

Executive Report

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Annual Business Meeting Anchors MHCA Winter Conference

At MHCA's 2007 Winter Conference, business is front and center. Dates for the Conference are February 20-23, and our Annual Business Meeting and Luncheon, where informative operational and financial reports are made, will be held on Wednesday at noon (luncheon reservations required). We return to Orlando, Florida for this important gathering. Disney's Contemporary Resort in the heart of "mouse-land" is our meeting location.

Make plans to arrive in time to participate in Tuesday's events as well. An exciting pre-conference workshop will be provided by Uni/CARE, Inc. with May Ahdab, Uni/CARE's President, and her colleague David Lloyd, President, MTM Services, LLC, presenting "Agents of Change." This free, half-day workshop (8:30 am – Noon) will provide tools for the change management challenges that must be addressed for effective implementation of an electronic health records information system. In addition, our Information and Technology Committee will meet at 2:00 pm, and the Mental Healthcare America Board will meet at 4:00 p.m.

MHCA Chairman Erv Brinker will introduce our general session on Wednesday morning and set the stage for our keynoter, Christopher G. Worley, PhD (see sidebar) to talk about achieving sustained organizational effectiveness. Borrowing from book reviews on Worley's recent co-authored book, *Built to Change...* "Back in the good old days, when news traveled at the speed of telex and the world seemed big, change was something that happened to companies once every few years. ...These days news travels so fast - and competitive advantage is so fleeting - that the planned approach has proved woefully inadequate. Change programs come and go so quickly that managers and employees can barely keep up. The result is dysfunctional organizations with low morale and poor customer service. Yet chief executives who decide to slow the pace of change risk being overtaken by competitors. Organizations that foster continuous change (1) are closely connected to their environments, (2) reward experimentation, (3) learn about new practices and technologies, (4) commit to continuously improving performance, and (5) seek temporary competitive advantages." MHCA welcomes Dr. Worley's observations.

A Marketing Focus Group is scheduled for both Wednesday and Thursday afternoons. CEOs are encouraged to introduce their marketing staff to MHCA through this interactive forum. Wednesday's session will include presentations on developing marketing plans while Thursday's session will

See Conference, p. 8

Strategic Change Specialist Will Be Keynoter in Orlando

Christopher G. Worley, PhD will keynote MHCA's 2007 Winter Conference. He is Research Scientist at the Center



for Effective Organizations in the University of Southern California's Marshall School of Business and Associate Professor at Pepperdine University. Worley has co-authored numerous books, among them *Built to Change: How to Achieve Sustained Organizational Effectiveness* with Edward Lawler (Jossey-Bass 2006). His prior book, *Integrated Strategic Change: How OD Builds Competitive Advantage*, was published in respected Addison-Wesley's OD Series, and his text, *Organization Development and Change*, is the leading textbook on organization development.

Worley's primary consulting focus has been on strategy formulation and implementation, organization design, and the longitudinal evaluation of strategic change. His consulting activities are complemented by more than fifteen years of management experience in academic, for-profit, and government organizations. Worley is a member of the Strategic Management Society, the Academy of Management, NTL, and the Organization Development Network. ❖

In Appreciation for Leadership

Recipe for Disaster: Take 146 high achievers who have become accustomed to being “top dog” in their part of the world, put them in a limited egress room, provide only minimal staging, and ask them to cooperatively achieve a task for the common good, an effort that may or may not directly benefit them. Whatever “cooks up”, you can be certain it will not be tasty.

Recipe for Success: Take 146 behavioral healthcare chief executive officers who may sometimes be taken for granted by their local communities and misunderstood by their state legislators and national officials, put them in a three-day conference, provide no remuneration and minimal support, and ask them to share their best practices, participate in peer review, create products that benefit the common good, and inspire others while admitting the need for inspiration. Result? MHCA.

We have among us in MHCA 146 great members. Each participates in their own way. Some are active long-distance via our listserv “buzz”. Some never miss a meeting. A few become leaders of leaders – our board, committee and forum chairmen. Some of these are called upon to “deliver the goods” – to produce a tangible product. Others are asked to inform – to surface ideas for others to consider. Then there are those who are tasked with guiding and mentoring.

