



# Executive Report

*Published by Mental Health Corporations of America, Inc. Fourth Quarter 2004*

1985 – 2005

## MHCA To Celebrate Twenty Years at Annual Meeting

Twenty years ago 19 creative behavioral health leaders from across the country envisioned Mental Health Corporations of America, Inc. Florida is the appropriate setting for MHCA's 2005 Annual Meeting as it was in borrowed space at Lakeview Center's Pensacola offices that the fledgling company found its roots and subsequently grew to its present stature as a Tallahassee based, nationally recognized alliance of 132 select behavioral health organizations.

This year we meet February 8-11 in Orlando at the Omni Orlando Resort at ChampionsGate. During our annual business meeting/luncheon on Wednesday we will recap MHCA's proud history and enthusiastically embrace the years to come.

Join us as early as Tuesday, February 8 for meetings of the Information & Technology Committee, Standards & Outcomes Committee, Futures Forum and MHA Board of Directors. Users' Groups will be held that afternoon for the Essential Learning product and the Peer Partners product.

Keynoting on Wednesday morning is Lou Pritchett, former Vice President of Procter and Gamble (see sidebar). On Wednesday afternoon our New Trends Forum will examine "Incentive Based Performance Plans". A Human Resources Focus Group, led by Linda Brannon of Circles of Care, will meet both Wednesday afternoon and all day Thursday. Our Marketing Focus Group will examine the link between marketing and fund development as well as other related topics on Wednesday afternoon. CEOs are encouraged to bring HR, Fund Development and Marketing staff to take part in these groups. MHCA's International Planning and Member Services Committees will also meet that day.

Thursday's General Session includes four presentations, each offering topics you won't want to miss. Gary Enos, Executive Editor of *Manisettes Communications*, will scan the horizon from a behavioral healthcare journalist's point of view. MHCA members together with representatives of META Services will discuss their successful "Recovery Based Programs." Finalists in the 2005 Negley Awards for Excellence

in Risk Management will present their award winning "Best Practices for Prescribing and Administering Medications to Maximize Recovery and Avoid Adverse Events." And CenterSite's Mike McDonald will describe how he can assist your company with its web-based services.

All participants are invited to our evening receptions on Wednesday and Thursday. Thanks to MHRRG/Negley and Associates who will host on Thursday. Meeting registration materials were mailed in early December. Hotel reservations and meeting registration deadlines are both January 11. Join us for this special time when MHCA will celebrate its past while creating opportunities for tomorrow's excellence. ❖

**Lou Pritchett** rose from soap salesman to Vice-President, Sales and Customer Development for Procter and Gamble and over the course of 36 years made corporate history as an "Agent of Change" at P&G. He stood at the vanguard of corporate futurists to challenge a hidebound corporate giant to face the future by creating the future, thus ensuring its continuing role as one of America's great corporate success stories.



**MHCA Keynoter**

During Lou Pritchett's career with Procter & Gamble he served as President of the company in the Philippines and as Corporate Vice President of World Sales. It was this global experience with customers and suppliers that led to P&G's legendary multi-billion dollar partnering relationship with Sam Walton and Wal-Mart.

Since retirement from P&G in 1989, Lou Pritchett has become one of America's most popular speakers on customer partnering, change management and the growing importance of the human factor in the tidal wave of 21st century technology.

# President's Column by Donald J. Hevey



Donald J. Hevey

Here we are again in the midst of the holiday season trying to prepare for all that entails, working diligently to wrap up business issues for the end of the year and anticipating events of 2005.

For MHCA, our Annual Meeting of 2005 (February 8-11 in Orlando, Florida) marks this organization's 20<sup>th</sup> anniversary. We have come a long way in that time and accomplished a great deal. Many good and extraordinary

people have joined our ranks over the years. Some have stayed, and others have gone on to new careers or transitioned to new stages of their lives. All have added to the sum total of what makes MHCA a unique experience and well-grounded organization.

