

**On the FADAA web site:  
Web Board Discussions to answer your questions  
about Networks**

Want to know what's going on with managed care and network development, in your district and across the state?

Want to join discussions about clinical best practices in network service delivery systems?

Join the password protected, threaded discussions on the FADAA web site: "Sharing the Tools to Success - Provider Sponsored Networks."

Two separate "chat rooms" are available, addressing either Network development and leadership, or clinical issues in networks. A third discussion is "for Network CEOs only." You can post a question or a statement, and come back later to check the responses from other FADAA members.

Here's the kind of messages you might expect to see posted:

**1) Market developments**

- Home Town HMO is calling on the community mental health centers in our area, seeking contracts. Does anyone know if Home Town is also approaching substance abuse agencies in other districts? Someone said they are seeking contractors for outpatient detox.
  - The CBC in our area is hiring their own MSWs and LMHTs. If anyone has a successful contract with a CBC in their area, please let me know.
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**2) Network Development and Leadership**

- How do other networks deal with voting on the Board of Directors? If you have large agencies and small agencies, and also Mental Health and Sub Abuse, do you reflect these differences in who gets to vote when? I have heard some networks have weighted voting for different kinds of issues. Anyone want to share their stuff?
  - How do you decide who is on the Board? How do you get agencies to participate if they can't all be on the Board?
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**3) Clinical best practices**

- Tom Lucking talks about creating clinical pathways in networks “from the bottom up.” I think he means looking at each geographic area in the network service area, and mapping out where clients seeking various types of services would go, as they progressed to recovery. Has anyone done any of this that you could share some basics of how to get started?
  - I keep hearing about “utilization management,” that’s what you get under managed care. Can someone tell me how to begin setting up protocols and procedures inside our agency, I mean to create the “system” we will need when our network starts a UM program? What will be the network staff’s role and what will our clinical staff do?
  - Does anyone know about a successful “peer review” program for residential services, not in your own agency but among different agencies who are part of a network? How would this work, and what about the tendency to not want to share your secrets?
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#### **4) For Network CEOs only**

- What do you do about the Board member who, at meetings, just won’t quit talking so you can move things along? Not making points, just filling up the space?
- Does anyone have a set of bylaws they would be willing to share? Or at least the headings, if you don’t want to share the specifics of what your network agreed to?
- Do you call some of your Board members in advance of meetings, to set up support for an item on the agenda? Has this ever backfired?