

# Executive Report

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## Brinker Becomes MHCA Board Chairman



There's been a changing of the MHCA guard as Ervin R. Brinker (Erv) became Board Chair on February 24 at the close of our 2006 Annual Conference in St. Pete Beach. Stepping down but remaining on the Executive Committee is Susan D. Buchwalter, PhD who completes two one-year terms as Board leader. Brinker is CEO of Summit Pointe in Battle Creek, Michigan. He has served on our Executive Committee as Vice Chair, Treasurer, Secretary and Director-at-Large. Pictured with Brinker (left), is MHCA CEO Don Hevey and Buchwalter. ❖

## Spring Conference Returns to Savannah

Come to Savannah! MHCA returns to this bustling Georgia seaport for our 2006 Spring Conference May 9-12. We'll meet again at the Marriott Savannah Riverfront, a lovely property conveniently located within walking distance of the city's historic 18<sup>th</sup> century garden squares and on the bank of the broad Savannah River.

After a Tuesday afternoon start with committees and our MHA Board meeting, we'll kick into high gear Wednesday morning when keynoter Russell Eckel, PhD addresses the topic, *Engaging the Millennial Employee*. Much has been written about this important workforce dynamic, but Eckel, who is President of the NOMMOS Consulting Group, examines the issue with a belief that managers must develop a collaborative environment to maximize the strengths of this emerging employee base. On Wednesday afternoon you can choose from our New Trends Forum and our Information and Technology Focus Group (Session One). Then you will want to participate either in our Future Forum or International Planning Committee. Immediate Past Chairman Sue Buchwalter will update general session participants on MHCA's current Benchmarking Survey.

On Thursday morning Laura Adams of the Rhode Island Quality Institute will deliver a presentation on *Regional Health Information Organizations*. Ms. Adams is currently

lead consultant on governance for the Improving Performance in Practice Initiative, a Robert Wood Johnson-funded collaborative initiative. Following her presentation, we will hear from Allen S. Daniels, EdD on *Improving the Quality of Health Care for Mental and Substance Use Conditions: The Institute of Medicine's Blueprint for Change*. We are fortunate that both Ms. Adams and Dr. Daniels will be available later in the day to explore in greater detail the implications of their morning messages. Ms. Adams will visit with our Information & Technology Focus Group (Session Two) and Dr. Daniels will lead a discussion group specific to the IOM's work.

Evening receptions on Wednesday and Thursday will offer an enjoyable and informal stage for relaxed visiting and reconnecting with colleagues. Then, take a short walk and enjoy the Savannah evening in a city that knows a lot about hospitality.

On Friday morning the MHCA Board of Directors will meet with newly elected Chairman Erv Brinker in charge. The Mental Health Risk Retention Group (MHRRG) Board of Directors will meet Friday as well.

Come to Savannah. MHCA is expecting you. Registration materials were mailed in early March. Be sure to register with MHCA as well as making your hotel reservations directly with the Marriott. ❖

# President's Column by Donald J. Hevey



**Donald J. Hevey**

## EHR White Paper Represents Cooperative Achievement

MHCA has released its “white paper” on electronic health record purchase/implementation that has been jointly produced with the Software and Technology Vendors’ Association (SATVA). Entitled *Planning Your EHR System, Guidelines for Executive Management*, the 45 page document is available for download in electronic format from the Document Archives section of MHCA’s website.

This paper is an excellent resource for management and a fine example of cooperative achievement between organizations. Representing MHCA in the project were members of our Information and Technology Committee, especially authors Rick Doucet, Grady Wilkinson, and Chris Wyre. Representing SATVA were Bill Connors of Sequest Technologies, Mike Morris of Anasazi Software, John Paton of CMHC Systems and Tom Trabin, SATVA’s Executive Director. Each took responsibility for particular sections of the paper and collaborated on its overall message.

MHCA and SATVA are making the paper available at no cost to both the behavioral healthcare and technology industries to promote successful implementation of electronic health record systems.

IT Chairman Grady Wilkinson says, “The document has been a long time in coming but represents something unique to our field: a joint statement by vendors and providers about what contributes to the successful application of technology to behavioral healthcare. It lays out a set of down-to-earth, “best practice” guidelines gleaned from successful and not-so-successful IT

experiences. On its initial release it seems to be being well received by MHCA members as practical and informative.”