We know there is always more to be done - new goals, visions, projects, and more opportunities. New people with their own talents and personalities will join us, add to our strength and be strengthened by us.

So as we pause and remember 20 years, it is good to take time and recognize the original visionaries who met several times in 1984 to discuss the need for a new behavioral healthcare organization - one that would represent those who could see value in pooling their collective strengths, talents and resources and using them strategically for the betterment of our businesses and industry. For by the end of that year the dream was realized and MHCA was formed.

Those 19 visionaries, founders and charter board members and their center affiliations are listed here (see sidebar). We are grateful for their gift of creativity and steadfastness. Their energy and commitment launched "an alliance of select behavioral health organizations ... designed to strengthen members' competitive position, enhance their leadership capabilities and facilitate their strategic networking opportunities." We are equally excited about the years to come and the talents today's membership embues MHCA with each new day. ❖

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**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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## “Explain the universe. Give examples.”

When David Zach addressed MHCA as keynoter at our 2004 Fall Conference in New Orleans, he was generous in answering a number of questions raised by the audience. Still, questions remained. He agreed to a follow up “interview” by email and entertained additional questions raised by members in the following weeks. Here are his responses to your queries:

**DAVID ZACH:** Some of the questions given to me by you MHCA members are like the joke physics test question: “Explain the universe. Give examples.” Other questions are a bit too specific to the field of mental health care. I will address them as best I can and will try to direct the answers to better fit with my actual skills (and not the skills you wish that I had.) As well, some of these are more like questions that you have a conversation over and not questions to be answered by a single futurist in a single sitting. It’s your future, what do you want it to be? Futurists cannot know the future. Leave that to fortune tellers and The Weather Channel. The futurist’s role is to pay attention to the here and now, study the past, look for patterns and anomalies and make suggestions on what it all means; then ask the question, “Where do we go from here?” Sometimes just asking the question is the trick, not supposing that you have an answer. Some of the most important questions don’t have answers, or at least not singular, fixed answers.

It also is not the role of a futurist to tell practitioners of a particular field how that field will be different or the same ten years from now. Again, I can make suggestions and sometimes even educated guesses, but the bottom line on the future is that it is your future. What do you want for the future? What price are you willing to pay for what you want? Will you know how to cope when that future you expected arrives is an unwelcome guest. You have to be your own futurist, with your own plans, your own tools and your own capabilities to respond. But with all that in mind, here are your questions and my efforts to respond:

**QUESTION:** Will nanotechnology cause an exponential acceleration of Moore’s Law? If so, how soon and what are the ramifications?

**RESPONSE:** I was never good at math, so I’ll avoid the exponential part of the question and just say that

nanotechnology will probably make us forget all about Moore’s Law. This is a fundamental revolution in not simply computers, but with manufacturing itself. A basic notion with nanotech is that we’re getting down to molecular mechanics, making things the way nature makes them. In almost everything we do as humans, the machines are always bigger than the products they make. With nanotech, the machines are smaller than the products. Using raw materials, the proposition is to be able to grow just about anything, from microchips to fire engines. Are we going to get there soon? Probably not, at least not with the notion of growing a truck engine or even a microchip, but the advances of nanotech are already on the market today. One odd example are pants that don’t stain. The fibers are treated to shed stains. Expect things like nanodoctor-type devices that could repair broken bones or attack only cancer cells.

When can we expect these advances? Futurists are known for either predicting an event or giving a date. They are not known for doing both at the same time. Generally speaking, nanotech will have a huge impact on your life over the next 10 to 15 years. Vague? Yes, get used to that. There’s a lot of concern with nanotech, mostly because no one really knows what it all means. Science fiction writers have lots of scary stories on nanotech, but even those are, well, just scary stories. Around the time that Michael Crichton came out with his scary book *Prey*, I was attending a nanotech conference in Madison, Wisconsin. His book was roundly derided by the other attendees as having gotten the future of nanotech quite wrong. I asked, “If Crichton got it wrong, who are the science fiction writers that got it right?” My question was met with rounds of laughter. It wasn’t the answer I was looking for, but I did learn my lesson about asking questions in nanotech conferences.

