows* — financial and accounting skills.
- *Balancing liabilities* — clinical and legal skills.
- *Mergers, acquisitions, and partnering* — networking, negotiating, and contract skills.
- *Diversification* — market research and strategic marketing skills.

One of the best ways to develop these skills is through an online certificate or masters in healthcare administration program that can be found at www.umuc.edu/gen/virtuniv.shtml. For nine years now, Vesta, Inc., has required managers to go through this training program, with amazing results.

Our bottomline has consistently improved and we've maintained high quality services. Coursework, research, and feedback from instructors and peers have consistently helped to build on managers' personal experience, allowing them to improve competency in an environment where services and jobs are not at stake. As managers become more familiar with good business practices, they are better able to manage daily operations while also planning for the changing needs of our organization and the consumers we serve.

It is important to find a way to pay for this training for your management staff. By increasing business skills through formal training, you will multiply the core values and skills needed for success, while creating a natural succession plan that will serve you well in the future.

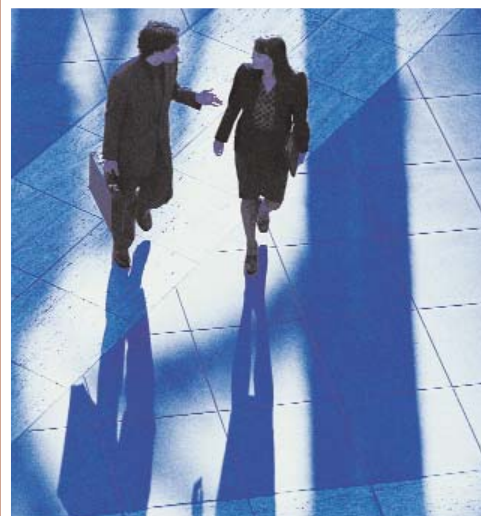
Vesta, Inc., offers comprehensive services for persons with serious mental illness in many regions of Maryland, including affordable housing with support services, skills training and rehabilitation, clinical and substance abuse counseling, and supported employment.

Public Perception of Leadership

Seven Significant Trends between 2005 and 2006

1. Men's confidence in congressional leadership dropped more than did women's.
2. Americans who say that religion is very important to them gained confidence in educational leadership; all other Americans lost confidence in educational leadership.
3. People who are politically conservative, but not liberal or moderate, gained confidence in the leadership of the press.
4. Political Independents lost confidence in military leadership; Democrats and Republicans did not.
5. Republicans lost confidence in the leadership of the executive branch of the federal government; Democrats and Independents did not. However, Republicans continue to have greater confidence than do Democrats and Independents.
6. Americans without a college degree lost confidence in the leadership of 4 of the 11 sectors tracked: executive branch, Congress, religious, and business. By contrast, Americans with a college degree or higher did not lose confidence in any of the 11 sectors.
7. Americans with an annual household income of less than \$100,000 lost confidence in business leadership; confidence in business leadership did not change for those with a household income of \$100,000 or more.

Source: Center for Public Leadership at Harvard University's John F. Kennedy School of Government and U.S. News & World Report.



For nine years now, Vesta, Inc. has required managers to go through an online certificate or Masters in Healthcare Administration program (www.umuc.edu/gen/virtuniv.shtml), with amazing results.

Blogs and Beyond - continued from page 6

company to venture onto such a publicly visible platform, he embraced the risks. "CEO blogging should no longer be viewed as extreme sport. Blogging fits quite naturally into the chief executive's work week," he said. Schwartz predicted that having a blog is not going to be a matter of choice, any more than having e-mail is today.

"My no. 1 job is to be a communicator," observed Schwartz. "I don't understand how a CEO would not blog if committed to open communication."

To learn about how to put blogs to work for nonprofits, I encourage you to visit www.nancyschwartz.com/nonprofit_blog.html.

There's a whole world of communication opportunities for leaders in the new web age. It's time we started to seize them, viewing them as central to our mission rather than as intrusions on our time and comfort zones.

Meena Dayak has more than 10 years of experience in marketing and communications for nonprofit healthcare organizations. Along with the rest of the staff at the National Council, she is committed to exploring new technologies to help members tell their story effectively.

No Vote of Confidence in Leadership

According to the National Leadership Index for 2006, a ranking of the public's confidence in the leadership of the 11 major sectors of society, about 70% of people believe there is a leadership crisis in the United States today. Americans say they have more than a moderate amount of confidence in only 2 of the 11 sectors — the military and medicine — with nonprofit and charitable leadership ranking a distant third.

