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## Hacking the Decision-Making Process for Better Outcomes

*From the Desk of Dale Shreve,  
mhca President & CEO*

Throughout history (or for at least as far back as I can remember), healthcare providers have worked to educate their patients about how their everyday choices impact their overall health. Beyond education, providers have sometimes employed a combination of incentives, penalties, and more recently “nudges,” to induce their patients to quit smoking, exercise more or eat healthier. For some patients these tactics have worked, at least for a while, but for most they have failed.

One study on improving medication adherence for patients who'd recently suffered from heart attacks offered one group free medication and cash incentives, social support, feedback from clinical staff and other resources – all of which made exactly ZERO difference in their medication adherence, subsequent hospitalizations or deaths compared to the control group. Since unhealthy behaviors are implicated in up to 40% of premature deaths in the U.S., we remain determined

to crack the code for sustained behavior change – and AI-informed nudges may be the key we've been searching for.



*Dale Shreve*

We've come to understand that behavior change doesn't occur in a vacuum – there are any number of variables that impact a patient's choice to eat a cheeseburger instead of a salad, or to take a walk instead of watching television. Some of these variables, like the availability and affordability of salads, or the proximity of safe, well-lit sidewalks to their home, are not entirely within the patient's control. However, it is a mistake to assume that if all social determinants were addressed – then patients would automatically choose healthy behaviors. If that were the case, affluent patients with easy access to healthy meals and home gyms would all be in tip-top shape. Why

*Continued on Page 8 >>*

# Member Spotlight: George Patterson of Texana Center



*George Patterson*

**H**ow well do you know long-time member George Patterson? Texana joined **mhca** back in 2006 and George, his wife Susan, and several

members of his team have been regular attendees at our quarterly conferences ever since. Even if you believe you know him well, you still might find some of his answers to our interview questions delightfully surprising. Thanks for sharing with us George!

**mhca: How/why did you decide to become a behavioral healthcare administrator?**

**GP:** Well, as I'm sure is the case with many of my colleagues, I left graduate school believing that I would be a clinician my entire career. However, as fate would have it, my first position in the behavioral healthcare arena was as the director of an outpatient clinic in East Texas at Burke. So, although I was able to do a little direct clinical work, most of my time was spent in administration. As I continued to progress in my career to more responsible positions, it became clear to me that leadership positions would enable me to help improve the systems of care in our local community. Then in 1999, my mentor and friend Susan Rushing, who is well known to our **mhca** colleagues told me that retirement was not in her foreseeable future, so I went for the first CEO position available in Texas and have been at Texana Center for 19 years now.

**mhca: Of what professional accomplishment are you most proud?**

**GP:** When I joined Texana Center, I was the first CEO of a new organization that was the product of a merger between an existing community center and a state operated facility. At that time, in the late 90s, the Texas Legislature mandated that where there were two organizations that provided overlapping services in the same geographic area, they would be forced to merge. The Texana Center merger occurred six months prior to my coming in as CEO, and since neither predecessor organization wanted this merger to occur, I spent much of my first year mending fences and getting our formerly separate staffs to work together. People told me that I might last a year since this was a seemingly impossible task; however, we have grown from a small center serving about 6,000 patients annually to now serving over 15,000 annually. Of course, this wasn't just my accomplishment, but a team effort.

**mhca: Any lessons learned you'd like to share for the benefit of others?**

**GP:** I'm sure I can learn more from my colleagues than they can from me, but one of my favorite quotes that explains my philosophy is from President Harry Truman. He said, "It is amazing what you can accomplish if you do not care who gets the credit." Hire people who are smarter than you are, let them do their jobs instead of micromanaging them, and give credit where credit is earned.

**mhca: What do you love/enjoy most about what you do?**



*Susan Rushing with George & Susan Patterson*



*George Patterson & Shena Ureste*

**GP:** Working with a team of really talented people who have helped develop programs and services that enable people deal with their challenges and lead more productive and happy lives. Seeing the positive results of our work is reinforcing to me every day. One of our Childrens Center for Autism locations is located in a building next to my office, and I often take the opportunity to step outside and watch the kids on the playground as they progress in their development.