We have had in this past year a fine leadership team in our board, committee and forum chairmen. Some are continuing into 2007 while others are passing the baton. We are grateful to each of them – for the time they invest and for the risk they take “getting in the kitchen”. Our recipe for success is based on the best ingredients... individuals who commit themselves

to the Mission of MHCA and inspire us all toward our newly adopted Vision:

“MHCA will be the preeminent global association of high performing providers of behavioral health and related services. Operating as a member driven organization, MHCA will develop leaders and initiators of change and be distinguished by innovation, entrepreneurship and collaboration.”

Our sincerest thanks go to these MHCA leaders for their work in 2006:

Executive/Finance Committee:

Erv Brinker, Chairman
and Tony Kopera, Treasurer

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Ann Borders

Outcomes Committee:

Dan Ranieri

Information/Technology Committee:

Chris Wyre

Marketing Committee:

David Guth

International Planning Committee:

Wes Davidson

New Trends Forum:

Diana Knaebe

Future Forum:

Jim Gaynor

Nominating Committee:

Sue Buchwalter

MHA Board: Denny Morrison

MHCA Board: Erv Brinker



Don Hevey

MHCA MISSION STATEMENT

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

THE EXECUTIVE REPORT

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146 Members in 33 States

One of First CMHCs Now Under Interim Leadership

Like many providers, ACT of Daytona Beach, Florida has been struggling recently to transition from a fee-for-service Medicaid system to Medicaid managed care. A casualty along the way is the August resignation of long time CEO and respected MHCA member Wayne Dreggors. Former Executive VP for Administration, Janet Miller has returned to ACT to provide interim leadership. At this time, according to CFO Tom Cox, ACT is in optimistic contract negotiations with both the State of Florida and managed care company, Magellan.

As ACT refocuses and works its way out of its present difficulties, we are reminded that the organization has a long and successful history. First known as the Human Resources Center for Mental Health, this company received the third grant issued by the National Institute of Mental Health under the Community Mental Health Centers Act of 1963 to establish comprehensive mental health services. It became a founding MHCA member in 1984 under then CEO Bob Quam. In 1986 the organization was renamed ACT and within a year Dreggors succeeded Quam as CEO. For 37 years this dually accredited organization (JCAHO and CARF) has served the populations of Volusia and Flagler Counties on Florida's east coast. Last year alone, ACT's award-winning vocational programs provided jobs to over 850 people with mental illness and other disabilities.

ACT's exemplary history will no doubt serve it well in the future. ❖

George Patterson and the Texana Center Join Up

Texas added its eleventh MHCA member when the Texana Center in Rosenberg signed up in October. CEO George Patterson visited with us in Savannah during our 2006 Spring Conference and won approval for his company's application soon thereafter. Texana Center serves six counties in the southeastern portion of Texas, operating with a \$30 million budget and 523 FTEs. Texana MHMR Center was established on September 1, 1999 when the former Riceland Regional Mental Health Authority merged with the former Central Gulf State-Operated Community Mental Health and Mental Retardation Services. In May, 2006, the Texana Board of Trustees approved a name change from Texana MHMR Center to Texana Center. ❖



George Patterson

Richie Assumes Top Post at Valley Cities

Valley Cities Counseling and Consultation of Auburn, Washington has announced selection of Faith Richie as their new CEO to replace Marilyn LaCelle, who retired in October. During Ms. Richie's recent career she has served as CEO, CFO and COO in human service organizations in Maryland, California and Washington. ❖



Faith Richie

Members Re-Elect Five and Add New Director to Board

Five members of MHCA's Board of Directors have been re-elected on a first ballot to serve from 2007-2009. They are Erv Brinker, Jim Gaynor, Dan Ranieri, Tom Riggs and David Stone. Newly elected to fill the SouthWest Region position vacated by retiring Dick DeSanto is Debra L. Falvo, President/Executive Director of Valley Mental Health in Salt Lake City, Utah. All terms begin at the conclusion of MHCA's February Board meeting. Board members will elect officers prior to the MHCA Annual Business Meeting on February 21 in Orlando, Florida. ❖



Debra Falvo

Stewart Returns from Iraq to Fill DeSanto's Shoes

Waymon Stewart has been appointed CEO of the Andrews Center in Tyler, Texas. He replaces Richard J. (Dick) DeSanto who retired in October. Stewart formerly served as the company's Chief Operating Officer and has recently completed a military tour in Iraq. ❖



Waymon Stewart (left) with Andrews' Board Chair George Hall.