Source: Center for Public Leadership at Harvard University's John F. Kennedy School of Government and U.S. News & World Report.

Top 10 CEO blogs

- Jonathan Schwartz (President & CEO, Sun Microsystems)
- Craig Newmark (CEO, Craig's List)
- Mark Cuban (Owner, Dallas Mavericks)
- Ross Mayfield (CEO, Socialtext)
- Matt Blumberg (CEO, Return Path)
- Alan Meckler (CEO, Jupiter Media)
- Kevin Lynch (Chief Software Architect, Adobe)
- Robin Hopper (CEO, Founder - iUpload)
- Jason Calacanis (CEO, Weblogs)
- John Dragoon (CMO, Novell)

Source: "Marketing Nirvana" a weblog authored by Mario Sundar, board member, American Marketing Association (Silicon Valley Chapter).

Healthcare Technology Leadership — Preparing for RHIOs

Stephen A. Wood, FHIMSS, Vice President of Business Development, UNI/CARE Systems, Inc.

Today, behavioral healthcare is preoccupied with electronic health records at the organizational level. Leaders, however, must be visionaries who anticipate future trends and prepare their organizations to face future challenges. What awaits us in terms of technology? What's the next step in electronic health records? What can we do to be on the leading edge?

We need to start gearing up for Regional Health Information Organizations, which are being touted as the savior of the healthcare industry.

The exchange of electronic health data is at the core of the RHIO revolution. The existence of a RHIO assumes that major steps have been made in the implementation of electronic health records and other forms of electronic health information, such as automated lab systems and electronic pharmacy prescription systems.

There are at least two basic organizational models that are evolving for RHIOs of the future.

The transaction model allows for access to health information by providing access to multiple sources of clinical data through a single web portal. This model does not try to bring all data to a central point, but leaves the data at its source information system and either allows the data to be viewed or moves portions of the data to the requestor. This model allows for controlled release of information based on privacy concerns and allows information to move with the consumer. This model is ideal for a behavioral health community of providers who treat consumers who are at times admitted to a psychiatric facility and then move back into the community.

The centralized or repository model brings all the clinical data from multiple sources into a single data repository and then makes it available to others based on security clearance and permission-to-see basis. This model works very well for closely held organizations such as an integrated delivery network or for a group of related behavioral health providers to gather the data into a single location. But at some point, the boundary of the centralized model will be reached and then data will need to move using data standards.

RHIO development will need to be based on nationally agreed-upon standard transactions that move data from the source system to another and leave the source data systems intact.

The American public is very mobile and will continue to be so in the foreseeable future. Moving vast amounts of medical information into a single location is simply not tenable. The only viable EHR system, from my perspective, will be one based on technology that allows for the assembly of clinical records from multiple locations with the ability to then send those assembled records to any provider location. This is a bold vision, but one we can reach over the next several years. Data standards and interoperability standards are the building blocks and hopefully those will develop over the next couple of years.

Leaders need to start thinking about the requirements and implications for their organizations to share information through RHIOs. And they must envision the immense possibilities that RHIOs open up for community collaborations.

There are of course several barriers to the development of RHIOs. Many community-based settings such as behavioral health have not implemented the electronic health record, there are few if any national standards for data transfer, and consumers have little trust in the ability of healthcare organizations to protect health records (HIPAA regulations set clear standards but the slow adoption and compliance rate within the healthcare industry as a whole is a very serious concern). But true leaders are the ones who demonstrate pioneering spirit and move forward despite the obstacles — and some have boldly moved forward in creating RHIOs that are serving as national models.

One of the early adopters of RHIOs was the state of Utah. Recognized by the Department of Health and Human Services as the first successful statewide RHIO, the Utah Health Information Network provides quality healthcare at per person costs that are 25 percent less than the national average.

RHIOs may also hold the key to integrating behavioral health into mainstream healthcare. The implementation of the electronic health record at the provider level and its linkage into regional, state, and national health information networks is a logical extension of this integration process.

Private funding is driving many healthcare technology activities today and this is a very good sign. Government has a role to play, but the energy and resources to explore and exploit new technologies need to come from within the behavioral healthcare industry.

The Healthcare Information Management Systems Society has started the RHIO Federation to provide both local and national support for RHIO initiatives and to develop a comprehensive national network to foster an active dialogue and exchange of information to help accelerate the development of RHIOs. HIMSS plans to provide educational and outreach programs, advocacy services, and real-world tools to RHIO professionals.