It seems that no one really knows the full implications of nanotech, and that’s not too surprising. Heck, we don’t even know the full implications of the steam engine, let alone that mother of all inventions, fire. We just don’t know, and for all practical purposes never will completely. What we can know is that this is a fundamental advancement in science and it cannot be left to the scientists, the journalists or the politicians. If nanotech is to be used wisely and well, it demands that the average citizen become far better educated in what’s really going on in the

*See David Zach, page 4*

**David Zach, continued from page 3**

21st century. It's been said that a free society demands an educated populace. Nanotech is a huge advancement in our freedom to create, and we therefore need an equally huge advancement in how well educated we all are. In the 21st century, you really don't have the right to be uneducated. If you are not doing what you can to become better educated, you will lose the future.

**QUESTION:** Will the U.S. workforce include enough adequately trained professionals and paraprofessionals to provide high quality behavioral healthcare services in the coming years? How are universities preparing for tomorrow's behavioral health workforce demands?

**RESPONSE:** The question of there being enough adequately trained professionals is really a question best answered by people within the industry itself. I could do a search of industry forecasts and the numbers of college majors, but my conclusions would really be uninformed ones because I'm not in the industry. It's really a question needing to be discussed in a forum like MHCA. Where are your new professionals coming from? Are they entering? Are they staying? Who are your real competitors for qualified people?

A good point to consider here is that most industries are getting stale because they are too inwardly focused. I believe that in my November keynote to MHCA I raised the question "Who's not here?" When one thinks about all the forces impacting the future of mental health care, are all the necessary players in this field involved in moving it forward? From patients and politicians to practitioners and pundits, are enough of those who have impact involved in the conversation? Are you recruiting too much from social work majors and not enough from journalism, philosophy, English and for that matter, engineering? The sort of innovation that you need is going to arise from the cross fertilization that comes with multi-disciplinary studies. People have become too specialized in old, occupational groupings to be able to really solve new problems. (Note that problems seldom are so civilized as to respect occupational boundaries.) Everyone talks about how important diversity is in society, but they don't seem to apply that same concept to more practical matters like inter-industry workplaces.

**QUESTION:** What about income disparity issues?

**RESPONSE:** So many of these kinds of questions come down to the issue of education. Those who become edu-

cated have both the ability and belief in being able to create or acquire an income. Those without education have virtually no ability to change their lot in life. Those who continue to learn are the ones who can close the gap. Those who stop learning or even worse, reject learning are going to be left behind. Nothing changes your lot in life more than to be in love with learning. Never before have we had more access points to learning, but at the same time, I regrettably suspect we've never had more disrespect for learning than we do today.

In part the gap in income is growing because it's an entirely new economy with new rules on how things work. An example: In the old economy, key resources were scarce and you always wanted more of them. Today the key resource is information. It's not scarce. In fact there's too much of it. Knowing how to refine that ore is the key economic behavior of the 21st century.

We need new rules to prevent things from being too unbalanced and to close that gap. But the fault isn't just with those who are winning. It's also with those who are losing and not willing to see the economy for what it has become today. Wishing there were better paying, dignified jobs for the average person is a very legitimate goal. Wishing that the workplace was what it was back in the early 1960s isn't realistic or desirable. Problem? We are too busy working to see the problems with working.

**QUESTION:** Where are we going with prison growth?

**RESPONSE:** Prison policy is pretty stupid today, with lots of examples of inequity in sentencing and inanity in punishment. The concept of a quagmire sure comes to mind. We keep doing the same thing over and over, always expecting the results to be different and better. Until there is a fundamental redefinition of sentencing and punishment, the outcome isn't likely to change.