As the authors claim in the paper's background section, “Providers and vendors agree that the process of implementing an effective behavioral healthcare IT system, and specifically an EHR, is difficult and truly complicated. We have found that 'once you have seen one implementation, you have seen one implementation.' It is clear, however, that there are some core guidelines or principles that can make the process significantly easier and more cost effective for both provider and vendor." They then set about to provide those guidelines with heavy emphasis on the importance of executive management buy-in and leadership.

The National Council (NCCBH) also has shown enthusiastic interest in the paper and will make it available to their membership. A science and technology track at their Annual Training Conference (April 8-11) will address EHR issues and offer the MHCA/SATVA paper as a helpful resource. Members of both MHCA and SATVA will present workshops and sessions on EHR implementation at that conference.

I am proud of the work done by MHCA members on this important project and commend it to all of you as another top-quality, practical, member-initiated product. ❖

### MHCA Board of Directors

**Officers:**

Ervin R. Brinker  
*Chairman*  
Dennis P. Morrison, PhD  
*Vice Chairman*  
Anthony A. Kopera, PhD  
*Treasurer*  
Susan L. Rushing  
*Secretary*  
Daniel J. Ranieri, PhD  
*Director-at-Large*  
Susan D. Buchwalter, PhD  
*Immediate Past Chairman*

Donald J. Hevey, *President*  
& *Chief Executive Officer*

**Directors**

Wesley R. Davidson  
Richard J. DeSanto  
James G. Gaynor II  
David C. Guth, Jr.  
Harriet L. Hall, PhD  
Kenneth Jue  
Gary Lamson  
Jerry Mayo  
R. Thomas Riggs, ACSW  
William J. Sette  
David R. Stone, PhD  
Grady L. Wilkinson  
Chris Wyre

**MISSION STATEMENT:** MHCA is an alliance of select behavioral health organizations. It is designed to strengthen members' competitive position, enhance their leadership capabilities and facilitate their strategic networking opportunities.

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## Half Dozen New Members Bring MHCA to Record Membership

Since the close of our Fall 2005 Conference in Scottsdale, Arizona, six behavioral health centers have joined MHCA, bringing our numbers over 140 as of the end of February. We welcome the CEOs as official representatives and extend the benefits of MHCA to their entire organizations. We especially appreciate the support of their sponsoring MHCA colleagues and encourage all members to think "recruitment" whenever an appropriate candidate comes to mind. A strategic goal of MHCA is to recruit and orient the highest caliber behavioral health organizations and to thoroughly assimilate each new member in the work and benefits of this association.

Please join us in welcoming:

**Cindy Barker**, Chief Executive Officer  
**Communicare, Inc.**  
 107 Cranes Roost Court  
 Elizabethtown, KY 42701  
 TEL: (270) 765-2605 FAX: (270) 769-0836  
 Email: [cbarker@communicare.org](mailto:cbarker@communicare.org)  
 WEB: [www.communicare.org](http://www.communicare.org)



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 WEB: [www.4rbh.org](http://www.4rbh.org)



*Brinker Morrison Kopera Rushing*

### New Board Members, Executive Committee

MHCA members have elected Grady Wilkinson (Michigan) and Chris Wyre (Tennessee) to the Board of Directors. Each begins a three-year term with the close of the Board meeting February 24, 2006. Returning as a result of re-election are Susan Buchwalter, Wes Davidson, Tony Kopera, and Gary Lamson. Officers for 2006 are Erv Brinker, Chairman; Denny Morrison, Vice Chairman; Tony Kopera, Treasurer, Susan Rushing, Secretary, and Dan Ranieri, Director-at-Large. As Immediate Past Chairman Susan Buchwalter will continue serving on the MHCA's Executive Committee with the elected officers.



*Ranieri Buchwalter*

The Board of Directors meets quarterly at the association's four conferences, typically on Friday morning. All MHCA members are invited to attend these meetings. ❖



*Wyre Wilkinson*



*Lamson Davidson*



# 2006 Annual Conference Celebrates Success, Seeks Creative Solutions

*Keynoter  
Liz Jazwiec*

A record attendance was on hand for MHCA's 2006 Annual Conference in St. Pete Beach, Florida with 175 registered for the February 21-24 event at the beachside Don CeSar Resort. Returning as keynoter was the popular Liz Jazwiec. Her presentation on *Creating a Culture of Accountability*, delivered in her unique, down-to-earth style, promoted a passionate commitment to excellent client service. Overheard, "She was so good I didn't even miss being on the beach!"