Beatty Replaces Mulloy at Pecan Valley MHMR

Pecan Valley MHMR in Stephenville, Texas has announced its selection for a CEO to replace retiring Theresa Mulloy. Mr. Coke Beatty, former Director for Mental Health and Mental Retardation Programs, is their choice from within, made after a broad search. ❖

Time for...



2007 MHCA
Membership
Dues

A Report from MHCA's 2006 Fall Conference

MHCA's new take on San Antonio is not "Remember the Alamo" but "remember how Stever Robbins got his name." Our keynoter, whose youthful appearance belied his considerable experience, bounded through a presentation on applying for-profit principles to non-profit organizations. Along the way he engaged the audience and, as one in the audience claimed, "challenged our conventional thinking."

General session presentations included excellent contributions from Bluegrass Regional MHMR and The Center for Health Care Services on their nationally acclaimed jail diversion programs. Panelists included Connie Milligan, Bluegrass, and Leon Evans and Gilbert Gonzales, Center for HCS. Another general session hit was "Avoiding Liability for Medication Errors," delivered by affable Ron Zimmet, attorney for MHCA and the Mental Health Risk Retention Group (MHRRG). His presentation was videotaped and will be offered as part of



Keynoter Stever Robbins (left) visited with MHCA Chairman Erv Brinker.



*Above: Jail Diversion presenters Connie Milligan, Leon Evans and Gilbert Gonzales.
Below: Bill Sette, Harriet Hall and Jim Gaynor personalized the 2006 Exchange experience of International Initiative for Mental Health Leaders (IIMHL)*



MHRRG's risk management education library. Bill Sette, Harriet Hall and Jim Gaynor related their valued experiences as "Lessons Learned" from the 2006 Leadership Exchange of the International Initiative for Mental Health Leaders (IIMHL) in Scotland.

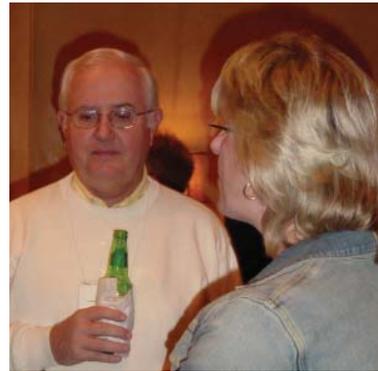
A two-day Information and Technology Focus Group was well attended and included demonstrations on Wednesday by vendors, Anasazi Software, ECHO Group, Qualifacts Systems and Sequest Technologies. Thursday's session was a discussion led by MHCA members who have built their own electronic health record systems. Pine Belt Mental Healthcare Resources, Community Reach Center and Washtenaw Community Health Organizations participated as presenters.

Never shy of challenging topics, both our New Trends Forum and our Future Forum led lively discussions on "Finding Our Tipping Point" (New Trends) and "NanoEthics and Human Enhancement" (Future). Both forums

considered forward-thinking scenarios and provided excellent and rare opportunities to imagine the behavioral healthcare world in decades to come. As is their nature, neither forum sought to answer so much as to ask, to wonder, to mix it up and move forward. New Trends Chair Diana Knaebe and Future Forum Jim Gaynor are commended for keeping these conversations fresh and stimulating.