**mhca: What is the strangest/funniest incident you've experienced in your career?**



**GP:** This is a tough one, since there seem to have been too many to count. One that sticks in my mind is a time early in my career when a patient brought his parrot to his sessions. Mind you, this was before service animals and the parrot was described by this patient as his “best friend.” We discussed this with the staff and decided that there would be no harm. Unfortunately, this was a typical parrot that mimicked what the patient said, which was extremely disruptive to the therapeutic process. We considered having the patient sign a consent to his parrot since the parrot was likely to repeat things outside the therapy sessions, but decided that was going too far. At any rate, they came to three or four sessions and then told us it had been helpful and dropped out of therapy. To this day I’m curious about what may have happened to this patient and his best friend “Max.”

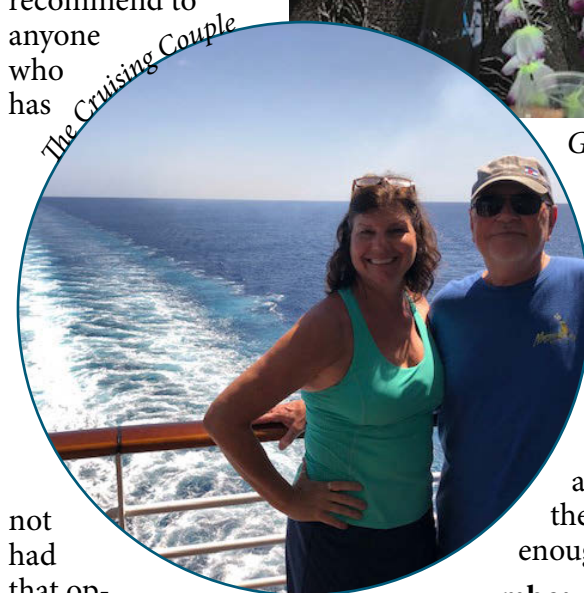
**mhca:** Have there been any fellow mhca members who particularly inspired you?

**GP:** You know, one of the reasons I joined **mhca** and attend as many meetings as I can is that I’m inspired at every meeting by my colleagues. However, during the growth of my career I owe much to former **mhca** members Jim McDermott, a former CEO at Burke and Tarrant County in Texas; Mike Winburn, former CEO at Gulf Coast Center in Galveston, Texas and Susan Rushing, former CEO at Burke. I continue to remember things I learned from each of them that helped me along the way. Today, I am inspired by the members of the **mhca** Peer Collaboration group in which I currently participate: CEOs Tuerk Schlesinger at AltaPointe, Verna Foust at Red Rock and Phil Weaver at Hope Network. They are all smart, creative folks who lead outstanding centers.

**mhca:** How has your involvement

in **mhca** contributed to your/your organization’s success?

**GP:** I have already alluded to several: excellent presentations at quarterly meetings, networking and building contacts with others, and above all the peer collaboration just mentioned, which I would highly recommend to anyone who has



not had that opportunity.

**mhca:** What are you reading/listening to right now, and why?

**GP:** I like to read fiction, particularly from writers like James Lee Burke, John Grisham, John Sanford, Greg Iles and Lee Childs, to name a few. Fiction gives me a respite for an hour or two from the real world.

**mhca:** What do you do for fun/relaxation – do you have any guilty pleasures?

**GP:** In addition to reading, I like to drink a good wine (Pinot Noir is my current favorite) - but I’ll drink a cheap wine in a pinch. Thanks to **mhca** for having decent wines at our evening receptions. Now that



*George & Susan Patterson - Parrotheads Forever!*

my kids are in college at Texas A&M University, my wife and I like to travel, especially cruising. And, we go to music concerts. Most recently we went to see Jimmy Buffett (yes, I’m a Parrothead) in Houston for the third time. Just can’t get enough of Margaritaville.

**mhca:** What is one thing about you that people might find surprising?

**GP:** When I lived in Nacogdoches up in East Texas, I acted in a community theatre group. I did the Music Man, A Christmas Carol, Dracula and a few others. It was really fun and helped me to be comfortable speaking and performing in front of large groups. Sadly, it never led to a career in Hollywood. ■

If you’d like to be interviewed for a future **mhca** member spotlight article, please contact of Director of Communications & Membership Lonnie Parizek at lparizek@mhca.com.



