Preview: Summer Conference Is in California

In August members and guests will return to a favorite meeting spot for MHCA's 2005 Summer Conference. Make plans now to be in Newport Beach, California at the lovely Four Seasons Hotel, August 9-12 *(see Calendar for details – conference registration materials were mailed in early June).*

Keynoting the conference is fundraising specialist Jerold Panas of Jerold Panas, Linzy & Partners. Dr. Panas is a prolific author of note in the field of philanthropy. His books include *Mega Gifts, Born To Raise, Finders Keepers, ASKING, and Making the Case.* In addition to his Wednesday morning keynote address, Dr. Panas will join the Marketing Focus Group as a consultant to their Wednesday afternoon session. The Focus Group will meet on Thursday afternoon as well, and CEOs are encouraged to bring marketing/ fundraising personnel to this two-day, interactive exchange.

MHCA's New Trends Forum will revisit the topic of Process Benchmarking as a follow-up to our very successful Spring Conference introduction to this exercise. Our Standards & Outcomes Committee meeting will follow the Process Benchmarking discussion in order to allow time for further reflection on incorporating this very useful tool in MHCA's benchmarking initiative. In its second session, New Trends will examine a topic to be determined prior to the meeting via MHCA's Listserve.

On Thursday morning, we will hear an important address on the Medicare Modernization Act (MMA) from Katherine Lester of Eli Lilly & Company. MMA will significantly impact the way consumers receive needed medications for mental illness. The transition of dual eligibles from Medicaid prescription coverage to the new Medicare Prescription Drug Benefit (Part

August Keynoter Jerold Panas

Jerold Panas, Linzy & Partners is one of the nation's most highly regarded firms in the field of campaign services and financial resource development. A major force in the industry, the firm has offices in Chicago, Boston, Sydney, and Melbourne. Since its founding in 1968, the firm has served over 1600 client-institutions.

The firm is engaged in all phases of financial development. This includes pre-campaign feasibility studies, development office audits, public relations and design communications, foundation research and grants, resident campaign services, and consultation for strategic, governance, and leadership attainment.

Before his work with Panas, Linzy & Partners, Dr. Panas was Senior Vice President of Westminster College in Princeton, New Jersey. Before that, he was Executive for Administration and Finances for the National Council of YMCAs. He has served as a member of the board of directors of the Association of Health Care Consultants, the Association of Management Consultants, and chairman of the board of directors of the National Health Care Board. He is a member of the board of the Council of Independent Colleges.

D) occurs by January 1, 2006 – a swift transition that puts many clients at risk. Providers will be required to assist clients in the enrollment process for Medicare prescription drug plans and educate them about the Part D benefit. Ms. Lester is well versed in the MMA and will bring important advice to conference participants.

Full details on the Summer Conference are included in the preliminary program which appears online at www.mhca.com. ❖

In Memory

In May, MHCA recognized the loss of dear friend and MHCA Board member, Bill Huddleston. Bill died on May 11 after a very sudden illness. He leaves behind a wonderful, close-knit family, and our thoughts are with his wife Fran, who is well known to many of our members.

William C. Huddleston

Educated to become a Baptist minister, Bill served the church from 1955 to 1967. Then he felt called to a different ministry and became Associate Director of the South Arkansas Mental Health Center in El Dorado, Arkansas. Tom Grunden has told us that Bill was instrumental in bringing the first low income housing to that area – perhaps the first effort in what was going to become a theme in Bill Huddleston's devotion to total service for people in need. In 1974 Bill became President and CEO of North Arkansas Human Services System in Batesville, recently renamed Health Resources of Arkansas. When he died, Bill was in his 31st year as CEO there.

In 1988 Bill brought his organization into MHCA. He was a steadfast member and served as a Director on our Board since 1998. In February 2004 we recognized Bill for his six years of service to the CARF Board of Directors *(as pictured above)*.

