

# Executive Report

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## Polished, Proud Pittsburgh Welcomes MHCA

**P**ut it on your calendar – MHCA’s 2007 Spring Conference will be held Tuesday, May 29 through Friday, June 1 in Pittsburgh, Pennsylvania at the Westin Convention Center Hotel.

In keeping with one of our strategic goals, Wednesday morning’s keynote topic will address corporate leadership ethics (see sidebar). Two-day focus groups will be held Wednesday and Thursday for both Information and Technology participants and for Executive Assistants. The Outcomes Committee will host Paul Lefkovitz to discuss enhancements to his process benchmarking exercise and consider possibilities for a future workshop. Our newly formed Task Force on Membership will reconvene to continue their consideration of member issues including meaningful participation and MHCA’s continuing growth.

A tentative field trip is being explored by our New Trends Forum that will introduce participants to an exciting Pittsburgh-based series of training programs bringing new life to the city’s North Side and new hope to youth and adults at risk.

For some time a vocal group of MHCA members has lobbied for a meeting in Pittsburgh. “Try it,” they’ve said, “you’ll like it!” So we’ve explored Pittsburgh and agree – what’s not to like? A convenient,

progressive city beckons, claiming it’s the “only city with an entrance” located at the convergence of three rivers with a background of lovely green mountains.

So come join MHCA in Pittsburgh. If you’ve been there recently you know how fine it is. If you haven’t visited in recent years, you are in for a great surprise! A unique mix of culture, shopping and outstanding restaurants are nestled within 12 square blocks and a short walk from the hotel. Downtown Pittsburgh is surrounded by riverfront walking trails, and there are

more than 100 public golf courses in the area! And...the Pittsburgh Pirates play the San Diego Padres Tuesday-Thursday at home and host the Los Angeles Dodgers beginning on Friday. There’s something for everyone when the business day ends!

Conference registration materials will be mailed in early April. Access hotel and registration information online at [www.mhca.com](http://www.mhca.com). Deadline for hotel reservations and MHCA registration is May 1. Please remember that it is very important that you register your attendance with MHCA! ❖

### Trust Me! Insights into Ethical Leadership



*Frank Bucaro*

MHCA’s keynote speaker for our Spring Conference in Pittsburgh is Frank Bucaro, whose unique presentation approach blends the serious subject of ethics with humor and high-energy. His keynote on Wednesday morning, May 30 will highlight ethics as a powerful ally for growth and sustainability in the marketplace.

A former educator, Bucaro is now a business owner, author, speaker and consultant. He says, “Unwavering attention to ethical practices and behaviors is necessary to reduce vulnerability to costly and embarrassing legal problems, support employee morale and retention, and foster quality customer relationships. An ethical environment helps to create fertile ground for growth and productivity.”

# Strategic Plan Sets Forth Imperatives

With adoption of our 2007-2009 Strategic Plan, MHCA addresses key issues and themes facing the members and the organization. We consider them to be no less than our imperatives. In my report to the 2007 Annual Business meeting in Orlando I presented these 13 imperatives and believe we should keep them “front and center”. These directives will set the tone and specific course of our committees, forums and Board of Directors as we go about the business of MHCA in the coming year.



**Erv Brinker**  
**MHCA**  
*Board Chairman*

- ◆ To assess membership capacity and criteria and codify expectations and benefits of membership.
- ◆ To assure more participation from all levels of MHCA and to achieve greater inclusion and integration of members.
- ◆ To continue CEO and senior leadership development and enhance learning opportunities.
- ◆ To identify appropriate opportunities for board/governance development.
- ◆ To learn best practices from each other and from other industries and countries.
- ◆ To facilitate movement out of comfort zones, to encourage longer term future-thinking and avoid inertia, resistance to change and pessimism.
- ◆ To recognize that many member organizations provide more than behavioral health services.
- ◆ To lead transition to organizational redesign and reinvention.
- ◆ To improve members’ ability to submit to and retrieve data electronically from the MHCA Data Center and other data bases.
- ◆ To execute plan for MHCA’s leadership succession.
- ◆ To maintain our culture of promoting thought leadership.
- ◆ To shape the conversations in the industry.
- ◆ To remain relevant.

I hope each member will find a way to advance these goals by serving on committees, hosting new members, responding to surveys, speaking up in forums and generally participating in the work of this organization however your talents and time permit. MHCA’s strength is in the diversity and ability of its individual members. Be sure your voice is heard.

