



# Executive Report

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Fall Conference 2005

## Scottsdale Beckons...

**A**rizona's Scottsdale is the location for MHCA's 2005 Fall Conference, October 25-29. We will meet at the Westin Kierland Resort, a new property offering the best of the region's amenities. Registration materials were sent in late August. Deadline for hotel reservations and conference registration is September 22.

Workforce demographics specialist David W. DeLong keynotes on Wednesday. His topic is "Confronting the Strategic Threat of an Aging Workforce – A Framework for Action" (see sidebar). On Thursday MHCA members Dan Ranieri and William Greer will describe their organizations' exemplary programs on diversity training. Alaska member Maryalice Larson will describe how her center, Behavioral Health Services of Matsu, has very recently successfully applied for and been granted FQHC status. Thursday's agenda is further complemented by a visit from NCCBH President/CEO Linda Rosenberg who will update us on pertinent political matters. In addition, IIMHL's Director Fran Silvestri will make a report on sabbatical planning and the upcoming 2006 International Leadership Exchange in Scotland.

Our Information and Technology Committee is hosting a second IT Focus Group with half-day sessions on Wednesday and Thursday. Other committees will be meeting throughout the conference – registration materials include a complete preliminary agenda.

The Mental Health Risk Retention Group Board of Directors will sponsor their annual Shareholders Event at Scottsdale Insurance Company's corporate headquarters on Thursday evening, the 28th. Shareholders will be hearing details directly from MHRRG. Their Board meeting will be held on Friday morning as will the MHCA Board meeting.

Scottsdale always beckons – from its 125 art galleries to its scenic vistas, extensive biking paths and world-renowned golf courses, there's always something fun to do if you can catch a few leisure moments. Make time for this great conference and join your MHCA colleagues in October for days of important learning opportunities...and maybe just a bit of relaxation. ❖

### Confronting the Strategic Threat of an Aging Workforce: A Framework for Action

David W. DeLong, Research Fellow, MIT AgeLab

Executives today recognize that their firms face a wave of retirements over the next decade as the baby boomers hit retirement age. At the other end of the talent pipeline, the younger workforce is developing a different set of values and expectations, which creates new recruiting and employee retention issues. The evolution from an older, traditional, highly-experienced workforce to a younger, more mobile, employee base poses significant challenges, particularly when considered in the context of the long-term orientation towards downsizing and cost cutting.



MHCA's Fall Keynoter David DeLong is a research fellow at the MIT AgeLab where he conducts ongoing research into the challenges posed by an aging workforce. His investigations are also sponsored by the Working Knowledge Research Program directed by Tom Davenport at Babson College's School of Executive Education. DeLong has lectured and consulted in the U.S., Europe, Australia, and South America, and is a widely-published writer whose work has appeared in journals and magazines such as *Harvard Business Review*, *The New York Times*, *The Boston Globe*, *Newsweek International*, *Computerworld*, and *Inc. Magazine*. In his address to MHCA, DeLong will outline the broad issues involved in this topic and provide tools for developing a knowledge-retention strategy and function.

He is author of *Lost Knowledge*, a book that delivers a detailed action plan for those who need to think strategically about the threats and opportunities posed by changing workforce demographics. *Lost Knowledge* helps managers identify the best tactical responses to these threats.

Dr. DeLong holds a doctorate in organizational behavior from Boston University, an M.P.A. from Harvard's Kennedy School of Government, and a B.A. in history from Colby College.

# President's Column by Donald J. Hevey



Donald J. Hevey

## Knowledge - Is it worth keeping?

In his book *Lost Knowledge, Confronting The Threat Of An Aging Workforce*, our Scottsdale keynote speaker David DeLong concludes with these statements:

"Ultimately, taking a strategic approach to knowledge retention can help you manage the risk of lost knowledge by reducing costly surprises. It will also help develop more of a future orientation, which will be essential to address the challenges of sustaining workforce capabilities in the years ahead.

Retaining organizational knowledge is not just a short-term management problem. Like the quality movement, it represents a philosophical approach to business that will become a prerequisite for remaining competitive in the years ahead. Retaining knowledge to sustain performance in the face of changing workforce demographics is a management challenge that is here to stay for at least the next two decades."

We are all aware that an unprecedented number of highly skilled professionals and managers will be leaving their jobs in the next few years as aging baby boomers begin retiring from the workforce in droves. The behavioral healthcare industry will not be exempt from this phenomenon, and you will be faced with the real possibility that the value of your organization's intellectual capital may be significantly reduced.