On the other hand, technology is going to hand us lots of tools to redefine the notion of imprisonment. The brick and mortar prison building may fade as electronic monitoring is dramatically expanded. I suspect that the math here is simple: electronics cost less (or at least should cost less) than buildings and staff. The pressures to cut costs for this population will most likely be irresistible. A significant problem is that this may make it too easy to electronically confine someone to either a specific place (work and home) or to monitor behavior 24/7. Again, because the technology may allow us to dramatically redefine punishment and imprisonment, the concept needs to be brought out into the public debate.

Consider the way that video monitors placed in public spaces help reduce both crime and aberrant behaviors. To some, this is an argument to have cameras just about everywhere. To others, it's just one more example of control freak technology. Another development to pay attention to is MRI imaging of the brain that reveals whether a person is lying or not. It's time not only to update our ability to detect crime, but to protect an individual's privacy in their own thoughts. It's been said that we have the technological capability of turning the country into the equivalent of an army barracks. Being able to articulate why that shouldn't happen must not be left just to the experts.

**QUESTION:** Will associations, in their present form, continue to meet the needs of tomorrow's workforce? What changes will associations need to make to stay relevant and useful?

**RESPONSE:** The problem with the future of associations is that they are focused too narrowly and too closely. Like I suggested in a previous answer, problems don't respect occupational boundaries, nor do they respect the timing of quarterly reports. We've gotten so good at taking care of our own little arena, right here and right now, that all sorts of issues have arisen because we don't look at the bigger picture. Maybe we are leaving that for the likes of entertaining futurists who go away when the convention is finished?

I suggest more associations have joint meetings with affiliated organizations. What other organizations could help you look outside your issues from a different but vital angle? For example, might MHCA have at least a few shared break-outs with someone like NACE, the National Association of Colleges and Employers? If you think about your issues (such as finding qualified professionals or dealing with workplace stress) can you think of a better group of people with whom to have those discussions? Look them up, they're on the Internet. Give them a call. Have lunch. Talk.

Here's another option, this time from the outside looking in. Have a professional outsider on your board of directors. I'm on the board of the American Institute of Architects-Wisconsin Chapter. As a non-architect, I continually get to amaze them with some simple insights that I have just because I'm not an architect. Because I work with just about every industry there is, from the Western Car Wash Association to the Mental Health Corporations of America, I get to see across a wide span of industries. There's tremendous overlap of concerns and problems with all the industries I deal with. Why do they all have to

deal with their own problems? Part of the reason, I suspect, is that there are too many people in each of these occupational clusters who get too much of their pay and legitimacy because they maintain those problems. If the problems get solved, a lot of people won't know what to do with themselves. That's a better problem.

Progress is not the elimination of problems; it is solving one set of problems so you can go on to work with a newer, higher level set of problems. Stagnation is when people embrace their problems hoping they won't go away because they won't know what to do with themselves if they do.

### And then David Zach asks the questions...

Here is a list of questions that I think your readers should be considering if they want to help improve the future. There may not be simple answers, but sometimes just considering the question is enough.

- 1) Why do we keep changing the vision of what is a good society? Is it because the vision keeps improving or is it because the vision is so difficult?
- 2) What do you really want for the future? What things should never change? What changes are most vital? How do you tell the difference between what should be a tradition and what should be an innovation?
- 3) When are you treating symptoms and when are you treating disease? Why is it often easier to treat symptoms?
- 4) Why are so many people obsessed with work being the source of their definition and even their legitimacy?
- 5) Why have communities and families taken a back seat when it comes to the workplace?
- 6) Why don't we have the time or the interest in discussing these sorts of issues as everyday topics?
- 7) Why does thinking about the future get relegated to so-called professionals?

Thanks, David...we needed that!