## 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

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

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## MHCA BOARD OF DIRECTORS 2007

### Executive Committee

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 Gary Lamson  
 Jerry Mayo  
 R. Thomas Riggs, ACSW  
 William J. Sette  
 David R. Stone, PhD  
 Grady L. Wilkinson  
 Chris Wyre

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141 Members in 33 States

## Committee Chairmen Contribute Time and Talent

When CEO Don Hevey describes the work of MHCA, he always notes that it is our members who drive this organization, setting the goals and achieving the milestones both in products and service. Four outstanding MHCA members were recognized for their leadership as committee chairmen at our 2007 Annual Meeting in Orlando.

### **Ann Borders** **Member Services (2002-2006)**

For meaningful interpretation of our mission and vision, for excellent organizational leadership, and for caring and personal commitment to MHCA.

### **James G. Gaynor, II** **Future Forum (2004-2006)**

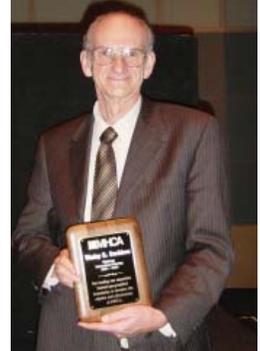
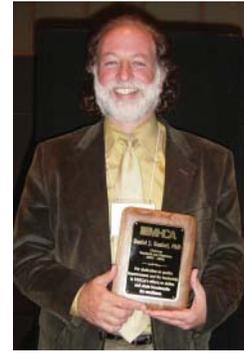
For challenging our status quo, for expanding our reality, for inspiring us to new heights.

### **Wesley R. Davidson** **International Planning (2004-2006)**

For leading our expansion beyond geographical boundaries to broaden the mission and effectiveness of MHCA.

### **Daniel J. Ranieri, PhD** **Outcomes (2002-2006)**

For dedication to quality improvement and for leadership in MHCA's efforts to define and attain benchmarks for excellence.



(clockwise from top left) *Dan Ranieri, Ann Borders, Wes Davidson, Jim Gaynor.*

## Nine Companies Recognized for Their Best Practices in Behavioral Health Care

MHCA's Customer Satisfaction Management System program was initiated in 1995 and includes client, referral and staff surveys. Fifty-two organizations in 16 states contributed client satisfaction data, and 25 organizations contributed staff satisfaction data to MHCA's National Database in 2006. This year's Best Practice winners were announced at our Annual Conference on February 21 in Orlando, Florida by Outcomes Committee Chairman Dan Ranieri.



*Present to receive awards were (left to right): Jerry Mayo, Pine Belt MHR; Greg Speed, Cape Counseling; Bob Dunbar, Adult and Child Center; Susan Buchwalter, The Counseling Center.*

### **The Counseling Center – Wooster, OH**

- ◆ Overall in Category III (5-7 service types)
- ◆ Emergency Services
- ◆ Vocational Services

### **Adult and Child Center – Indianapolis, IN**

- ◆ Overall in Category II (3-4 service types)

### **Family Resources – Houston, TX**

- ◆ Overall in Category I (1-2 service types)
- ◆ Overall in Mental Health
- ◆ Mental Health Outpatient Services

### **Frontier Health – Gray, TN**

- ◆ Overall in Drug & Alcohol
- ◆ Inpatient Services

### **ACT Corporation – Daytona Beach, FL**

- ◆ Drug & Alcohol Outpatient Services
- ◆ Partial/Day Treatment
- ◆ Case Management

### **Cape Counseling Services, Inc. – Cape May Court House, NJ**

- ◆ Mental Health Residential Services

### **Leyden Family Service/Mental Health Ctr.-Franklin Park, IL**

- ◆ Drug and Alcohol Residential Services

### **Pine Belt Mental Healthcare Resources – Hattiesburg, MS**

- ◆ Referral Sources

### **Care Plus New Jersey – Paramus, NJ**

- ◆ Staff Satisfaction



# Annual Conference Presents Fine Programs, Fun-filled Events



*MHCA Chair Erv Brinker welcomed Keynote speaker Christopher G. Worley*



## MHCA's 22<sup>nd</sup> Annual Meeting and Winter Conference

was held February 20-23 in Orlando at Disney's Contemporary Resort with record attendance and an exceptionally dynamic program. Kicking off the agenda was a pre-conference workshop Tuesday presented by UniCARE's May Ahdab and Stephen Woods and MTM Services' David Lloyd on *Electronic Records – Tools for Change Management*.