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# New Faces & Places

Welcome our new members and keep an eye out for these new CEOs at future conferences!

**Volunteers of America Northern Rockies (VOANR)** was established in Sheridan, Wyoming in 1985 as part of Volunteers of America, a national, faith-based nonprofit organization established in 1896 to help those in need rebuild their lives and reach their full potential.

**Jeff Holsinger** joined the organization in August 2001. Under his leadership, VOANR has grown from a revenue base of \$1 million to one that exceeds \$18 million.



*Jeff Holsinger*

He leads a professional staff of more than 212 individuals in Wyoming, Montana and Western South Dakota. His professional passion is building organizations through empowered leadership that embraces a social entrepreneurial spirit through the passionate delivery of human services. His personal interests are spending time with family and enjoying outdoor activities such as bird hunting and fishing.

**Compass Health Network** is a nonprofit healthcare organization that provides a full continuum of behavioral health services and supports as well as primary and dental health services in 43 counties throughout Missouri. They are a Certified Community Behavioral Health Clinic and Federally Qualified Health Center with over 2,600 employees serving in excess of 180,000 people every year at their 30 locations.

CEO **Tim Swinfard** previously



*Tim Swinfard*

served as chief executive officer of the Missouri Coalition of Community Mental Health Centers. The Coalition has led efforts in Missouri to integrate primary care with behavioral healthcare and to implement disease management services for those with co-morbid chronic health conditions. Swinfard earned a Bachelor of Science in psychology from the Missouri University of Science and Technology and a Master of Science in counseling from Missouri State University. He is a licensed professional counselor and serves as Vice Chair of the Board of Directors for the National Council for Behavioral Health.



*Maxine Booker*

integrate primary care with behavioral healthcare and to implement disease management services for those with co-morbid chronic health conditions. Swinfard earned a Bachelor of Science in psychology from the Missouri University of Science and Technology and a Master of Science in counseling from Missouri State University. He is a licensed professional counselor and serves as Vice Chair of the Board of Directors for the National Council for Behavioral Health.

**Maxine Booker** was recently appointed as the CEO of **Personal Enrichment Through Mental Health Services, Inc. (PEMHS)**, in

Pinellas Park Florida. She began her career at PEMHS in 1988 as an Access Center Assessment Specialist and she has served in many capacities during her tenure. She has a master's degree in psychology from Springfield College and a bachelor's from University of South Florida. She is passionate about acute care and stabilization and suicide prevention. In her spare time, she likes to decorate and spend time with her family. She is a mother of



*Melanie Taylor*

three, two sons and a daughter. Her youngest son attends University of Central Florida and was recently featured in a news article for his work on virtual reality software for PTSD and Immersion Therapy.

**Melanie Taylor** was appointed as CEO of **Burke** upon Susan Rushing's retirement in July. Melanie has 32 years' experience, most recently

serving as deputy CEO. She has a degree in rehabilitation and started out working in direct care. When she became interested in the human relations side of Burke, she went back to school and earned a master's degree in business. She is currently working on her second master's degree in public management.



*Shawn Salamida*

**Shawn Salamida** is the new President of Behavioral Health and designated **mhca** representative for **Lakeview Center**. He previously served as president of their FamiliesFirst Network. He has 30 years experience leading efforts for vulnerable children and families in Florida and has received numerous accolades for his innovative approaches. He holds a master's degree in mental health counseling from Rollins College. Shawn and his wife, Kathy, have six children.

previously served as president of their FamiliesFirst Network. He has 30 years experience leading efforts for vulnerable children and families in Florida and has received numerous accolades for his innovative approaches. He holds a master's degree in mental health counseling from Rollins College. Shawn and his wife, Kathy, have six children.

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# Connect & Collaborate in Atlanta

Our quarterly conferences provide valuable opportunities for you to engage with other behavioral healthcare leaders from across the U.S. so you can continue to learn, grow and lead during these turbulent times of industry transformation. Join us for our **Fall Conference in Atlanta November 5-7** and you'll leave with a wealth of innovative ideas for addressing challenges and creating new opportunities.