It would be hard to find a more passionate advocate for the people we all serve. Bill understood the need for system transformation well before it became the direction for the country. He was a great colleague and a hard worker for MHCA. We will miss our dear friend and colleague and are grateful to celebrate this life well lived. ❖

Calendar

MHCA 2005 Summer Conference
Dates: August 9-12, 2005
Location: Four Seasons
Newport Beach, California
☎ 1-949-759-0808
Rate: $215 single/double
Registration Deadline: July 7, 2005

MHRRG Board of Directors Meeting
Dates: August 26, 2005
Location: Top Notch Resort, Stowe, Vermont
☎ 802-253-9263

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

MHCA 2006 Spring Conference
Dates: May 9-12, 2006
Location: Marriott Savannah Riverfront
Savannah, Georgia
☎ 1-912-233-7722
☎ 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

New Members, New Faces

With new members, returning members and newly appointed CEOs at existing member organizations, MHCA has had an exciting infusion of talent recently. We warmly welcome the following men and women to our ranks:

Texas' Center for Health Care Services has rejoined MHCA after a brief hiatus. CEO is Leon Evans. Located in San Antonio, The Center serves Bexar County.


Leon Evans

Rhode Island has added a second member to MHCA with the membership of **Gateway Healthcare, Inc.** Richard L. Leclerc is CEO. Gateway is located in Pawtucket and with an annual budget of $49 million serves Providence County as well as the entire state for some services.
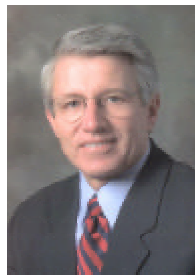

Richard Leclerc

Angela Hicks-Hill has become the CEO at **Oconee Center** in Milledgeville, Georgia, replacing John Prather who retired in January. Ms. Hicks Hill has been with the Oconee Center for more than six years, serving as Compliance Coordinator.
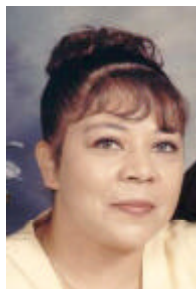
Angela Hicks-Hill

Jessie Kaye, MBA is now CEO at **Prairie View** in Newton, Kansas. She succeeds Melvin Goering who retired last November. Ms. Kaye brings more than 20 years of experience in non-profit organizations and has most recently served as Interim President/CEO with Gateway-Longview Inc., a family and child services organization, based in Buffalo, New York. James E. Moore, M.D., served as Prairie View's Interim CEO and will continue his responsibilities there as Vice President of Medical Services.❖
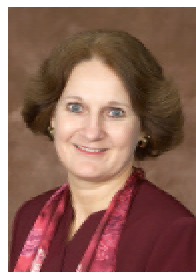
Jessie Kaye

Apply Now For
2006 Negley Awards
Deadline: November 10, 2005
Cash Prizes!
Questions? Phone MHCA at 850-942-4900

Barbara Daire Elected to Serve MHA Board

Barbara Daire

The Board of Directors of Mental Healthcare America, Inc. (MHA) has announced election of Barbara E. Daire to serve a three-year term as Director. She replaces Robert J. (Bob) Williams, PhD of Quinco Behavioral Health Systems, who relinquished his seat on the Board after serving since 1999. Ms. Daire is CEO of the Suncoast Center for Community Mental Health, Inc. in St. Petersburg, Florida.

At MHA's May meeting, two Board members were appointed to additional three-year terms. They are Gary Lamson, CEO of Vinfen Corporation in Cambridge, Massachusetts and Dale Shreve, CEO of Harbor Behavioral Healthcare in Toledo, Ohio.

MHA is a wholly owned subsidiary of Mental Health Corporations of America, Inc. and operates as a for-profit company. Its purpose is to provide tools, technical assistance and other resources which enhance corporate opportunities for MHCA members. MHA is guided by a seven-member Board of Directors that meets quarterly during MHCA's conferences. MHA engages in those activities that reach beyond the membership and by their nature expand the non-profit structure of MHCA. ❖

Preferred Behavioral Health Is Honored

In May, New Jersey's Monmouth-Ocean Development Council (MODC) presented its 40th Annual Silver Gull Awards to honor individuals, corporations, companies and organizations that have contributed to enhancing the quality of life and business environment in Monmouth and Ocean Counties. The MODC Community Service Award was given to Preferred Behavioral Health-NJ. CEO is MHCA Board member, William J. (Bill) Sette. ❖

Health Resources of Arkansas Names New CEO

Jim West

Jim West, who has served as the Chief Operations Officer for Health Resources of Arkansas for many years, has been named by the organization's board of directors to assume the role of CEO. West fills the position vacated by the death of long-time leader Bill Huddleston. Jim's email address: jwest@hra-health.org❖
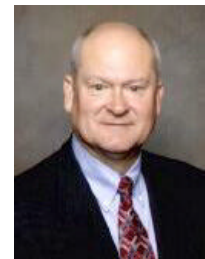
Dynamic Program Appeals at Spring Conference

NASCAR may have been May's major event on the calendar of Charlotte, North Carolina, but MHCA gave that event a pretty fine warm-up with its 2005 Spring Conference in the "Queen City." The May 17-20 conference offered lively forums, focus groups, keynote and panel presentations that appealed to a wide audience from CEOs to IT specialists.