Wednesday's keynote speaker Christopher G. Worley, PhD received top scores with the presentation of his topic, *Built to Change – How to Achieve Sustained Organization Effectiveness* that is further explored in his book of the same title. Dr. Worley is a research scientist with the Center for Effective Organizations at the University of Southern California's Marshall School of Business.

Our Annual Meeting and Luncheon on Wednesday provided an opportunity to recognize exceptional member service and best practices in behavioral health service (see articles on page 3). MHCA Chair Erv Brinker presented the annual report for 2006 assisted by Treasurer Tony Kopera and Nominating Chair Sue Buchwalter.

Tracking a key element of MHCA's 2007-2009 Strategic Plan was Wednesday and Thursday's Marketing Focus Group where marketing



**Top, left to right:** *MHCA CEO Don Hevey greeted FCC Commissioner Deborah Tate and Centerstone CEO David Guth.*

**Middle, left to right:** *Seated: Joan Wissinger, Bill Lee and Sandra Stephenson. Standing: Steve Atwood, Susan Rushing, Harriet Hall, Don Bechtold and Melanie Taylor.*

**Bottom, left to right:** *From the Cobb & Douglas CSBs - CEO Tod Citron with Kate Brady and Doug Crandell.*



specialist David Paine of Nashville, Tennessee led discussion and a panel presentation on issues related to the promotion of behavioral health centers. Joining him on Thursday were Ken Alexander and Leigh Greenfelder representing Coleman Professional Services, ellise hayden of Meridan Services and Lara Shadwick of the Providence Center. Thursday's general session included top-notch programs on *FCC Regs*, *Provider Operated Pharmacies* and *Customized Employment*. Concluding the agenda on Thursday were presentations by finalists in the 2007 Negley Awards for Risk Management.

MHCA members can access most of these programs online in MHCA's document archives and soon will be able to receive CEU credits through MHCA partner in education, Essential Learning, for portions of the conference that were videotaped and will be created as Leadership Library courses

Our New Trends Forum on *Youth at Risk* and our Future Forum on *Artificial Intelligence and the Future of the Brain* both gave participants good take-aways for further contemplation and action. A fun-filled Speed Networking Event held Wednesday afternoon delighted members and guests alike and gave them an opportunity to get to know each other in a fast paced, light hearted setting. Participants called for a repeat on this new idea.

We are especially appreciative of our several sponsors: Genoa Healthcare for Wednesday evening's reception and hospitality; UniCARE, QoL meds and iCentrix for continental breakfast breaks; and MHRRG/Negley Associates for a delightful Thursday evening reception visited by Disney's Minnie Mouse and Goofy. Congratulations to Negley Associates on their 20<sup>th</sup> Anniversary which they intend to celebrate with MHCA throughout the year.

In all the 2007 Annual Conference was one of our best! Coming up next is our Spring Conference to be held May 29 - June 1 at the Westin Convention Center in Pittsburgh, Pennsylvania. ❖



**Top: Pre-Conference Workshop (left to right) MHCA's IT Committee Chairman Chris Wyre with presenters May Ahdab, David Lloyd and Steve Wood**

**Above: Marketing Focus Group Panelists (left to right) Ken Alexander, Leigh Greenfelder, ellise hayden, David Paine and Lara Shadwick.**

**Below: Scenes from our first Speed Networking Event where members got to know each other in a whole new way!**



**At Thursday's reception, Minnie Mouse won the heart of Rick Karges of Crisis and Counseling Centers while Goofy made time with both Diana Knaebe and Candace Clevenger of Heritage Behavioral Health Center.**



# Total Immersion: An Organization-wide Approach to Risk Management

by Cummins Behavioral Health Systems, Inc.

**Winner: President's Award, 2007 Negley Awards for Excellence in Risk Management**

## I. HISTORY AND BACKGROUND

Cummins Behavioral Health Systems' risk management program had its beginnings in January of 2000, at a time when the organization had recently completed a period of rapid growth and expansion. Over seven years, Cummins had added five new counties to its original two-county service area, had increased its budget by 513%, and had tripled its workforce. Additionally, it was preparing for its initial JCAHO accreditation survey, transitioning away from CARF accreditation.