**David Zach, Futurist**  
[dave@davidzach.com](mailto:dave@davidzach.com)



## A Healthy Pulse Beat

Dear colleagues:

*If anything has become clear to me during my work with the Member Services Committee and the staff of MHCA, it is that they are dedicated to (perhaps consumed with is more accurate) meeting the needs and preferences of each and every member - not an easy task, given that there are so many of us, with so many views and so many needs.*

*However, as you can see from the attached "pulse beat" survey report, the respondents share a common belief in the value of MHCA to its member organizations. We received completed surveys from 19% of our membership. Since the election is now over, we could probably find some out-of-work pollsters to tell us how significant that number is. Short of that, let us just say that we are submitting this report to you with our thanks for your participation. We hope that you will let us know if the Member Services Committee can ever be of assistance to you in the future.*

*Ann Borders, Chair  
Member Services Committee*



MHCA's Member Services Committee sponsored a "Pulse Beat Survey" in September as a reality check on our effectiveness in meeting members' needs. Though response was light, some very helpful information was provided. On a scale of 1-5 with 5 indicating greatest satisfaction with current services and products, responders rated their satisfaction as 4.5, a gratifying number indeed. In summary, this is how responders answered the following four questions:

### **What would you like to see MHCA expand and/or do more of?**

Provide additional opportunities for non-CEO top management staff members to benefit from MHCA through special meeting tracks and list serve participation. (Note: CEOs are reminded that they specifically must activate staff list serve accounts before they can go "live".)

Increase use of non-behavioral health speakers at meetings to expand members' knowledge of business practices and other useful information beyond our comfort realm.

Focus on specific projects consistent with our mission to improve the competitive position of our members (examples: templates for electronic medical record, evidence based practices, outcomes measures, payor source reimbursement, performance based contracts, data based decision making).

Find ways to stay informed on the international market place.

Keep members informed of MHCA's current Strategic Plan, noting mile markers and focusing collectively on achievement of goals.

Showcase successful member activities/best practices, especially in corrections, housing, IT, social entrepreneurship.

### **Is there anything MHCA should eliminate, reduce or do less of?**

In this category, most respondents prefer addition, not subtraction! However, several agreed that the role of vendors at MHCA meetings should be that of exhibitor rather than presenter. Others are more comfortable with our exploration of "futurism" if it can be linked rather clearly to pragmatic applications in the near term.

### **What specific changes would raise your overall satisfaction with MHCA?**

Most related this question closely to the first question but added that greater opportunities for dialogue with peers could only enhance their MHCA experience. Several said that MHCA should find ways to invest continually in leadership development, an echo of the sentiment expressed for inclusion of top management in MHCA exchanges.

### **Your local Board of Directors is rigorously exercising its fiduciary oversight role and asks you to justify your continued membership in MHCA. What selling point would you use to justify your continued membership?**

Answers to this question centered primarily on the excellent opportunities MHCA provides to benchmark against "the best" and benefit from exchange with trusted, esteemed colleagues. To the point, Barbara Daire said, "I would list and explain the improvements I have implemented within my organization that are a direct result of membership." Jim Gaynor added, "MHCA has a better ROI than any of our other investment vehicles."

Many thanks to all of you who took time to participate in this survey. **In response to your comments:** These suggestions are consistent with MHCA's purposes and direction as specified in our current Strategic Plan. Some presently are being pursued, and we will incorporate all these ideas into future planning, keeping in mind the importance of informing all members of progress toward goal attainment. Member Services intends to poll members more extensively every other year with interim "check-ups" similar to this Pulse Beat Survey. ❖



## In Pursuit of Data Management

An ad hoc MHCA Data Mining Group convened on November 2 to examine use of data throughout MHCA both internally (staff, office) and for the membership. Matters of duplication and obstacles to efficiency were considered. The following issues were mentioned as possible goals for the Group:

- ...Eliminate duplicity in data gathering
- ...Provide better client care through benchmarking
- ...Develop a standard lexicon
- ...Prove MHCA membership as "gold standard"
- ...Profile MHCA's future membership
- ...Elicit more standard member data
- ...Create a data mining product (longitudinal data over time)
- ...Simplify member queries by providing prior year data

The group discussed solicitation of information on client and provider perception of client recovery progress. It was suggested that MHCA pilot a process to standardize collection and effectively report this information. Nancy Maudlin, Director of MHCA's National Data Center, reminded members that questions exist within our Customer Satisfaction product regarding perceived care by the client.