Wednesday morning's keynote was a dynamic treatment of the topic "Going from Existing to Excelling" presented by Joseph L. Mancusi, PhD of the Center for Organizational Excellence. He received high marks from those who found his management advice "enthusiastic, entertaining and inspiring".

Two real-life models of succession planning were described by panelists who shared examples that have worked well in behavioral healthcare settings. Panelists included Stuart Meyers, PhD, President, and Ron Morton, VP Healthcare Division, The Meyers Group; David Dangerfield, DSW, CEO, Valley Mental Health; Morris Roth, CEO, Pikes Peak Mental Health; Charles Maynard, former CEO, The Providence Center, and Graham W. Pervier, Forsyth County (NC) Manager.

Gary Larcenaire (left) and David Magno of El Paso MHMR chat with keynoter Joe Mancusi following his presentation.

Leadership Succession Panel: (left to right) David Dangerfield, Ron Morton, Graham Pervier, Morris Roth, Charles Maynard and Stuart Meyers
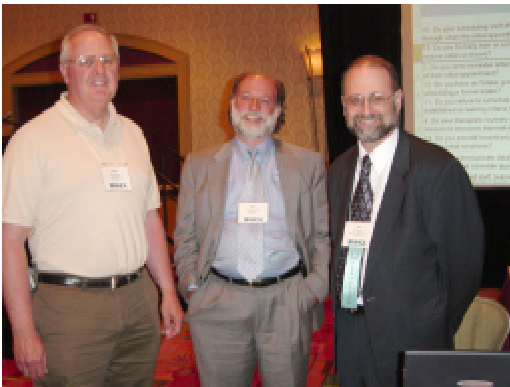
Galen Goode (left) and Dan Ranieri discussed "Process Benchmarking" with presenter Paul Lefkovitz (right)

On Wednesday afternoon, Paul M. Lefkovitz, PhD of Behavioral Pathway Systems led a very informative, interactive workshop on process benchmarking, targeting the topic, "No Show Rates for First Appointments." Our New Trends Forum sponsored this session that was attended by approximately 60 persons who had prepared ahead with data from their own organizations. The session was so well received that our Summer Conference agenda will include a follow-up program on process benchmarking, and participants intend to use MHCA's listserver for interim preparation.

New Trends addressed a second topic later in the day. Forum participants examined the question, "Are You An Entrepreneur?" and discussed behavioral healthcare organizations' efforts to create and sustain various businesses.

Our Information & Technology Committee sponsored its first IT Focus Group on Wednesday and Thursday afternoons, concentrating primarily on proposed guidelines for IT product evaluation, purchase, implementation and support that have been drafted by members of the MHCA – SATVA Task Force. An enthusiastic group of two dozen IT staff and CEOs attended the Focus Group and asked that additional sessions be planned in the future.

A presentation on "Financing Your New Longevity" by John McKeever and Neal Cutler, PhD was so popular it spilled beyond its meeting space and continued well into unscheduled hours. Predictions for extended retirement years require careful and considerate financial planning, and these two specialists clearly grabbed their audience's attention. John McKeever is a Chartered Financial Consultant and Registered Financial Gerontologist who works with Delaware Valley Financial Group of Pennsylvania and serves on the Board of Directors of the Mental Health Risk Retention Group. Dr. Cutler is the Boettner/Gregg Chair in Financial Gerontology at Widener University and often co-teaches with McKeever.

John McKeever (left) and Dr. Neal Cutler jointly presented "Financing Your New Longevity" on Thursday morning.

MHCA members Diana Knaebe, Erv Brinker and Denny Morrison shared their experiences as an advisory group to InfoScriber, an e-prescription product owned by Creative Sociomedics. Each of their organizations has implemented the product that offers cost benefits for prescription management and quality improvements while building a data mart of prescribing patterns.

Like NASCAR, this conference was highly charged with excitement! Hot topics, great presenters, shared experiences and newfound solutions all combined to reward participants and entice them to register for the next MHCA meeting…it will be equally stimulating. Watch for it! ❖

Dr. Denny Morrison (left), Diana Knaebe and Erv Brinker together described their implementation of InfoScriber, an e-prescription product.