We have seen real evidence of a significant level of retirement among MHCA members in the last several years, and that trend will only increase over the next two to five years. It is projected that as many as a third of current CEOs in the MHCA membership will be retired five years from now.

Are you protecting your organization's intellectual capital? Do you have plans and strategies in place to ensure the retention of your current knowledge base? Join us in Scottsdale to hear David DeLong outline some strategies and frameworks to help you and your managers improve the retention and transfer of vital knowledge that you and your organization now has. ❖

## Nominations and Elections for MHCA Board

MHCA Board of Director terms will end in February for the following six Board members: Howard Bracco, Sue Buchwalter, Wes Davidson, Rich DeHaven, Tony Kopera and Gary Lamson.

A call for nominations was mailed the week of August 15. Your response is due, post marked by September 9. Balloting will be mailed September 30 with an October 31 return date. New Board member three-year terms will begin February 24, 2006.

Committee Chairman Dick DeSanto, Tom Riggs and I are serving as your Nominating Committee. We urge all of you to take part in this important nomination and election process.

## MHCA Board of Directors

### Officers:

Susan D. Buchwalter, PhD  
Chairman  
Ervin R. Brinker  
Vice Chairman  
Dennis P. Morrison, PhD  
Treasurer  
Anthony A. Kopera, PhD  
Secretary  
Susan L. Rushing  
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Richard J. DeSanto  
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& Chief Executive Officer

### Directors

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Wesley R. Davidson  
C. Richard DeHaven  
James G. Gaynor II  
David C. Guth, Jr.  
Harriet L. Hall, PhD  
Kenneth Jue  
Gary Lamson  
Jerry Mayo  
Daniel J. Ranieri, PhD  
R. Thomas Riggs, ACSW  
William J. Sette  
David R. Stone, PhD

**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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## HRA Appoints Fran Flener Director of Product and Program Development

Jim West, CEO, Health Resources of Arkansas, Inc. (HRA) in Batesville, Arkansas has announced appointment of Fran Flener as Director of Product and Program Development. With a Master's Degree in Health from Western Kentucky University and a background in health administration and strategic planning, Flener is a proven executive with a unique combination of leadership and development skills.



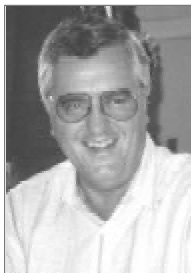
*Fran Flener*

"As the wife of the late Bill Huddleston, Fran brings to HRA the ability for maintaining local, state and national contacts to provide services and programs that are in tune with the needs of each community that we serve," said West. "She has the leadership ability to assume the role in building a bridge of trust among consumers, regulators, other health care corporations and the business community in order to maintain relevant programs for the people we serve." Prior to officially joining HRA, Flener served as the Chairperson of the Arkansas Health Services Commission, Director of Planning for Baptist Memorial Hospital in Memphis, Tennessee and the Executive Director of Delta Hills Health System Agency.

Flener's involvement in development most recently has been as a community volunteer. She initiated the creation of an after school child care program for children of working parents now operated by the Batesville School System. Additionally, she has served as a Trustee of the Old Independence Regional Museum, the Batesville Planning and Zoning Commission and is the current President of Wood-Lawn Nursing Home, Inc. ❖

## Retiring to the West Coast

Long time MHCA member Melvin J. Smith (Mel) has retired as CEO of Resurrection Behavioral Health (formerly Proviso Family Services/ProCare) in Chicago. He and wife Barbara will reside in Washington State where she is a textile artist. In his years with MHCA Mel has served on the Board of Directors of MHCA Enterprises, Inc., one of MHCA's for-profit subsidiary corporations. Taking charge at Resurrection BH is Interim Vice President Frank Perham, LCPC. Resurrection BH is part of the Resurrection Health Care system and operates seven service centers in the Chicago area. ❖



*Mel Smith*

## Gorman Picks Up Reins as Jesse Turner Retires in New Hampshire

There's been a change in leadership at West Central Behavioral Health Center in Lebanon, New Hampshire. Retiring this summer, Jesse D. Turner, PhD turned the reins over to colleague Paul E. Gorman, EdD, formerly Director of the West Institute at New Hampshire-Dartmouth Psychiatric Research Center. MHCA featured Jesse in our 2004 historical video, *You Can't Not Do That*, in which he described the early days of the CMHC movement. Turner was recognized earlier this year by the National Council for Community Behavioral Healthcare with their Lifetime Achievement Award. Paul Gorman was welcomed as a new CEO at our recent summer conference. ❖