As discussion continued, it became evident that an equally great need for MHCA at this time is CEO education regarding "managing by data." Although we should implement as many ideas as possible to standardize and disseminate data, until our members are well versed on the effective use of data we will not have achieved our goals. Therefore a recommendation was made to develop general session presentations as well as forum discussions on managing by data in three arenas: 1) financial, 2) clinical, and 3) customer satisfaction. These recommendations will be pursued primarily by the Standards/Outcomes Committee although both the Member Services and Information/Technology Committees will be consulted. ❖

### In Recognition of Winter Holidays

**Your MHCA Office  
will be closed  
Monday, December 27- 31, 2004**

**We will reopen Monday, January 3, 2005!**

Best Wishes of the Season to Each of You

## Valley Selects Falvo

Utah's Valley Mental Health will soon experience a change at the top. Long time CEO David Dangerfield will refocus his role while former Director of Executive and Community Services, Debra L. Falvo, MHSA, RN, will become President and Executive Director following a national search. Dangerfield will remain closely involved with the work of the Center while Falvo will oversee daily operations. Both will continue their involvement with MHCA. ❖



## Greer Will Follow Otis



*William Greer (left) and Tim Otis*

William Greer has been selected to follow Tim Otis as the CEO of Wisconsin's Mental Health Center of Dane County in Madison when Otis retires this fall. Greer, who has been part of MHC Dane County for 28 years has most recently served as Director of Operations there. Both Otis and Greer attended MHCA's 2004 Fall Meeting in New Orleans. ❖

## MHCA Board Election

This fall's MHCA elections resulted in the return of five incumbents and the election of two new Board members. In the Northeast Region where long time Board member Harry Shulman voluntarily stepped down, Ken Jue of Monadnock Family Services in New Hampshire was chosen and Bill Sette was retained. In the Midwest Region, Denny Morrison was re-elected. In the Southwest both incumbents were retained - Harriet Hall and Susan Rushing. In the South, Jerry Mayo was re-elected and David Guth of Centerstone in Tennessee was chosen to replace long time member Bob Ward.

We appreciate all who agreed to allow their names to be considered and especially appreciate the long time service of Bob Ward and Harry Shulman.

A recently adopted bylaws change will allow Board members to select officers prior to MHCA's Annual Meeting in February. ❖

## Play with fads, Work with trends, Live by principle



*Keynote David Zach reenacts a light moment in his address to MHCA members on November 3. Susan Rushing and Randy Tate share the fun.*

With neither a crystal ball nor a set of Tarot cards, keynoter David Zach opened MHCA's Fall Meeting General Session with a promise to take the audience on a tour of the future that would entice them to adjust their world of today. And that he did. Part prognosticator, part philosopher, Zach wove imagination and nostalgia in ways that encouraged hope and left smiles on his listeners' faces. As he differentiated flash from foundation, the words he advised us to take home were, "Play with fads, work with trends but live by principles." This was a return visit for the professionally trained futurist. He first met with MHCA a dozen years ago and seemed to enjoy reconnecting with MHCA members. There was mutual appreciation...as one said following the presentation, "David's perspective informs our efforts in dealing with rapid change."



*(From left) Marilyn LaCelle and MHCA Chairman Sue Buchwalter visit with Linda Rosenberg at Wednesday's reception.*

MHCA's Fall Meeting, held November 2-5 in New Orleans, also was enlightened by a visit from Linda Rosenberg, newly appointed President/CEO of the National Council for Community Behavioral Health. Ms. Rosenberg's personal enthusiasm and professional resume bring new energies to the work of MHCA's behavioral health advocate partner in Washington, D.C. Her address to the general session was made on Wednesday, the morning following national elections, and described a daunting political agenda. Visiting throughout the entire meeting, Ms. Rosenberg met with many MHCA members one-on-one and attended Friday's MHRRG Board meeting where she will be a regular participant.