On Tuesday morning we'll look at real-world examples of payer/provider partnerships and how you can approach payers to develop a compelling and innovative partnership model while side-stepping potential hazards. Bring your leadership team along to learn about payer expectations and strategies in the shift from fee-for-service to value-based payment. In the afternoon, we'll engage in a provocative discussion of how behavioral healthcare organizations can develop and implement disruptive innovations needed to remain viable in the evolving healthcare marketplace.

On Wednesday, Ann Christensen, President and CEO of the Christensen Institute, will help us explore our profound disruptive potential for making healthcare more affordable and accessible. We'll learn how to better identify disruptive opportunities and pursue them within a broader healthcare context. Then Dr. William Lopez, Senior Medical Director for Behavioral Health at Cigna Healthcare, will share how the Collaborative Care Model developed at the AIMS Center/ University of Washington has demonstrated that integration can be achieved with proper coordination between primary care providers and behavioral providers with support from technology, legislative changes, and health plans.

Later in the afternoon, you can engage in roundtable discussions with your peers or join Sandy Hall, President of Lighthouse Telehealth, and Katie Morrow, VP of Compliance at Streamline Healthcare Solutions to identify agency objectives, define clear measurements for

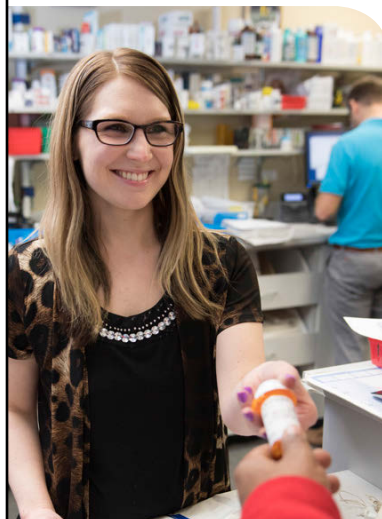
KPIs, and develop a balanced scorecard to motivate staff and improve client outcomes.

We'll wrap up the day with a fun tailgating-themed reception sponsored by Genoa Healthcare – show your team spirit by wearing your favorite team jersey or t-shirt while

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tailgating with your peers!

On Thursday Matthew Arnheiter, Sr. Vice President of Innovations for Netsmart, will share solutions for staying connected with your clients and other providers through secure models of communication and data distribution to improve care and operational efficiencies; we'll present the results from this year's Optimal Behavioral Health Agency survey and participate in a panel discussion with about specific ways members are leading large scale change management projects, driving revenue cycle excellence, and enacting clinical and operational best practices.

J'Aime Jennings and Melissa Eggen from the University of Louisville will talk about how collaborations between universities and industry organizations provide a ripe opportunity to drive innovation and address organizational needs, and Melissa Lewis-Stoner and Justin Hess from Relias will share how assessments can be used to evaluate job-related competency, measure soft skills critical for success, identify opportunities for continued growth, and inform and develop individual training plans so employees remain productively engaged.

Finally, we'll close with a Bright Ideas Round-up – an opportunity to join your peers to discuss what you've learned and develop an action plan for implementing new ideas when you get back to your office. We hope to see you in Atlanta! ■

# Explore with Friends!

Atlanta, known as the city in a forest, sits at the intersection of Southern charm and sophistication. From arts and culture to music and cuisine, the city is full of multi-cultural opportunities for everyone to enjoy.

Our conference hotel, **Loews Atlanta**, is situated right in the heart of Midtown with floor-to-ceiling windows featuring breathtaking views of Atlanta's unique cityscape.



## GETTING AROUND

Just a 15-minute cab ride from Hartsfield Jackson International Airport, Midtown is also serviced by MARTA, Atlanta's rapid rail transit system. There is also a free shuttle that runs between the Arts Center Station and Atlantic Station, a newer Atlanta development featuring an outdoor shopping plaza, restaurants and several entertainment venues.

## SIGHTSEEING

Midtown - known as Atlanta's "heart of the arts" - boasts the largest concentration of arts facilities and organizations in the Southeast. From the **Margaret Mitchell House and Museum** and the fabulous **Fox Theatre** to the **High Museum of Art**. The High makes its home in a modern building designed by award-winning architects Richard Meier and Renzo Piano and features 15,000 classic and contemporary pieces.