Wednesday's Business Meeting/Luncheon featured outgoing Board Chairman Susan Buchwalter's annual report to the membership in which she reviewed the year's work by MHCA committees, forums and boards. Included in her report was an announcement and recognition of winners in MHCA's Best Practices in Customer Satisfaction program (see more on page 5). Treasurer Denny Morrison reported a healthy financial status for the organization, and Nominating Chair Dick DeSanto presented election results for officers and directors. Retiring MHCA Board members Howard Bracco, PhD and Rich DeHaven were recognized for their service of 18 and 15 years, respectively.

In the afternoon, Paul Lefkowitz of Behavioral Pathway Systems led a workshop on process benchmarking for *Staff Retention*, and a Marketing Focus Group heard from panelists on *Building a Strong Fundraising Board*. The Focus Group continued its meeting with recommendations for MHCA's 2007-2009 Strategic Plan.

May Ahdab, President of UNI/CARE Systems, opened Thursday's general session with a presentation on *Reducing Federal Audit Risks* and has offered assistance to MHCA members in building an internal audit compliance program. Dr. Naakesh Dewan followed with a presentation on *International Trends in Behavioral Health Technology*. This was an especially timely topic as MHCA's Information & Technology Committee in concert with the Software Vendors and Technology Association (SATVA) will soon release a white paper to guide management in the selection, implementation and use of an electronic health record system.

*Mel Burks of the Hamilton Center (right) visited with presenter Naakesh Dewan, MD, president of the Clearwater, Florida based Center for Mental Healthcare Improvement.*



**Forum presenters on Disaster Readiness and Response: Mary Lu Kiley, Mary Ruiz, Jim Gaynor (Future Chair), Diana Knaebe (New Trends Chair), Jerry Mayo and Charlie Harris**



**Marketing Presenters on Building Fundraising Boards - Debra Falvo, Dale Klatzker, Marketing Chairman David Guth, facilitator Cissy Mynatt, Nancy Hubbard, Vice Chairman Nelson Burns and Ken Jue**

Future/New Trends Forum panelists described their experiences with recent hurricanes as part of a presentation exploring *Disaster Readiness and Response*. Forum chairmen Jim Gaynor and Diana Knaebe nudged that discussion toward the preparation all behavioral healthcare providers should be considering in the case of potential pandemic or similar national emergency.

Participants enjoyed continental breakfasts and evening receptions made possible by generous sponsors CenterSite, UNI/CARE Systems, Genoa Healthcare and Negley Associates/MHRRG. St. Pete Beach cooperated with warm, nearly perfect weather, and the Don CeSar lived up to its reputation as a favorite MHCA destination. Numerous guests attended, and everyone “old” and “new” seemed glad to be in the Sunshine State in February! ❖



Marilyn & Rich DeHaven



Susan Rushing & Howard Bracco

## Turner Retires, Shreve Elected

Class C Shareholders of the Mental Health Risk Retention Group (MHRRG) have elected Dale Shreve, CEO of Harbor Behavioral Healthcare in Toledo, Ohio, to replace retiring Board member Jesse Turner. Turner, who has served the Board since 2003, was honored for



Dale Shreve

his work at the MHRRG Board meeting February 24 in St. Pete Beach. Re-elected by the shareholders for another three-year term was Bennett Cooper, CEO of Central Community Health Board of Hamilton County, Cincinnati, Ohio. Recent re-appointments to the Board include Susan Buchwalter, PhD and Gil Aliber by MHCA and Marilyn LaCelle by the National Council for Community Behavioral Healthcare. ❖



Jess Turner (left) and Gil Aliber

Recent re-appointments to the Board include Susan Buchwalter, PhD and Gil Aliber by MHCA and Marilyn LaCelle by the National Council for Community Behavioral Healthcare. ❖

## Negley Finalists Promote Risk Management

Spokesmen for Rhode Island’s Providence Center, Colorado’s Pike Peak Mental Health, and Florida’s Lifestream Behavioral Center delivered award-winning presentations in the 2006 Negley Awards for Excellence in Risk Management at MHCA’s recent Annual Conference. The Providence Center took top honors and a \$15,000 cash prize. Each of the other finalists received \$5,000. *Pictured are Tom Floyd, Tim Camp, Morris Roth, Jon Cherry, Sharon Morello, Negley’s Marilyn Udis, and Gerald Albrent.*