Now is the time to move forward with your electronic health record with an eye toward what is happening in your region and what is developing at the national level. The issue of where and how behavioral health providers participate in RHIOs is a critical one.

This is an exciting time for our industry as we transition from paper-based systems to computerized systems. There is much work to be done, but visionary leadership can result in a transformed healthcare industry where quality is accessible, measurable, and delivered efficiently.

Stephen A. Wood has more than 30 years of experience in healthcare information systems and financial management. He is a Fellow of the Healthcare Information Management and Systems Society and of the Healthcare Financial Management Association. He is on the board of the Central and Southern Ohio HIMSS Chapter and is a member of the HIMSS RHIO Federation Roundtable.

RHIO LINKS AND RESOURCES

- New Freedom Commission Report www.mentalhealthcommission.gov
- Mission RHIO - HTP White Paper www2.htp-inc.com/casestudies/whitepapers.cfm
- OHCHIT – Office of the National Coordinator for Health Information Technology www.hhs.gov/healthit/
- HL7 Organization www.hl7.org
- HIMSS – Healthcare Information Management Systems Society www.himss.org
- AHIMA – American Health Information Management Association www.ahima.org



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*Bayview Center for Mental Health, Inc.
Robert S. Ward, CEO*

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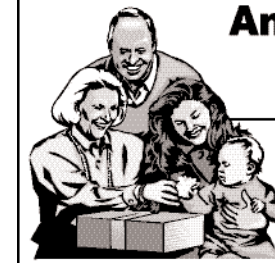
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NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

NATIONAL COUNCIL
Awards of Excellence

Each year, the National Council for Community Behavioral Healthcare honors those whose efforts have significantly improved the lives of adults, children, and families with mental illnesses and addictions.

We congratulate the individuals and organizations honored with the 2007 Awards of Excellence. These honorees are the leaders — innovative, tenacious, and always hopeful — who inspire all of us to be better than we are.

Pathways to Housing, Inc.
New York, NY
Excellence in Innovation

Comtrea Community Mental Health Center
Jefferson County, MO
Excellence in Community Collaboration

Legislative Affairs Committee and Government Relations Institute Alumni Network of the Pennsylvania Community Providers Association
Harrisburg, PA
Excellence in Grassroots Advocacy

Jonathan C. Dupre
The Providence Center, Providence, RI
Excellence in Consumer and Family Advocacy

Judy Collins
Singer/Songwriter/Author
Excellence in Mental Health and Addictions Education

A. Kathryn Power, MEd
Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, Rockville, MD
Excellence in Public Service

David Dangerfield, PhD
Valley Mental Health, Salt Lake City, UT
Lifetime Achievement Award

David Wiebe
Johnson County Mental Health Center, Mission, KS
Lifetime Achievement Award

David L. Williams, PhD
Ozark Guidance Center, Springdale, AK
Lifetime Achievement Award

The 2007 Awards of Excellence will be conferred at a special dinner on Tuesday, March 27, during the 37th Annual National Council Conference at the MGM Grand, Las Vegas.

To learn more about each honoree's accomplishments, go to www.nccbh.org.

About the National Council

An 85 year old — anxious and depressed; a 9 year old living in a foster home — acting up in school; a college student — hearing voices and afraid to leave the dorm; a 42 year old — homeless and addicted... all are being helped by the member organizations of the National Council for Community Behavioral Healthcare.

*Healthy Minds.
Strong Communities.*

The National Council is an association of 1,300 organizations that help people in trouble — adults and children with mental illnesses or addiction disorders. The people our members treat live with their families or alone; some are in hospitals, jails, or juvenile detention facilities and others are in residential programs, foster care, or group homes. Each year, our member organizations give nearly 6 million children, adults, and families in communities across the country the chance to recover and lead productive lives.

We're proud of our member organizations. Our job is to help members do their jobs. As a not-for-profit 501(c)(3), the National Council advocates for policies that ensure that people who are ill can access services. And we offer state-of-the-science education and technical assistance so that services are efficient and effective.

We believe...

- the best healthcare includes behavioral healthcare.
- in a holistic approach, personalized to meet the needs of the individual.
- people must be treated with respect, dignity, and cultural sensitivity.
- consumers and their families must be central to accessible, high-quality care.
- prevention and early intervention are our most efficient services.
- sharing education and information is critical to our effectiveness as providers.