2005 Spring Conference presentations are available to MHCA members at our website in the Document Archives Section (www.mhca.com)

Brinker/Knaebe/Morrison: 05/19/05: *InfoScriber Users Report*

Lefkovitz: 05/18/05: *Process Benchmarking: An Interactive Workshop*

Mancusi: 05/18/05: *Keynote: Going from Existing to Excelling – Taking Everyone with You*

Maudlin: 05/18/05: *Report to Standards & Outcomes Committee* (from MHCA National Data Center)

McKeever/Cutler: 05/19/05: *Financing Your New Longevity*

Meyers/Morton/Dangerfield/Roth/Maynard/Pernier: 05/18/05: *Planning for Leadership Succession*

Silvestri: 05/18/05: *2005 IIMHL Leadership Exchange Report*

Thresholds' Medicine On-Time System: Multi-medication Blister Packs

By **Thresholds, Inc., Chicago, Illinois**
Winner: Chairman's award, 2005 Negley Awards for Excellence in Risk Management

Lola Nakomis, 42, manages schizophrenia at Base House, a Thresholds residential program in Chicago's Northern suburbs. Each day Nakomis must take up to ten different medications (for her mental illness and associated physical illnesses) at different times of the day. Her case manager at the group home supervises while Nakomis self-administers her medicines. Just two years ago, this medication monitoring service involved handling Nakomis' various medications, putting the different pills in a daily pillbox, and watching to make sure that Nakomis takes the right medicines at the proper time. The monitoring process was open to daily human error: Nakomis could take too much medicine if the case manager's handwritten medication file incorrectly logged the dosage. Or, if Nakomis or her case manager was not paying attention, Nakomis could take her pills at the wrong time.

Handling a complex medication regime can be challenging for anyone; but for someone managing serious mental illness, especially someone who may also be dealing with associated physical illnesses that are common to the population (i.e. diabetes, hypertension), it can be even more difficult. Moreover, with the case manager involved in the daily monitoring process, Thresholds was open to much risk and liability if an error was made by a Thresholds employee.

Today, Thresholds' Medicine On-Time System has changed that. Not only has the system simplified the medication regime for members *(not called "patients" at Thresholds)* like Nakomis, but it has also reduced the likelihood of error and minimized the agency's risk in the medication process.

The Medicine On-Time System is a new method of dispensing medicine and organizing the medication regime. A handful of local pharmacies have partnered with Thresholds to execute the one-of-a-kind project. A key pharmacy partner, C & M Pharmacy LLC, along with Thresholds, developed this system by adapting existing blister packing material available to all pharmacists. In late 2000, the partners took what was available and applied it to Thresholds, adding procedures and new ways of enhancing members' interaction with their pharmacist to create an entirely unique system that has been specially applied to people with psychiatric illness for the first time.

With the Medicine On-Time System, medications are no longer distributed to Thresholds members in separate, traditional dark plastic bottles. Instead, the participating pharmacies pack members' medications in punch-out blister cards (see example included with submission) that can accommodate several pills. Members no longer have to organize different bottles or several blister packs; each Medicine On-Time card accommodates several different pills on each one, and the daily pills are individually blistered by day of the month. In other words, for each day of the month, there is an individual blister for the day's medication. If any of the prescriptions change or if a new medicine is added to the individual's regime, the pharmacy repackages the unused pills and delivers a new blister pack within 24-hours or as soon as they are needed. Medicine On-Time cards are delivered (free-of-charge) to the members each month on a 28-day cycle or as dictated by the needs of the member.

Each card is framed with a specific color, representing when the medicine should be taken (yellow=morning; white=afternoon; orange=evening; blue=bedtime; red=orders with a stop date, such as antibiotics; and green "as needed"). Additionally, each card is not only labeled with the member's name, drug name, and the other usual markings, but the Thresholds pharmacy also indicates side effects, drug interaction information, and a description of what each pill looks like on every card. And, for the convenience of the member, drug information is printed on each individual blister, which can be easily detached with perforations for "on-the-go" times, like vacations and while on a job. Having this information on each card (and each blister) assures that the dosing instructions are always handy and both the member and the case manager can review the relevant information whenever necessary.