## Best Practices Recognized at MHCA Conference

Ten behavioral health centers were honored in St. Pete Beach for best practices in MHCA’s Customer Satisfaction Management System. Overall Achievement awards went to Family Resources (TX), North Central Mental Health (OH) and ACT Corporation (FL). In specific categories, winners were Frontier Behavioral Health (TN-Inpatient), Family Resources (TX-Outpatient), The Counseling Center (OH-Partial/Day Treatment), Cape Counseling Services (NJ) and Southlake Center for Mental Health (IN) (Residential), Coastal Behavioral Healthcare (FL-Emergency Svcs) and ACT Corporation (FL-Vocational Svcs and Case Management Svcs), Behavioral Connections of Wood County (OH-Referral Sources) and Adult and Child Mental HealthCare (IN-Staff Satisfaction). *Pictured are Sue Buchwalter, The Counseling Center; Bob Dunbar, Adult and Child Mental Healthcare, Betty Dominic, Coastal Behavioral Healthcare, Don Wood, North Central MH, and Greg Speed, Cape Counseling.*



# Engaging Clients in Fire Prevention

By **The Providence Center**, Providence, Rhode Island

Winner: President's Award, 2006 Negley Awards for Excellence in Risk Management

**Summary:** *Most organizations have a fire safety protocol. Many have routine fire safety training for staff. But how many actually assess and involve clients in the education and prevention process? The Providence Center's unique fire safety program empowers clients with mental illness to remain as independent as possible in the community while reducing our organizational risk of fire in residential properties. Through the use of client fire education and a creative assessment tool, we ascertain a client's safety in the kitchen and include in their treatment plan a protocol for supervising their use of potentially hazardous equipment. Although the occurrence of a fire in May demonstrated we had a good fire response plan already in place, we developed an exemplary prevention mechanism for further reducing the likelihood of a fire occurrence.*

**The Importance of Fire Safety:** The Providence Center (TPC) provides housing to those with persistent mental illness in eight group homes, transitional housing programs and apartments throughout Rhode Island. Our responsibility to keep clients safe has always been paramount. The danger fire poses to disabled and mentally ill clients living in subsidized housing is very real - recently a fire killed a disabled veteran living in a rooming house in North Providence, Rhode Island, and injured another tenant and three firefighters. The cause of the fire was determined to be improper use and disposal of smoking materials. This tragedy is an example of the many "wake-up calls" that exist to organizations like ours who provide safe housing to those with mental or physical disabilities.

The Providence Center's "wake-up call" happened in May 2005 in TPC's Nashua Street Supervised Apartment Program for persistently mentally ill adults:

*A panicked client burst into the staff office, yelling "fire!" at the top of his lungs. Without skipping a beat, the staff person on duty rushed to the client's apartment only to find the stove and cabinets engulfed in flames. According to the staff, his "training kicked into action." He raced out of the apartment to pull the fire alarm, grab the nearby fire extinguisher and run back inside. He put out the fire in a matter of seconds and proceeded to evacuate the building until the fire department could arrive. The client responsible for the fire was schizophrenic and prone to bouts of forgetfulness. He had begun cooking a meal with oil, but was distracted by an emotional call from his girlfriend and forgot the stove was on. When he returned from the bedroom after 45 minutes on the phone, he noticed the stove had caught fire. The fire wound up causing \$10,000 in property damage, but, thankfully, there was no injury or loss of life. **Had the staff not responded with speed and proper protocol, the result could have been tragic.***

Prior to the Nashua Street fire, The Providence Center had a comprehensive, JCAHO-approved fire safety program. All agency staff were educated on fire safety upon hire and were subject to regular fire drills. Staff at greater risk for experiencing a fire - those working with clients in group homes, transitional housing programs and supervised apartments - received eight hours of fire safety training per year. In addition, following routine fire drills, staff would gather as a group to evaluate the evacuation process, document the event and discuss any issues that arose (e.g., a client unwilling to leave the building when the alarm went off, a slow evacuation, staff response to the alarm, etc.). A Hazard Vulnerability Analysis performed by the organization's Life and Building Committee one month before the fire concluded that TPC had a "low" level of probability for a fire occurrence and a "good" level of fire preparedness. Our training process had prepared the Nashua Street staff for dealing with a crisis of this magnitude, which contributed to the individual's tremendous response in the face of what could have been a terrible tragedy.