During its 28-year history, Cummins had not placed a great deal of emphasis upon risk management. Three factors dominated the decision to adopt a strong risk management program: (1) With past organizational attention directed toward other matters, it was now time to "backfill," to develop the advanced clinical and administrative systems and processes necessary to support sound operations; (2) The new accrediting entity required formal risk management processes—systems that Cummins did not yet have in place; and (3) It was the right thing to do.

## II. DESIGNING THE PROGRAM

The staff at Cummins did not have a template for creating a risk management program. *The leadership team decided that it would NOT simply take the JCAHO manual and develop a risk management program that mirrored accreditation standards. We wanted it to be OUR program—one that met our needs, one that was a vibrant and important part of everyday organizational life.* We approached the task in the following manner:

**STAGE 1:** The questions were asked: What keeps you up at night? What are the things that could go terribly wrong in a behavioral health provider organization, and what can we do to prevent those things from happening? What protections do we need to have in place for our consumers, staff, and organization?

**STAGE 2:** The team developed a list of potential risk areas—everything from "How can we help consumers avoid exploitation by others?" to "How could we prevent a clinician from being wrongly accused of sexual misconduct with a client?" to "Do we have sufficient liability insurance?" to "How would we know if we had ghost

employees?" Risk areas were divided into nine categories: (1) Clinical; (2) Financial; (3) Disaster Preparedness; (4) Human Resources; (5) Safety, Facilities, and Transportation; (6) Insurance and Indemnification; (7) Corporate Compliance; (8) Contracts and Agreements; and Claims and Litigation.

**STAGE 3:** The policy on risk management was developed. (Attachment A\*.)

**STAGE 4:** The Risk Management Oversight Committee was organized. The President and CEO, believing that the executive leadership must be highly visible and active in the risk management initiative, has chaired the committee since its inception. Agenda items for this committee are defined in Attachment B\*.

**STAGE 5:** As the newly-formed committee launched its work, much discussion had to do with critical success factors. It was determined the following were essential to success: (1) Risk management has to be *everybody's* business at Cummins; it has to be a part of our organizational culture. (2) Executive leadership and executive example-setting are essential. Our mind set must be about prevention.

## III. IMPLEMENTATION

We needed more than a Risk Management Committee; we needed a plan to integrate risk management and risk prevention into everything our workforce does.

**Employee, Board Education and Awareness:** In order for there to be employee and board member buy-in, everyone must have knowledge and awareness about risk management issues. Key methods used:

>Immediately, the CEO informed staff and board members of the new risk management initiative and its importance. On the first day of each new employee and board member orientation session, the CEO personally explains everyone's role in risk management and Cummins' expectations regarding risk management and prevention.

>Risk management is addressed in detail during various orientation courses and ongoing board and staff training. We emphasize that good clinical quality is the cornerstone of everything we do.

>A number of risk management teams issue regular employee bulletins on HIPAA, safety, youth safety, infection control, clinical issues, corporate compliance, and other topics.

>The Youth Safety Task Force (a spin-off from the Risk Management Oversight Committee) issues quarterly quizzes about youth risk management topics.

>Risk, liability, and loss prevention are key components of the professional development plans and staff and board training curricula within Cummins.

>Cummins' attorney provides the Board with training on legal issues and risk management at least once per year.

## Employee Involvement and the Culture:

After employee knowledge, we believe that the next most important tool for achieving success is the personal commitment of each employee to risk management. Within the organizational culture, there must be wholesale awareness, knowledge, and dedication to the effort. The most effective method we found for achieving buy-in is involving front line staff in various risk management roles within their respective business units—and at the organizational management level. Child and adolescent service providers from each county serve with the CEO and other organizational executives on the Youth Safety Task Force. Each county has its own safety officer. Each county has its own HIPAA safety and security officer. These staff add significant energy to the program, take ownership and pride in accomplishing the goals of their respective risk management areas, and are duly recognized for their achievements.

## Scenario Planning and Risk Reviews:

To help risk management "come alive" and serve our practical interests, Cummins makes heavy use of scenario planning to address risk management issues. Risk reviews and failure mode effect analyses at all levels within the organization engage staff by asking "What if?" "What if there was an accident and a hazardous spill occurred?" "How would we find out about it?" "How would we evacuate everybody?" "Where would we take them?" "How would we operate if a building was unusable for several days?" During a risk

review, we: (1) assess current risk; (2) review existing policies and procedures to see whether potential risks are adequately addressed; (3) look at actual practice to determine whether staff are knowledgeable about the procedures to be used and would be able to take action quickly; (5) identify whether new policies, procedures, or practices are needed; and (5) develop a training, communications, and operational plan to implement new or improved risk management processes.