*Jess Turner*



*Paul Gorman*

## New Members and Guest Welcomed

In June the Crisis and Counseling Systems, Inc. of Augusta, Maine became that state's second MHCA member. CEO Richard (Rick) Karges attended our Summer Conference and was welcomed along with Amanda Murphy, CEO of Hopewell Center of St. Louis, Missouri. Hopewell joined in January, but this was Dr. Murphy's first opportunity to join us for a meeting. In March she participated in the 2005 IIMHL Leadership Exchange where she met a number of our members. With these new members, MHCA's membership numbers 137 in 33 states. Also attending the conference was visiting CEO, David E. Johnson of the Bert Nash CMHC in Lawrence, Kansas. Morris Roth of Pikes Peak served as his appointed host. ❖



*Rick Karges*



*Amanda Murphy*



*At the recent MHCA Conference David Johnson, CEO of Bert Nash CMHC, visited with Kansas friend, Karen Suddath of the Wyandot Center.*



August 25-29 ♦ Newport Beach, California

## Raising the Bar: *Keynote, Panels, Forums and Focus.*

Philanthropy. Fundraising. Asking for the dollars. It's enough to make most of us a bit squeamish. But those listening to Jerold Panas, keynoter for MHCA's Summer Conference in Newport Beach, got

LillyUSA Business-to-Business Division. Ms. Lester dissected the very complicated MMA, explaining its key components and potential pitfalls. MHCA is grateful to Lilly for this presentation and for hosting our Thursday evening reception. Panelists for the Services to Seniors presentation included representatives of three MHCA member organizations – Lifeworks NW of Portland, Oregon; Prairie View of Newton, Kansas; and Valley Mental Health of Salt Lake City, Utah.

A second, equally successful session of the Marketing Focus Group was led by Nancy Brewster Hubbard, former legislator and current Vice President of Development at Tennessee's Centerstone. Her focus was on going beyond fundraising alone to development, to creating "donor-investors." Marketing Chair David Guth and facilitator Cissy Mynatt

assisted with the program. Our New Trends Forum offered participants another opportunity to delve into "Process Benchmarking", an exercise first introduced at our 2005 Spring Conference. Paul Lefkowitz, PhD, President of Behavioral Pathway Systems, again led the exercise. The topic was Outpatient Counseling/



*Keynoter Jerold Panas connected with MHCA members as he introduced compelling fundraising issues in General Session at our 2005 Summer Conference. At right, Panas is pictured with Marketing Committee Chairman David Guth*

the message. If you don't ask, you won't receive. If you learn how, you'll reap amazing benefits. With a gentlemanly approach and a quiet but compelling delivery, Panas offered plenty of practical advice on corporate fundraising techniques...from exploring "reasons people give" to identifying "objections to getting the visit". He profiled major gift donors and emphasized the importance of believing in your mission. In addition to his excellent keynote, Panas joined our Marketing Focus Group for a session on raising Board awareness and involving them in fundraising. He received high marks for both presentations. As one evaluator quipped, "Where was he when we were all trying to get dates – no one could say no to him!"

The Summer Conference was held in Newport Beach, California beginning with committee meetings on Tuesday, August 9. It adjourned on the 12th after MHCA's Board of Directors meeting. In addition to the keynote, general session presentations were made on the Medicare Modernization Act (MMA) and Services to Seniors. Delivering an exceptionally helpful presentation on MMA was Katherine Lester, Manager of Medicare Strategy for Eli Lilly & Company's



*Services to Seniors: Panelists were (seated) Kathy Bales and Mary Monnat, CEO, LifeWorks NW; (standing) Natalie Thornley and Debra Falvo, CEO, Valley Mental Health; and Mary Carman and Jessie Kaye, CEO, Prairie View.*

## Groups Elevate Expectations

Psychotherapy Productivity. Participants had prepared ahead of the meeting to bring local data and engage in real benchmarking analysis.

Jim Gaynor, Chairman of MHCA's Future Forum, kicked the dialogue up a notch with his introduction of "radical evolution" as described in a book of the same name by author Joel Garreau. A full throttle discussion ensued, leading former Future Forum chair Jim McDermott to claim that the conversation was exactly what was envisioned when MHCA first formed the group. Free wheeling and "out there" it led to imaginative scenarios and encouraged creative problem-solving.