**Assessing and Addressing Risk:** Following the fire, TPC management and staff involved in the Nashua Street fire performed a root cause analysis and issued a report. This report highlighted TPC's strong response plan and identified the weaker areas of our fire safety plan and staff training program. On the upside, the root cause analysis identified that "it was evident that without the staff person's quick response there could have been a much different outcome. He stated that training had been drilled into him re: fire safety, evacuation, etc., and he felt his response was a result of that." However, although this analysis concluded that staff was well-trained on what to do in the event of fire (putting out the fire, evacuating the building, notifying emergency personnel, etc.), there was an important missing piece - client fire safety assessment and education. Although well-versed on fire drill protocol, mentally ill clients living in TPC group homes were not being assessed for cooking and smoking safety nor being educated on how to prevent fires while using the stove. In addition, in cases where clients might have posed a fire risk (e.g., those tending to be forgetful performing daily living tasks or not disposing safely of lit cigarettes), there wasn't a plan in place to supervise them. These missing pieces were found to be contributing factors in the Nashua Street fire and identified as areas for improvement.

The root cause analysis recommended steps to identifying potential hazards that included:

- Screening clients for their level of safety around potentially hazardous equipment;
- More frequently training staff and clients on fire prevention *and* reaction;

- Establishing an education and supervision plan for clients who have been identified as having unsafe cooking habits or are prone to distraction;
- Assessing all properties for the presence of potential fire hazards; and
- Installing new smoke and carbon monoxide detectors.

**Novel Fire Prevention Tools:** This analysis inspired The Providence Center to develop and implement novel tools to ensure client and staff safety, reduce our exposure to liability and increase the quality of client care. TPC created a client safety assessment tool that is now performed with all existing and new persistently mentally ill clients living in our housing programs. This tool involves the following assessments:

- A check of the client's stove area to determine the presence of unsafe objects;
- A discussion with client about the importance of a clean stove and cooking area;
- An observation of the client's cooking to gauge their food preparation habits;
- A hands-on quiz on safe ways to put out a fire;
- An individual demonstration of proper use of the fire extinguisher; and
- A review of the building's smoking policy, including designated smoking areas, process for cigarette disposal and "do's and dont's" for safe smoking.

The strength of this assessment process is that it allows staff to gauge a client's level of safety and knowledge in a practical, hands-on format, rather than with the use of a more formal, written questionnaire.

Since the development of this tool, both new and existing group home, transitional and independent living program staff - 75 in all - are educated on the use of this tool and the importance of accurately assessing client cooking safety. Supervisors make their staff aware of the risks posed by clients with known proclivities for forgetfulness or unsafe cooking or smoking habits. They carefully teach their employees how to use the assessment tool. When clients are found to pose a fire risk, staff includes a piece in their treatment plan laying out a mandatory staff supervision plan for cooking activities. In cases when this provision has altered an existing client's treatment plan, staff revisits the client's risk after six months and updates the plan if the client shows a greater level of safety with the stove. In the case of the schizophrenic client involved in the fire, staff devised a creative plan for discouraging unsupervised use of the stove.

We have careful organizational oversight of the fire safety training and assessment process. The manager of the Nashua Street program serves as a fire safety leader, training other staff and serving as the expert "on the ground." Our quality improvement director routinely reviews the organization's efforts to spot areas for improvement. In addition, in October of this year, TPC hired a safety specialist to, among other responsibilities, oversee TPC's fire safety training and

assessment process. One of the specialist's roles is to ensure that The Providence Center is in compliance with new state fire codes implemented following the tragic Station Nightclub Fire in West Warwick, Rhode Island, in 2003, an event that killed 100 people and injured more than 200.

**Reducing Organizational Risk:** The implementation of these policies and protocols will increase our chances for preventing future significant loss of life and property. Increased training hours for staff, coupled with hands-on assessment and training for clients, keeps fire prevention more in the forefront in client treatment plans and staff concerns. With clients now an active part of the prevention process, we are addressing the root cause of fire - clients' unsafe use of smoking materials and stoves - instead of simply the result. Since these new procedures have been put in place, TPC has not had a fire occurrence in any of our housing programs. The client responsible for the fire earlier in the year has been cooking safely since that time, without incident. Although the lack of a fire alone does not prove a program's efficacy, our methods and training data leave us confident that our comprehensive program is greatly reducing our exposure to organizational liability and keeping everyone safer.

The resources required to implement this quality improvement initiative were surprisingly few. This process required staff resources to undertake the root cause analysis, develop the assessment tool and training materials, and hold trainings with staff and clients. The program continues to require a commitment of staff resources for ongoing training and oversight and requires staff to spend more time individually with clients. Despite the human costs involved, this program is very cost-effective because all trainings can be performed in-house by employees and the training materials are inexpensive to reproduce.

This program is unique to a behavioral health organization because this field has not traditionally included clients in plans addressing environmental issues. Our fire safety program includes direct action steps for educating clients and developing a safety plan applicable to any housing placement.