**Evaluation and Performance Improvement:**

Risk management reports are issued on a monthly, quarterly, and annual basis and are monitored by Cummins' Leadership Council, Board of Directors, and local staff teams.

**Local oversight:** At the beginning of each fiscal year, all business units are provided a set of benchmarks to be achieved during the upcoming year. They include a variety of clinical, safety, compliance, and administrative risk management performance targets. On a monthly basis, during a process known as the operations review, local staff analyze their benchmark outcomes and develop their own strategies for performance improvement. Compensation is based in part on benchmark results, so the measures are taken quite seriously.

**Organizational leadership:** Each month, Cummins' Leadership Council reviews risk management outcomes—and determines whether additional performance improvement strategies are necessary. The chief reports include: Risk Management Report, Safety Report, Corporate Compliance Report, Infection Control Report, Clinical Services Report, Medical Services Report, Organizational Benchmarks Report, Unusual Occurrence and Problem Resolution Report, and Confidentiality/HIPAA Privacy and Security Report.

**Board of Directors:** On a quarterly basis and annually, the Board of Directors reviews various reports on risk management, including the quarterly Risk Management Report, Clinical Services Report, Medical Services Report, Benchmarks Report, and Corporate Compliance Report. The Board has developed its own action plan addressing corporate compliance and Sarbanes Oxley requirements and reviews its progress four times per year. The annual CEO performance evaluation also includes items related to risk management.

**IV. OUTCOMES**

One problem with risk management is that it's hard to say what *didn't* happen

due to a program's implementation. That notwithstanding, the following graph shows results of some of the studies conducted to determine the effectiveness of Cummins' efforts. Comparisons are based either on the baseline year and current performance or the full seven-year periods prior to and following the establishment of the risk management program. It is noted that progress has been *incremental*, with trending showing gradual improvement over time.

(Chief dissatisfiers for consumers are fees; for staff, they are external paperwork requirements - primarily from the Medicaid program.)

**V. RESOURCES**

The program required no outside or additional resources. Because the goal was to fully integrate risk management, we believe the fiscal impact is clearly positive: risks and losses have been reduced and expenses are no more than they would have been without the program.

| RISK AREA   | Pre-Implementation (1993-2000)  | Post Implementation (2000-2007)  | Percent Change   |
|---|---|--|--|
| Liability, legal action                                       | 5 claims filed against Cummins  | 1 claim filed  | 80% reduction in claims (No claims since May 2000)                               |
| External Medicaid audits                                      | Initial Medicaid audit billing errors: \$24,323   | Most recent Medicaid Audit billing errors: \$1,361   | 94.4% reduction (even though Medicaid claims grew 471% During comparison period) |
| Other external compliance, accreditation & regulatory reviews | In 1993 Cummins failed to meet the minimum certification standards set by the state mental health authority | Cummins meets and in most Cases significantly exceeds Standards required by 100% Of ALL external reviews |  |
| Medication errors   | 1.18 per 100 persons served   | .4 per 100 persons served  | 66.1% reduction  |
| Number of falls   | .5 per 100 persons served   | .2 per 100 persons served  | 60% reduction  |
| Unusual occurrences   | 5.01 per 100 persons served   | 2.86 per 100 persons served  | 42.9% reduction  |
| Clinical occurrences  | 4.58 per 100 persons served   | 3.51 per 100 persons served  | 23.3% reduction  |
| Non-clinical occurrences                                      | 3.75 per 100 persons served   | 1.53 per 100 persons served  | 59.2% reduction  |
| Consumer/visitor accidents/injuries                           | .28 per 100 persons served  | .11 per 100 persons served   | 60.7% reduction  |
| Workers Compensation injuries                                 | 12 injuries for 102 employees (1:8.5 injury to employee ratio)  | 13 injuries for 284 employees (1:21.8 injury to employee ratio)  | Ratio of injuries to employees Decreased 65.5%                                   |

**OTHER OUTCOMES**

**Youth Safety Task Force:** Three and a half years after the Risk Management Oversight Committee was formed, it became apparent that services for children and adolescents have unique and far-reaching liability and risk management implications. In October of 2004, the Youth Safety Task Force was established. (Attachment C\* is this committee's charter.) The Task Force established a Youth Safety Education and Awareness Committee, which, among other activities, issues a quarterly staff quiz and gives opportunities for \$50 gift cards for participants. (Attachment D\* offers a sample.) A follow-up e-mail to all staff announces the prize winner and provides an educational briefing on the best practices to be applied in this and similar situations.