Our Futures Forum tackled the complexities of NBIC on Tuesday afternoon - that's nanoscience, biotechnology, information technology and cognitive science for those of you



*What a crew! Representatives of MHCA's four peer consultation groups explained how their members enhance one another's work by interacting with staff and board members at onsite visits. (Seated from left) Jim Gaynor and Denny Morrison, (Standing from left) Ken Jue, Erv Brinker, Dan Ranieri, Bill Sette, Wes Davidson, Tom Riggs and David Guth. Peer Reps not pictured: Mel Smith, Ann Borders and Dick DeSanto*

*Wes Davidson welcomed NCCBH's newly appointed CEO Linda Rosenberg whose comments in general session set a progressive tone for the National Council's agenda.*



*Information & Technology Fishbowl participants (from left) Diana Knaebe,*



*David Guth, Harriet Hall and Jerry Mayo led an informal and highly informative discussion on Thursday afternoon fielding lots of questions!*



# ... An Owner's Guide to the Future

who missed this exploration of possible immortality. Bennett Cooper observed that as behavioral specialists we are the very ones who should take the leadership in exploring and advising this unimaginable future.

Similarly, Wednesday's New Trends Forum was a lively and well attended session where leadership development issues were examined first by a panel including Diana Knaebe, Tom Riggs, Maggie Labarta and Bob Siegman. The topic was then opened up for full Forum discussion.

Thursday's general session presentations received high marks and included an account of peer consultation by four MHCA groups whose interactive experience with each other's organizations has enriched each entity. Dr. Bud Negley provided an update on the Mental Health Risk Retention Group's products and historical performance, reminding the audience that these products were created specifically by and for behavioral healthcare providers. Information Technology was the topic of an informal "fishbowl" where panelists described IT purchase and implementation successes and failures. MHCA's IS Director Frank Collins led the audience on a tour of our website to inform members of its growing array of resources.

Wednesday and Thursday receptions were great fun. Thanks to Frank Pickering of The Pickering Group, for co-sponsoring our Wednesday evening festivities.



Frank Collins



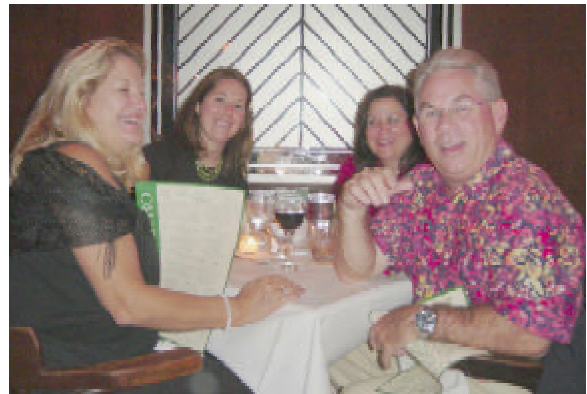
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*Photo #1: Mary Lu Kiley, Jon Cherry, Maggie Labarta, Barbara Daire, Dan Ranieri, Bob Ward and Gary Van Ostrand participate in Wednesday's New Trends Discussion on Leadership Development.*

*Photo #2: Jerry Mayo, Rick Doucet, Hal Loewen, Bill Sette and Tom Riggs were also part of the well attended New Trends Forum.*

*Photo #3: If it's New Orleans, we must be dining! That's Eli Lilly rep Judy Graham with Doug Stadter, Barbara Daire and Denny Morrison at Mr. B's!*

*Photo #4: Negley Associates staff members Marilyn Udis, Maureen Cmielewski and Sue Cohen join John McKeever, MHRRG Board member, for a great New Orleans dining experience.*

*Photo #5: Harriet Hall and husband Geoff Bruce enjoy MHCA's evening reception on Thursday.*

## Substance Abuse-Mental Illness Program Earns Top Honors

The American Psychiatric Association has honored MHCA Illinois member, Thresholds, with its Silver Achievement Award, recognizing the agency's unique solution to treating substance abusers with a mental illness. The Chicago based Thresholds program, named Thresholds Grais Apartments, is one of only six other programs in the nation recognized this year by APA for excellence in mental healthcare.