**Improving Client Care:** The Providence Center's plan has improved our quality of care - from the perspective of clients and staff - on a number of fronts:

- We have a more comprehensive client treatment plan that addresses environmental risk issues;
- We do a better job of assessing client safety with activities of daily living in supportive housing;
- We empower persistently mentally ill clients to remain as independent as possible in the community, despite potential safety risks; and
- Staff feels more competent assessing client fire

*See Fire Prevention, page 8*

## Fire Prevention, continued from page 7

safety and has a mechanism for ensuring that safety is maintained on a daily basis. (The manager overseeing the Nashua Street program has been told by new employees that they had never been exposed to this level of fire prevention in other positions and that they found the training extremely valuable.)

**Serving as a Model for Others:** At The Providence Center, we continue to strengthen this program and use our expertise to help others. Although we already have a number of staff who have been certified by the Providence Emergency Management Agency as local emergency response team members, we plan to send several more - at no cost to employees - to this program in the coming months. (This program is designed to train and maintain volunteer personnel willing to respond to a local disaster or other emergency.) The addition of our safety specialist in October guarantees that this training program continues to work well and incorporates the use of innovative training tools such as videos. We intend to take our program "on the road" by training other Rhode Island-based behavioral health organizations on our novel program.

This program could readily serve as a national model for fire prevention, as it is easily replicable in a number of ways. It closely follows the traditional clinical process of screening a client to assess risk, educating the client on the issue, and developing plans to move the client to a more positive outcome. This process structure also lends itself to other risk areas faced by behavioral health organizations, including emergency preparedness and spread of infection. Our fire safety training materials and client assessment tool can be used in a variety of client populations and settings. Lastly, this program embraces the values of client independence and empowerment, values universally shared by all visionary organizations. ❖

**Organizational Background:** The Providence Center (TPC) has provided a continuum of behavioral health care services to meet community mental health and substance abuse needs since 1969. TPC is a non-profit, JCAHO-accredited organization created to help adults and children affected by psychiatric illnesses, emotional problems and addictions by providing treatment and supportive services within a community setting. The Providence Center is a recognized leader in improving quality of care while reducing organization liability risk. In 1999 we were recognized by Negley Associates with a second place award for a groundbreaking medical record documentation improvement plan. In 2001 we built on this success by implementing a program to prevent medical record documentation errors. For this program, TPC was awarded a cash prize of \$15,000 by Negley Associates, management company for the Mental Health Risk Retention Group (MHRRG). TPC's CEO is Dale K. Klatzker, PhD. Presenting this paper for award consideration was Sharon Morello, RN, Quality Director. TPC's phone is 401-528-0123.

## Calendar

### MHCA 2006 Spring Conference

*Dates:* May 9-12, 2006  
*Location:* Marriott Savannah Riverfront  
 Savannah, Georgia  
 ☎ 1-912-233-7722 or 1-800-285-0398  
*Rate:* \$171 single/double  
*Registration Deadline:* April 6, 2006

### IIMHL 2006 Leadership Exchange

*Dates:* June 5-9, 2006  
*Location:* Working site visits in England and Scotland with Conference in Edinburgh, Scotland  
*Contact:* Fran Silvestri, IIMHL Director  
[fran@iimhl.com](mailto:fran@iimhl.com)

### MHCA 2006 Summer Conference

*Dates:* August 15-18, 2006  
*Location:* Westin Seattle  
 Seattle, Washington  
 ☎ 888-627-8513  
*Rate:* \$199 single/double with \$25 early departure fee unless hotel is advised before or at check-in.  
*Registration Deadline:* July 17, 2006

### MHCA 2006 Fall Conference

*Dates:* October 31 - November 4, 2006  
*Location:* Westin Riverwalk  
 San Antonio, Texas  
 ☎ 210-224-6500  
*Rate:* \$215 single/double  
*Registration Deadline:* September 28, 2006



## Your Opinion Counts!

The MHCA Member Services Committee urges CEOs to complete a brief, web-based survey by March 31. It's simple to do and available online at <http://www.mhca.com/Members/Surveys/2006MemberSurvey.asp> using the friendly "SurveyMonkey" instrument. Survey results will be studied by the Executive Committee in April and the Member Services Committee in May and will drive development of MHCA's 2007-2009 Strategic Plan. A Membership Issues Forum will be held at our Summer Conference (Seattle, August 15-18) to focus on key issues identified in the survey. ❖