A Membership Forum on Thursday afternoon rolled out MHCA's 2007-2009 Strategic Plan outline and solicited recommendations for implementation. Discussion centered on maintaining excellence through a continued emphasis on leadership issues. In addition to our long-standing Mission statement, Vision and Values statements have been crafted for MHCA to help keep us focused on essential issues. Erv Brinker wrapped up, saying that these useful observations will be examined further in committees and forums. "This job isn't finished", Erv said, "the Plan for 2007-2009 will hopefully be owned by all of us."

A Wednesday evening reception was dedicated to retiring Dick DeSanto, long time CEO of the Andrews Center in Tyler, Texas. With its Italian theme, the party gave members an opportunity to salute MHCA's "godfather" and good friend. Dick and Beverly DeSanto were gracious honorees, and the party ended much too soon as good wishes and heartfelt tributes continued (see below).



Top Left: Tina Dickson, Phyllis Persinger and Candace Clevenger share a laugh at the reception. Bottom Left: Fellow Floridians Jerry Kassab and Barbara Daire catch up. Right: Attorney Ron Zimmet holds forth.

Thanks go to our conference sponsors who added greatly to the success of our program: QoL meds provided a continental breakfast and hosted boat rides on San Antonio's Riverwalk on Wednesday. MHRRG and Negley Associates provided a continental breakfast on Thursday. ❖

Saluting an Excellent Friend

Dick DeSanto had tried to retire a year ago. But Waymon Stewart, his designated replacement at the Andrews Center, had to answer a military call to Iraq. Plans change. So Dick continued as CEO in Tyler, Texas with an assurance that retirement was on the horizon. Then cancer showed up. Plans change. But Dick DeSanto doesn't slow down. Like every other challenge he's ever met, Dick plunged into treatment and recovery with an undaunted spirit.

In early November when MHCA members met in San Antonio for the 2006 Fall Conference, Dick and Beverly DeSanto were celebrated as excellent friends and most honorable colleagues. It was a fine party. One after another, MHCA members gave tribute to this long time behavioral healthcare leader and exceptional MHCA member. A former Board Chairman and Treasurer, Dick's leadership through the years has helped steady MHCA's course and steer the organization forward on firm financial ground. His thoughtful insights have provided a legacy that will remain.

We all wish Dick and Beverly a well deserved retirement now that Stewart is "back in town" and their treasured mountain home in Arkansas is ready to be occupied full time. Plans change, but it is reassuring to know that friendship lasts and a career well spent will continue to inspire generations to come. ❖



"It's not business... it's just personal!"



Mental Health and Wellness Programs Survey

Scans MHCA Member Activities

In August 2006, the Center for Systems Integration (CSI), on behalf of Jefferson Center for Mental Health in Arvada, Colorado, conducted a national scan to identify and obtain information on mental health and wellness programs offered by behavioral health providers across the country.

In announcing the project, Jefferson Center CEO Harriet Hall, PhD, said, "Jefferson Center has decided to implement a range of wellness services, oriented first to our current clients, but ultimately designed to assist us in serving a larger segment of our community than we can with our more traditional programs. We also see this as a step towards increased relevance to and integration with physical healthcare. We do not want to re-invent the wheel if others have developed or are using good programs."

Consequently, Jefferson Center worked with CSI to develop a survey that was sent to all MHCA member organizations. In response, 117 individuals representing 40 companies completed the online scan. Jefferson Center and CSI have given MHCA permission to release results of their work.

The following is a summary of the survey results. If you are interested in learning more about a particular program, you may contact Dr. Elissa Stein at the Jefferson Center (800-201-5264; ElissaS@jcmh.org).

I. Specific Wellness Programs: Six specific wellness programs were identified and rated according to client use and response. The programs included the following: BC Partners, Active Living, Wellsource, My Pyramid Tracker, Colorful Choices and Pathways to Wellness.

II. Physical Exercise Programs: Thirty respondents answered that their organization has some sort of physical exercise program. These included exercise programs developed in collaboration with community organizations and members, utilization of fitness centers, and bicycle groups for consumers. Survey results show that many providers offer walking groups for consumers by partnering with universities, local agencies, organizations and volunteer groups. Some provide pedometers to consumer participants. A few behavioral health providers use in-house fitness centers or ones located in the community. Consumers can participate

in programs such as exercise and aerobics classes and use personal trainer services at these fitness centers. Some behavioral health providers also have consumer bicycle groups. Many of the bikes have been donated by community organizations. The physical exercise programs mentioned are relatively new with insufficient data to demonstrate their effectiveness.