Thresholds' Grais Apartments is a first-time model of treatment of serious mental illness and substance abuse in a residential setting. While Grais Apartments retains many similar goals of traditional programs (decrease drug use, maintain and stabilize symptoms of mental illness, increase self-esteem, and create more independence and a higher quality of life), it also pioneers newer treatment concepts. Unlike most programs that also address the dual diagnosis, Grais Apartments has a flexible, collaborative program. Realizing that treatment can only work with the support and cooperation of its members (not called patients), Grais Apartments works with each member to develop a specially tailored program designed to accommodate personal wants, needs, and goals. This flexibility also led the program to drop its zero-tolerance to alcohol and drugs; finding punitive consequences unhelpful to recovery. Instead, the relapse is an opportunity to gain insight to creating a better treatment plan for the member.

"Thresholds' Grais Apartments is quite unusual," explains Grais Apartments Director Tim Devitt. "There are few predetermined expectations and set treatment plans. Everything is tailored to the individual. Each person is unique, so there is never only one way to reach wellness."

Thresholds' Grais Apartments unique approach to treatment has proven effective. An 18-month retrospective study of 38 original residents was completed. Outcomes showed that the program helped residents reduce substance use, manage dual illnesses, and advance their stages of treatment and recovery. During the study, the program retention rate was 71% (27 of 38 residents remained at Grais at the 18-month follow-up). Compared to rates in the 12 months prior to living at the Grais residence, more members involved in the program for 18 months held jobs (44%), and fewer were hospitalized (only 4%). The study also noted significant declines in substance use and significant reductions in the number of persons with positive urine toxicology tests. Although this was an uncontrolled study with limited information on

## Calendar

### MHCA 2005 Annual Meeting

**Dates:** February 8-11, 2005  
**Location:** Omni Orlando Resort at ChampionsGate  
 Orlando, Florida  
 ☎ 1-321-677-6664  
**Rate:** \$189 + \$10/day resort fee  
**Registration Deadline:** January 11, 2005

### IIMHL 2005 Leadership Exchange & Conference

**Dates:** February 28 - March 4, 2005  
**Location:** Wellington, New Zealand

For more information contact Fran Silvestri at [fran@iimhl.com](mailto:fran@iimhl.com) or visit: [www.iimhl.com](http://www.iimhl.com)

### NCCBH 2005 Training Conference

**Dates:** March 12-15, 2005  
**Location:** San Francisco Marriott  
 San Francisco, California

For more information contact José Escalante at [sanfrancisco@nccbh.org](mailto:sanfrancisco@nccbh.org) or call (301) 984-6200

### MHCA 2005 Spring Meeting

**Dates:** May 17-20, 2005  
**Location:** Marriott Charlotte City Center  
 Charlotte, North Carolina  
 ☎ 1-800-228-9290  
**Rate:** \$129 single/double  
**Registration Deadline:** April 25, 2005

treatment drop-outs, the overall evaluation was positive comparing favorably with evaluations of residential programs in the literature.

"At least one-third of people with serious mental illness also struggle with substance abuse - that represents millions of Americans," said Devitt. "Thresholds' Grais Apartments is a model to follow during this critical time."

The APA honored five other programs, in addition to Thresholds' Grais Apartments, in an awards presentation in early October 2004 at the opening session of the Institute on Psychiatric Services in Atlanta. The APA Awards have been presented annually since 1949 and represent the very best in mental healthcare.

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