Our International Planning Committee met with International Initiative for Mental Health Leaders (IIMHL) Director Fran Silvestri to receive updates on that group's Trailblazer and Expert Resource programs. They also heard more about the upcoming 2006 Leadership Exchange scheduled for Scotland in June.

At Wednesday's orientation session, new members Rick Karges and Amanda Murphy were welcomed along with new CEO Paul Gorman and guest David Johnson (see page 3). Assigned hosts had personally welcomed these four to our conference and assisted them in becoming familiar with the program. MHCA's Member Services Committee is responsible for our host program and encourages members to participate.

On Thursday afternoon a Genoa Healthcare Users Group met opposite our Peer Consult Users Group. Many thanks to the Genoa folks for their generous sponsorship of Wednesday's evening reception.

Whether you were attending this conference as a new member, an old timer, a guest or a corporate visitor, there were ample opportunities to catch the excitement of new ideas, enjoy the respite of beautiful surroundings and revel in the company of interesting colleagues.

**M H C A conferences – the place to be!! ♦**

MHCA members can access presentation materials from this conference on the MHCA website ([mhca.com](http://mhca.com)) document archives section.



*Katherine Lester (top left) of Eli Lilly met with MHCA Chairman Sue Buchwalter after the presentation on MMA. Later she visited with Grady Wilkinson and Lilly's Borden Wilson at Thursday's reception, generously hosted by Eli Lilly and Company.*



*Centerstone's Nancy Hubbard (center) led a Marketing Focus Session on fundraising and development. With her are David Guth, Marketing Chairman, and Cissy Mynatt, facilitator.*

## Improvement of the Medication Use Process through Centralization of Nursing Services

By Boys Town National Research Hospital, Omaha, Nebraska

Winner: Board of Directors Award, 2005 Negley Awards for Excellence in Risk Management

The Behavioral Health Services of Boys Town National Research Hospital (BTN RH) encompass varying levels of care. The Intensive Residential Treatment Center (IRTC) is designed to help troubled youth ages 7 to 18 with psychiatric disorders. Located on the campus of Boys Town National Research Hospital in Omaha, Nebraska, the IRTC provides safe, secure and effective treatment within a family oriented unit and is currently a 40 bed 24/7 program. The IRTC offers a program specifically designed for more seriously troubled youth who require supervision, safety and therapy but do not require inpatient psychiatric care. The three 13-bed, 24/7 Treatment Group Homes (TGH), comprised of two male and one female home, provides safe, secure, and effective treatment for behaviorally impaired and emotionally disturbed youth ages 8 to 18. These youth present a psychiatric profile that makes them appropriate for treatment in a safe, structured environment that offers the support, which enables youth to progress in daily living skills and appropriate healthy socialization. The program provides active treatment for youth who no longer need intensive services but whose diagnosis and treatment plan determine a need for less restrictive, but extended care alternative to residential treatment.

The personnel at BTNRH primarily responsible for day-to-day medication management are Registered Nurses and Registered Pharmacists. The IRTC and TGH also utilize Registered Medication Aides (RMA) to administer medications. The focus of this report is on the TGH program.

RMAs may participate in medication administration under strict guidelines. This includes successfully completing BTNRH's medication training program, demonstrating competency, and administering medications only under the direction and monitoring of a Registered Nurse (RN). RMAs must be certified on the Medication Aide Registry maintained by the Nebraska Department of Health and Human Service Credentialing Division. (Title 172, Chapter 95-96). The state of Nebraska grants certification for 3 years. Internal competency reviews are completed annually and as further indicated.

The RMA is responsible for getting the *right* drug to the *right* recipient in the *right* dosage by the *right* route

at the *right* time (five rights). The individual RN providing direction and monitoring is responsible for observing and taking any appropriate action regarding any desired effects, side effects, interactions, and contraindications associated with the medication.

The Residential Treatment Center and the Treatment Group Homes share a similar process for medication management. Medication orders are faxed to the contracted pharmacy, Creighton University Medical Center Clinic Pharmacy, where a pharmacist reviews the orders before being dispensed. They are evaluated for appropriateness of therapy, contraindications, and cost-effectiveness. Any concerns that the pharmacist has are discussed with the prescribing physician and the nurse prior to any medication being dispensed.