III. Nutrition Programs: Twenty-three respondents indicated that they have a nutrition program at their agency. Several noted that consumers can access nutrition information from sources such as dietetic interns placed at the agency, staff dieticians and nutritionists. They may also participate in weight reduction clinics associated with the agency.

Many of these nutrition programs are relatively new and data is not yet available to demonstrate their effectiveness. However, positive results for consumers participating in these nutrition programs have been noted, e.g. improved cooking skills and weight loss, with support from staff and availability of daily nutrition education.

IV. Smoking Cessation Programs: Thirty-one respondents stated their agency had a smoking cessation program for consumers.

One provider offers the NOT Program, a tobacco cessation program for high school students through the American Lung Association. It uses a curriculum, incentives, group information, and check-ins. The respondent reported that the NOT program is successful in reducing or eliminating smoking.

Another respondent reported using the 'Cause and Serious' workbooks with consumers but noted that the materials were not very helpful for those with a serious persistent mental illness because of their need for constant reinforcement.

The remaining behavioral health providers offer a variety of smoking programs. Some have developed their own educational smoking cessation programs that are facilitated by medical personnel. Others have collaborated with national associations or with local health departments or hospitals.

V. Workshops: Seventy respondents reported providing workshops for their consumers, e.g. Assertiveness, Stress, Anger, Adolescent and Parenting.

Assertiveness Workshops: (45 respondents) These programs have been developed by universities, nationally recognized mental health professionals, agency staff, and by the state in conjunction with the local community health department.

The majority of respondents rated these programs as very helpful or helpful. Some have found consumers to be empowered and eager to continue with the training. Others noted that these programs are relatively new at their agency with insufficient data to prove benefits or cost savings.

Stress Workshops: (30 respondents) Some offer these workshops in both English and Spanish. They have been developed by mental health professionals, agency staff, and by a state agency. The majority of respondents rated these workshops as very helpful or helpful. Some noted that consumers have experienced a reduction in stress and have developed an ability to recognize warning signs that helps them prevent stress and anxiety from upsetting their lives.

Anger Workshops: (46 respondents) These workshops have been developed internally and by national mental health professionals and federal agencies. Several respondents stated that they use a curriculum with no formal structure. Others stated that these workshops are based on group work. The majority of respondents rated these anger workshops as very helpful or helpful.

Adolescent and Parenting Workshops: (29 respondents) Some stated that they developed these workshops internally. One has combined an adolescent group with a co-occurring parent group that is offered in both English and Spanish. Others offer seminars for parents in the community.

The majority of respondents rated their adolescent and parenting workshops as very helpful or helpful for families. One respondent noted that simultaneous parenting and adolescent groups show more rapid progress than other approaches.

Other Types of Workshops: Twenty respondents mentioned other types of workshops including: Illness Management Recovery (IMR), Dialectic Behavior Therapy (DBT), life skills program, spiritual life program (coordinator on staff), social skills curriculum and a program designed to help parents address children's anxiety and fear. Many respondents rated these workshops as very helpful or helpful for consumers.

VI. Alternative Wellness Services

Twenty-two respondents reported using alternative wellness services for consumers. These include music therapy with volunteer musicians from the community, drumming, art therapy, theater arts, equine assisted therapy, yoga, dance, acupuncture, expressive therapy, and animal assisted therapy in connection with a local zoo. The majority rated their alternative wellness services as very helpful for consumers. Some noted the lack of current data demonstrating service benefits while others articulated the benefits of these programs for consumers and the community. Benefits noted were: displaying art work by consumers to promote mental health and the agency within the community; increased consumer participation in services; a morale boost for some consumers; and increased attention and involvement by a local police department on how to engage people with mental illness in the community.