About *650* people, representing most of the members in Thresholds' supervised residential program, utilize the Medication On-Time System. Nearly all of them report that the Medicine On-Time System is easy to understand and improves the medication regime, thus improving medication adherence. Most important, however, the system minimizes human error, thus minimizing liability risk for Thresholds. Case managers no longer have to transcribe what drugs a member is taking into a medication log to help keep track of them. Instead, the burden is with the Medicine On-Time pharmacy to organize and disseminate the information. While the case manager must still review each card to make sure it is correct, the Medicine On-Time system takes the case manager out of

the "equation." The Medicine On-Time System directly links the member with the pharmacy. Participating pharmacies produce Medication Administration Records (MARs) for the members and staffers, which include the medicines that are taken, the prescribing physicians, and pass times. The MAR is delivered whenever the medication cards are sent to the members. It is also delivered to the Thresholds Medical Director and each prescribing physician via fax so each care provider has full, relevant information at hand at all times.

By packing the medicines together on one card, it eliminates the need for multiple bottles. Thus, errors are further minimized by simplifying the medication regime. It is also worth noting that because the Medicine On-Time cards are re-done when there are changes to the medication regime, the pharmacy will get back unused medication. This prevents "old" medicines from confusing the new medication regime. It also eliminates the chance that "old" pills will be kept, eliminating potential abuse of use by others and preventing stockpiling of potentially dangerous medicines.

As you see, Medicine On-Time minimizes error on several levels, even at the dispensing pharmacy. The complex packaging has encouraged the pharmacy to develop its own system to assure the accuracy of its drug dispensing. The process of entering medication orders, as well as filling and dispensing within the pharmacy is based on a triple check system. Orders are entered into a database by a pharmacist or technician, then they are checked by a different pharmacist. The filling process begins with a senior technician pulling the medication bottles from supply, selecting the appropriate medication and its strength. A second technician then checks to make sure the right bottles were pulled and fills the orders into the Medicine On-Time cards. Finally, another pharmacist checks the final units before they are delivered to Thresholds.

The medicines are delivered to members' homes by the pharmacies. This service is not only convenient, but again, it simplifies the process and minimizes liability by taking the case manager further away from managing the medication regime. Instead of picking up medicines for members who are home-bound, keeping track of what needs to be refilled and when, and making sure the medications are in the hands of the members who need them, the Thresholds staffers can now rely upon the Medication On-Time pharmacies. Again, a greater burden is placed with the pharmacy, rather than with Thresholds.

The Medicine On-Time pharmacies have taken on much greater responsibility than what is normally expected. The average consumer has little face time with their pharmacist and few pharmacies take such individualized, specialized care of their clientele. The Medicine On-Time pharmacies, starting with our first partner, C & M Pharmacy LLC, demonstrate a compassionate, new model of care for this population.

Aside from the actual medication distribution system, Medicine On-Time has an educational component that further shows the pharmacies' commitment to compassionate care. Participating Medicine On-Time pharmacies make frequent visits to Thresholds residential programs. The pharmacists meet the members and spend personal time introducing the medication system. They also make themselves available to answer questions and help members understand their medicines. This high level of care has helped to enhance medication adherence and minimized errors in the system when everyone has a clear understanding of what's happening.

The Medicine On-Time system has been so successful, all Thresholds members who need supervision of the self-administration of medication now utilize it. This success has been noted by Thresholds' Risk Management department, which has seen some decrease in medication errors. A sample of 17 residential programs showed that prior to system implementation in 2003, those residences incurred 22 medication errors in a year's time. A year later, in 2004, those 17 programs only had 11 errors, a significant reduction.

Furthermore, there has been near universal support, gleaned from anecdotal evidence. The Clinical Coordinator of Thresholds programs m McHenry, Illinois, Bob Helfand, says that working with the Medication On-Time System "has been a dream. We started with just six of our members on the system, and we now have all 30 of them using it. Despite being more than 35 miles away, the [Medication On-Time] pharmacy has fast tumaround times, our main concern." Prior to the new system, Helfand said they had big problems with their local pharmacy that would not coordinate with the psychiatrists. "The Meds On-Time pharmacy is proactive. They work with the docs. It's taken things out of our hands, thankfully."

Other clinicans at Thresholds echo Helfand's praises. The South Suburban Housing Team Leader Lashondra Pointer said her members now prefer the new system. She cites individual stories at her group home: "We have one member with Parkinson's. Shaking so much, the new packing is so much easier for her. Her roommate loves it too. She often forgets the names of her medications, and with Meds On-Time, the information is printed on each blister."