**Internal/external customer satisfaction:** From the baseline year of 2000 until the present time, employee satisfaction and customer satisfaction ratings, as measured by five different instruments over the years, have remained at the same consistent levels: above the targets set by Cummins for customer and employee satisfaction, and higher than those achieved by like providers. While we do not have data to indicate that the risk program is a causal factor for satisfaction, our examination of key *dissatisfaction* indicators would rule out the risk program as adversely affecting either consumer or employee perceptions.

**V. SUMMARY AND REPLICATION:**

Nearly seven years after the implementation of an organization-wide risk management program, we believe that our original premises held true: risk management has to be *everybody's* business in any behavioral health setting; it has to be a part of the organizational culture; executive leadership and executive example-setting are essential; and the mind-set should be about prevention.

This low-cost and integrated approach lends itself readily to replication by other provider organizations. The primary prerequisite is *organizational will* rather than expensive or time-consuming add-on processes. As we have learned here, the benefits are myriad—not the least of which is that we DO sleep better at night.

**ABOUT CUMMINS**

Cummins Behavioral Health Systems, Inc. is a private not-for-profit community mental health center established in 1972 to provide behavioral health services within a two-county area in rural central Indiana. The service area now includes eight urban, suburban and rural counties in a geographic area having Indianapolis, Lafayette, and Terre Haute as its boundary cities. During FY 06, Cummins served 9,323 people and delivered 250,877 units of service. Contact CEO Ann Borders for \*attachments/ information: ABorders@cumminsbhs.org

## Big Celebrations for Negley Associates

Negley Associates, the management company for Mental Health Risk Retention Group, celebrated its 20th Anniversary with MHCA in Orlando on February 22 at a reception they sponsored at the Contemporary Resort. Special guests were Disney's characters "Goofy" and "Minnie Mouse" who seemed to enjoy the crowd immensely!

Adding to the festivities was their announcement of winners in the 2007 Negley Awards for Excellence in Risk Management. Present to receive their awards were Denny Morrison of Center for Behavioral Health and Bob Ward of Bayview Center of Avon, Indiana (see their winning program description on p. 6). ❖



**Top:** *Disney's Goofy celebrates Negley Associates' 20th Anniversary with Nick Bozzo, Bud Negley and Gil Aliber*

**Bottom:** *(left to right) Negley Award Winners Denny Morrison and Bob Ward with Bud Negley, Gil Aliber and Nick Bozzo - not pictured are Ann Borders and Theresa Knotts*

## CALENDAR

### MHRRG Board Meeting

**Date:** May 11, 2007  
**Location:** Equinox Hotel  
 Manchester Village, Vermont

### 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 6-10, 2007  
**Location:** Westin Horton Plaza  
 San Diego, California  
**Phone:** 619-239-2200  
**Rate:** \$ 249 single/double  
**Deadline:** July 12, 2007

### IIMHL 2007 Leadership Exchange

**Dates:** August 27-31, 2007  
**Location:** Ottawa, Canada  
**Information:** [www.iimhl.com](http://www.iimhl.com)

*Negley Associates and The Mental Health Risk Retention Group (MHRRG) are proud to congratulate the 2007 Negley Award Winners!*

### *President's Award*

*Cummins Behavioral Health Systems, Inc.*

*Ann Borders, CEO*

### *Chairman's Award*

*Center for Behavioral Health*

*Dennis P. Morrison, CEO*

### *Board of Directors' Award*

*Bayview Center for Mental Health, Inc.*

*Robert S. Ward, CEO*

*The Negley Awards were established in 1990 by Negley Associates, Underwriting Managers of the Mental Health Risk Retention Group (MHRRG), to recognize and reward outstanding achievement in risk management by community behavioral healthcare centers.*

*Negley Associates and MHRRG serve the insurance needs of the behavioral healthcare community.*

**NEGLEY ASSOCIATES**  
 UNDERWRITING MANAGERS

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