The medications are dispensed in unit-dose packaging, labeled as a prescription, and delivered to the nursing unit in a locked tote by BTNRH security personnel. Medication Administration Records are provided by the pharmacy for all new admissions and at the beginning of each new month. A Registered Nurse reviews each new Medication Administration Record (MAR) by comparing the new MAR to either the physician orders or to the previous month's MAR as appropriate. Any discrepancies on the new MAR are discussed with the pharmacist and resolved. When it is discovered that a discrepancy has resulted in a medication error, then a medication error report is completed.

Either a Registered Nurse or a Registered Medication Assistant administers the medications. Prior to administration, the RN or RMA performs a 5-point check comparing the medication, medication label, and medication administration record to assure that the right medication is being given in the right dose at the right time by the right route to the right patient. Patients are identified by their name and photograph, which is kept with the MAR, meeting the JCAHO Hospital's National Patient Safety Goal of improving the accuracy of patient identification. The prescription label affixed to the medication is compared to the MAR to ensure that the medication name, dose, route and directions match. Any discrepancies are discussed with the pharmacist and resolved. When it is discovered that a discrepancy has

resulted in a medication error, then a medication error report is completed.

The medication error reports are forwarded to the consultant pharmacist who prepares a quarterly report for the Pharmacy and Therapeutics (P&T) Committee. The P&T Committee reviews the report, recommends any necessary action, and forwards their findings to the Medical Executive Committee of BTNRH. The consultant pharmacist on a quarterly basis presents these findings to the Medical Executive Committee.

From 2000 - 2002, the error rate per 1000 doses for both the RTC and the TGH ranged from 1.7-2.4. In the first quarter of 2003, the error rate for the TGH increased to 4.4. By the second quarter, this rate was 11.6. The overwhelming majority of these errors were administration errors with the most common administration error being the omitted dose. It should be noted that all of these errors were non-sentinel events and did not result in significant adverse effects, nor did they increase patient stays. When the medication administration process at the Treatment Group Homes was examined, it became evident that there were too many individuals (RMAs) who had medication administration responsibilities, which resulted in a decreased level of continuity of medication dispensing. An individual RMA might administer medications only once every several weeks. This infrequency of performing the task made it difficult to maintain competency and accountability. In addition, the RMAs administering medications so infrequently did not maintain a sense of ownership for the task, which resulted in decreased commitment to the medication management program.

In late 2003, there were 63 RMA's trained to administer medications at the Treatment Group Homes with only 1 Registered Nurse providing oversight. One nurse alone was not able to maintain training, assure competency, and provide supervision for this many RMA's. It was suspected that this was a contributing factor to the increasing number of medication errors. In addition, it was expensive to provide training and competency assessment for this many individuals.

While the nurse was responsible for oversight of the RMA's medication administration duties, the coordinator for the individual Treatment Group Home to which they were assigned ultimately supervised the RMAs. These coordinators supervised activities such as scheduling health care appointments, ordering medication refills, and recording vital signs.

To improve the consistency for medication administration and other aspects of medical, dental, and

vision health care, the TGH nurse proposed that the TGH nursing office become a separate functioning department that would include the RMA's previously under the auspices of the individual homes. The nursing office would be responsible for all medical, dental, and vision needs of the TGH youth. Rather than having the coordinator for each individual Treatment Group Home responsible for youth health care appointments, the nursing office would assume this role. The nursing office would include 4 RMAs who would be responsible for:

- ♦ Administering medication
- ♦ Documenting medication administration
- ♦ Scheduling health care appointments
- ♦ Transporting youth to health care appointments,
- ♦ Maintaining adequate inventory of physician ordered medications
- ♦ Collection and recording of vital signs
- ♦ Collecting and documenting monthly Performance Improvement measures
- ♦ Performing chart reviews for proper paperwork and documentation
- ♦ Assisting with documentation and follow-up regarding health care issues.

There were also several other individuals retained as RMA's to provide back-up coverage, however, only four individuals perform the job on a routine basis (one full time and three part time). These four positions cover 88 hours out of 188 hours a week on site. This proposal would not only increase the accountability of the nursing office, but would also decrease the expenses for training and competency assessment for the RMAs. Since the TGH program would be internally shifting direct care personnel from one department to another, there would be little to no impact on the salary budget.

The proposal was accepted and implemented in January of 2004 with great success.