VII. Promotoras

Six respondents commented on their use of Promotoras. By way of background, Promotoras often work with people with high health risks who live and or work in areas poorly served by the health care systems. Promotora work can include: identifying and linking people to health or support services for which they are eligible; coordinating services between systems; and providing information, education, and counseling for specific concerns that are important to community members.

Many of the respondents stated that they address the needs of Hispanic populations in other ways than Promotoras. Some stated that they offer services in English and Spanish. Others partner with culturally specific organizations to outreach and serve Hispanic populations. Some providers have a team of specialized individuals who work with culturally and linguistically diverse populations to address their mental health needs.

Several respondents noted that these culturally and linguistically responsive services are very helpful resulting in increased referrals for services from diverse populations and bringing attention to needs of changing community demographics.

VIII. Other Cultural Services

Many respondents stated that they provide other cultural services at their agency. Several have specialized programs to meet the needs of African Americans, the deaf community, Russians, Orthodox Jews, Hmong, Chinese and Hispanic populations. One agency has adapted their services to meet the needs of gay, lesbian, bi-sexual and transgender populations (GLBT), individuals with dual diagnoses and other co-occurring health conditions, and homeless individuals.

Several noted the importance of on-going cultural competency training for staff and medical professionals to address the needs of diverse populations. Some also noted the importance of community outreach to engage diverse populations and the hiring of bilingual and bicultural staff to reflect the diversity of the community. Others noted the importance of collaborating with community organizations to assist with outreach and translation services to ethnically diverse populations.

IX. Evidence Based Practices

Illness Management Recovery (IMR):

IMR is a step-down recovery program for seriously mentally ill clients. This program is curriculum based and incorporates elements of Assertive Community Treatment and wrap plans through a person-centered approach.

Thirty-two respondents stated that IMR is used at their agency. The majority rated it as very helpful or helpful for consumers. Some commented on the cost savings that their agency has realized by using IMR. Others noted that consumers involved in the IMR program have become better and more involved in meaningful activities like education and going to work. Others noted, however, that it was too soon to tell how effective IMR was since their program had just been implemented.

Goal Attainment Program (GAP): Two respondents use GAP, a program designed to assist individuals with severe mental illness to formulate realistic life goals. No further information was provided regarding the usefulness of the program.

Other Evidence-Based Practices (EBP): Sixteen respondents said their agency uses other evidence-based practices. Those identified were Assertive Community Treatment, Supportive Employment, Dual Diagnosis Treatment for persons with severe mental illness, and Attachment, Regulations and Competency (ARC) Treatment for complex trauma targeting populations of all ages and both genders.

Noted benefits were significant reductions in service cost with better consumer outcomes; transformation in service delivery; increased clinician competency; increased consumer functioning; reduced hospitalization and hospital stays; reduced symptoms of distress; and improved quality of life.

X. Club House with Wellness Programs

Eighteen respondents reported that their agency provides wellness programs at their Club House. The types of programs offered were linkage of evidence-based practices to an integrated health center offering physical activity; alternative therapies; parenting classes for mothers; stress management programs; nutrition guidance; peer support specialists; and group work to address stress, depression, and social skills development. Some noted the importance of wellness programs in a club house environment. One said that club houses are part of their evolving future development and they value the importance of incorporating the programs at all of their club house locations. Also, the extension of wellness programs to club houses offers access to consumers who might not have an opportunity to participate in these programs otherwise.

Conclusion:

Wellness programs are a relatively new approach used by behavioral health providers to address clients' holistic health needs. Although data is not yet consistently available to demonstrate their effectiveness, many surveyed rated these services as very helpful or helpful for clients. Additionally, some reported on specific benefits observed when clients participate in these wellness programs. As expected, there is limited national data available on the usefulness of evidence-based practices being used as step-downs for consumers transitioning from more restrictive settings to living in the community. However, the practices were rated as very helpful and helpful for consumers who participated in them. ❖

Negley Associates Names New Managing Director

Negley Associates, the underwriting management firm serving Mental Health Risk Retention Group (MHRRG), has chosen a new Managing Director. Nicholas L. Bozzo joined the Negley team in September and will assume leadership responsibilities previously performed by Edward T. (Bud) Negley, MD and Brian Waters. Bozzo was first introduced to the MHRRG Board at their October meeting in Vermont. He comes to Negley Associates with an impressive resume including considerable experience in insurance adjusting.