Medicine On Time, continued from page 7

The Medicine On-Time System can be replicated by other organizations like Thresholds. The key is finding partnering pharmacies who can work with the agency to develop appropriate dispensing and administrative procedures for the population. Thresholds has found that larger pharmacies, like Walgreen's here in Chicago, operate on economies of scale that make it difficult for them to adapt their dispensing system to the needs of one psychiatric care agency. Because Thresholds' partner C & M Pharmacy LLC is a local neighborhood firm, its small size allows some flexibility. C & M Pharmacy LLC is able to adapt its existing system to Thresholds' needs and they have been able to work collaboratively in developing a individualized system that ideally fits the agency's particular concerns.

On the pharmacy's side, the Medication On-Time System can seem burdensome. Indeed, crafting a system to the particular needs of one agency can be time consuming. However, Thresholds is a big place and the large number of members served at the agency makes it worthwhile for the pharmacy partners. Smaller agencies may want to consider joining together to develop a similar medication dispensing system.

Thresholds did not have to make a monetary investment to execute this project. Rather, the Medication On-Time System was established by developing close relations with pharmacy partners. In a competitive market environment, the pharmacies that Thresholds uses were eager to develop closer relations. Thresholds' Medication On-Time System is being developed formally as a Best Practice of Thresholds. ❖

About the Organization:

Thresholds, one of the nation's largest psychiatric rehabilitation centers, creates the opportunity for people with mental illness to live with dignity and independence. Thresholds provides a comprehensive program of psychiatric care, educational development, housing, and vocational training and placement to meet its holistic approach to treatment. The agency annually serves more than 5,000 people with severe and persistent mental illness in Chicago and the neighboring Northern Suburbs.

Founded in 1959 as a small, volunteer led social program, Thresholds has since expanded to meet the comprehensive needs of its membership. The agency now manages more than 30 program locations and 75 housing developments in the Chicagoland area.

Thresholds is recognized for excellence by the American Psychiatric Association and the U.S. Department of Labor. More than 40 agencies nationwide have specifically based their programs on the Thresholds model of rehabilitation. Hundreds of others (in the U.S. and abroad) have reviewed its programs and adopted parts of them.

Moody's Investors Service Upgrades Vinfen Corporation's Bond Rating

Vinfen Corporation, a leading human services organization in Massachusetts and a well-recognized MHCA member, announces that Moody's Investors Service has upgraded Vinfen's long-term bond rating to Baa3 from Ba1. Vinfen's stable rating outlook is based on very consistent and balanced operating performance, growing liquidity, and no near-term additional debt plans. The Baa3 upgrade applies to $15 million of outstanding Series 1998 bonds issued through the Massachusetts Health and Educational Facilities Authority. "The Moody's rating is formal recognition from the investment community of the financial progress Vinfen has made, and it's a testament to our strengths as a leader in human services," says Vinfen Board Member and Senior Vice President of Chaston Associates C. Allen Ashley.

Vinfen has established an administrative and operational structure that allows the organization to generate positive operations without support from donations or investment income. Additionally, Vinfen's large size and ability to generate economies of scale help the organization generate operating surpluses in a difficult business environment. "Despite operational challenges and a difficult payor environment, we have not produced an operating deficit in more than 10 years and have consistently generated an operating margin of between 0.5% and 2.0% for the last eight years," says Chief Financial Officer Yi Jung. "We believe that our consistency of operating performance and the ability to respond to operational challenges was a leading factor in the organization's bond rating upgrade," says Vinfen President and CEO Gary W. Lamson.

The Moody's Baa3 upgrade rating of Vinfen reflects the following:

Strengths:
◆ Healthy market position as the largest human service provider in Massachusetts with a broadening service array and strong reputation for serving adults with mental and behavioral disabilities.
◆ Extended history of generating operating surpluses despite challenging payment environment, with growing revenues ($78 million in FY2004) and modest operating surpluses (0.8% in FY2004).
◆ Improved liquidity with days cash on hand rising from just 20 days in 1998 to 60 days in 2004.

Challenges:
◆ Limited opportunity for large surpluses or rapid growth in liquidity, similar to all human service providers, given restrictive payment environment.
◆ Capital structure continues to evolve with $3.8 million bond issue in 2003 and extensive use of operating leases for facilities (nearly $5.8 million in rental expense in FY2004), which could lead to additional borrowing.

Vinfen Corporation: Established in 1977, Vinfen became an MHCA member in 1998 soon after Gary Lamson was named CEO. Company website is :www.vinfen.org ❖