- ◆ The medication error rate per 1000 doses decreased from:
  - ♦ 6.9 in the last quarter of 2003 to
  - ♦ 1.5 in the first quarter 2004 to
  - ♦ 0.6 and 1.2 in the second and third quarters of 2004 respectively
- ◆ The documentation of pain assessments improved from:
  - ♦ 41% in February of 2004 to
  - ♦ 76% in March of 2004 to

*See Centralization, p. 8*

Centralization, continued from p. 7

- ◆ 98% in April of 2004 to
- ◆ 100% in both May and June of 2004

- ◆ Youth refusals to take medication has reduced steadily and dramatically from:
  - ◆ 69 refusals in the 4th quarter of 2003 to
  - ◆ 44 refusals in the 1st quarter of 2004 to
  - ◆ 15 refusals in the 2nd quarter of 2004

These numbers all fall well below the national averages.

In addition to the above improvements, no medical, dental, or vision appointments have been missed due to RMA error since March of 2004, consistency in the documentation of medications on the Medication Administration Records has dramatically improved, required narcotic counts are consistently documented, monthly youth vital signs are consistently obtained and documented, and monthly Performance Improvement data collection is consistently completed.

Having this RMA program in place has also allowed the TGH nurse to develop several other medical-related improvements. The nurse has been able to focus on obtaining the youth immunization records and keeping them current; re-organize each Treatment Group Home's medication dispensing areas to insure compliance with all state legal requirements and Joint Commission Standards; track all youth medications, medication errors, and youth injuries in the Boystown National Database system allowing this information to be incorporated into the youth's treatment plan; and focus on youth teaching regarding medications, general hygiene, safety, and general health care.

The Boystown TGH also routinely surveys their residential youth each quarter, including a satisfaction rating in regards to medication teaching and knowledge of medications and effects. Since the initiation of the RMA program, the past two quarters of consumer reports revealed and improvement in the quality of care and understanding in youth medication management. ❖

### About Boys Town National Research Hospital

Girls and Boys Town, founded in 1917 and officially known as Father Flanagan's Boys' Home, is a national, nonprofit, nonsectarian charity engaged in the care and treatment of at-risk boys and girls, and families in crisis. Headquartered at Boys Town, Nebraska, it offers numerous assistance, treatment, educational, and medical programs throughout the United States.

Since opening its doors in 1977, **Boys Town National Research Hospital** has provided comprehensive care and treatment, including corrective surgery to nearly 200,000 children with hearing loss, speech problems, cleft lip and palate, vision impairment and related disabilities.

Girls and Boys Town's direct care programs, which provide a continuum of care for youth, include Behavioral Health Services, Residential Services, Short-Term Residential Services (Shelters), Family-Based Services, and Treatment Foster Family Services. Behavioral Health Services provide short-term inpatient treatment for children and adolescents ages 7 to 18 who have severe emotional, behavioral and mental health problems. Residential Services focus on family style living. Short-term Residential services work toward achieving individual treatment goals, learning life skills and problem-solving techniques, identifying challenges, and making better choices. Family-Based Services provide trained consultants to help families whose children are at-risk for removal from their homes due to abuse or neglect. Treatment Foster Family Services provide care to infants through 18-year-olds, who need more attention and treatment than they could receive in a traditional foster care placement.

Presenting this program for Award consideration were Dorraine Reynolds, Pharmacist, and Dennis Vollmer, Director of Treatment Group Home. CEO is Patrick E. Brookhouser (402-498-6510).

## Calendar

### MHCA 2005 Fall Conference

**Dates:** October 25-28, 2005  
**Location:** The Westin Kierland Resort  
 Scottsdale, Arizona  
 ☎ 1-480-624-1000  
**Rate:** \$219 single/double  
**Registration Deadline:** September 22, 2005

### NEGLEY AWARD APPLICATION DEADLINE\*

November 10, 2006  
*\*2006 Negley Award Finalists present first at MHCA's Annual Conference and again at NCCBH's Training Conference.*

### MHCA 2006 Annual Meeting\*

**Dates:** February 21-24, 2006  
**Location:** Don CeSar Beach Resort  
 St. Pete Beach, Florida  
 ☎ 800-282-1116  
**Rate:** \$209 single/double  
**Registration Deadline:** January 17, 2006

### NCCBH 36th Annual Training Conference\*

**Dates:** April 8-11, 2006  
**Location:** Renaissance Orlando Resort at Sea World  
 Orlando, Florida  
[www.nccbh.org/orlando](http://www.nccbh.org/orlando)

### 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)