Continuing on Negley's staff are long time MHCA friends Sue Cohen, Executive Vice President, and Marilyn Udis, MHRRG Vice President.

Founded in 1960, Negley Associates was purchased in 2005 by CRC, an insurance subsidiary of BB&T bank. MHRRG was created by MHCA in 1986 to provide liability insurance to

the behavioral healthcare industry. It remains an independent company.

In all but one of its years of operation, MHRRG has paid a dividend to its shareholders. Over time, many shareholders have nearly covered the cost of their premiums with dividends.

There are 11 members on the MHRRG Board of Directors. Six are appointed by MHCA including three behavioral healthcare CEOs (Harriet Hall, Sue Buchwalter and Wes Davidson) and three "outside" directors (Gil Aliber, John McKeever and George Chaffee, who is the former Insurance Commissioner for the State of Vermont where MHRRG is domiciled).

Class C Shareholders elect three directors (David Dangerfield, Bennett Cooper, and Dale Shreve). This "class" of shareholders provided



Nicholas Bozzo, left, meets MHCA's Don Hevey at MHRRG's October Board Meeting in Vermont.

the initial capital to start MHRRG in 1987.

The National Council for Community Behavioral Healthcare (NC-CBH) appoints another two directors (Howard Bracco and Maggie Labarta, the most recently appointed director).

Of the 11 directors, nine are current or former MHCA members. The MHRRG Board meets quarterly with three meetings coinciding and co-located with MHCA conferences. ❖

Conference, continued from page 1

showcase specific marketing initiatives. Coordinating the Focus Group is David Guth, Chairman of MHCA's Marketing Committee.

On Wednesday the Outcomes/Applied Research Committee and the International Planning Committee will convene in addition to the newly formed Task Force on Membership and our regular New Trends Forum. Just prior to our evening reception a fun-filled, fast-paced "Speed Networking" event will give members a fresh opportunity to get to know colleagues "on the run".

Thursday morning's general session includes three presentations on 1) Provider Operated Pharmacies, 2) Customized Employment, and 3) FCC Regulations and Behavioral Healthcare. That afternoon we will convene MHCA's Future Forum under the newly appointed leadership of Mary Ruiz. In addition, at 3:30 pm, three finalists

in competition for the 2007 Negley Awards for Excellence in Risk Management will make presentations and vie for the top prize of \$15,000.

Friday's schedule includes MHCA's Board of Directors meeting at 8:00 a.m. followed by the Annual Shareholders Meeting and Board of Directors Meeting of the Mental Health Risk Retention Group. Separate registration materials will be sent for the MHRRG events.

Much to do! MHCA conference registration materials will be mailed in mid-December with online registration available also. As we know, Disney properties fill up fast, so make your hotel reservations as soon as possible by contacting The Contemporary Resort (407-824-1000). And remember to sign up for Tuesday's pre-conference workshop before the limited space fills up. Send your completed conference registration directly to MHCA. ❖

CALENDAR

MHCA 2007 Annual Conference

Dates: February 20-23, 2007

Location: Disney's Contemporary Resort
Lake Buena Vista (Orlando), FL

Phone: 407-824-1000

Rate: \$199 single/double

Deadline: January 19, 2007

Note: Historical February temperatures for Orlando, Florida are 74/high and 51/low!

MHCA 2007 Spring Conference

Dates: May 29 - June 1, 2007

Location: Westin Convention Center
Pittsburgh, Pennsylvania

Phone: 800-937-8461

Rate: \$149 single/double

Deadline: May 1, 2007

MHCA 2007 Summer Conference

Dates: August 7-10, 2007

Location: San Diego, California
More Information TBA

IIMHL 2007 Leadership Exchange

Dates: August 27-31, 2007

Location: Ottawa, Canada
Information: www.iimhl.com