For a breath of fresh air, visitors can head to **Piedmont Park**, a beautiful 185 acre green space featuring walking/jogging paths, or the adjacent **Atlanta Botanical Garden** featuring a 40-foot-high canopy

walk and award-winning children's garden.

If you want to explore closer to downtown, you can hop on the MARTA or book the hotel's complimentary car service to the recently

refreshed **Centennial Olympic Park** and other nearby attractions including the **Georgia Aquarium**, **World of Coca-Cola** and **The National Center for Civil and Human Rights**.

## DINING

Top-notch dining venues in Midtown including **Ecco**, **Empire State South** and **Abattoir** excel at serving food that's as beautiful to look at as it is delicious to eat. Locals recommend visiting **Einstein's** on Juniper Street for breakfast on the patio, stopping at **Tap** for a pub burger or a red wine pears and endive salad for lunch, and heading to **South City Kitchen** for buttermilk fried chicken, Georgia trout, or shrimp and grits, followed by scratch-made banana pudding or pecan pie for dinner.

## NIGHTLIFE

You can dance all night at **Opera Nightclub** or **Sutra Lounge**, enjoy live music at **Center Stage** or laugh until you cry at **Laughing Skull Lounge**.

Our **mhca** staff coordinates group outings for attendees well in advance. If you didn't sign-up for a group ticket to see **Wicked** at the Fox Theatre on Tuesday night, you may still be able to get individual tickets. You can also sign up on-site to join a few peers for dinner Tuesday or lunch on Wednesday - just ask staff at the registration desk for

>>*Continued from cover*

isn't that the case?

Economic theory states that most people will choose the best option they can afford, making choices in their own best interests most of the time – but it turns out people's actual choices are stubbornly irrational, sometimes predictably so. Behavioral economics explains this predictable irrationality through a set of common psychological factors that create human bias – things like unrealistic optimism, rules of thumb and loss aversion often influence our choices, even though they don't always make sense. For example, it makes no sense that losing something makes us twice as miserable as gaining the same thing makes us happy, but that is indeed the case – and it can negatively impact our ability to make the best possible choices for our health.

For more than a decade, we've

been aware of the power of choice architects (those who organize the context in which people make decisions through things like framing, design and defaults) to “nudge” people so they are more inclined to make choices that improve outcomes for themselves, or the population in general, without infringing on their freedom to choose. A nudge, as defined by Richard Thaler and Cass Sunstein in their book *Nudge: Improving Decisions About Health, Wealth and Happiness*, is “any aspect of choice architecture that alters people's behavior in a predictable way without forbidding any options or significantly changing their economic incentives.” Unlike mandates, nudges must be easy and cheap to avoid so they don't inhibit free choice.

For example, Walt Disney World revamped their kid's menus so that healthy sides like yogurt, fruit and

milk became the default options for meals, though consumers could still easily substitute fries, cookies and soda at no additional cost. This small change in the way menu options were presented resulted in about twice as many guests ordering the healthier options (accepting the defaults), which considerably reduced the calories (21.4%), fat (43.9%), and sodium (43.4%) for kids' meals.

While nudges can be used to influence human behavior, we've learned that in practice the results are not always as “predictable” as Thaler initially theorized. Default nudges have been employed to successfully increase organ donations and retirement savings; however, in some instances these nudges backfired resulting in considerably fewer organ donations and delayed retirement savings. We clearly still have a lot to learn.

Although discrete, well-defined

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problems lend themselves to choice architecture, there can be unintended negative consequences when choice architects fail to consider the broader context of choices and the social sensemaking of decision makers.

When the people who are making decisions are uncertain about their preferences, they distrust the person or institution designing the choice environment, or when the choice is viewed as important or has reputational implications, decision makers are more likely to consider the beliefs and intentions of the choice architect in addition to how their decisions will be perceived by others.

For example, even though research suggests that 80% of people would want to donate their organs and tissue after their death, and several countries have switched to presumed consent to significantly increase organ donations, when the Netherlands recently tried a similar approach, they faced backlash in the form of significant opting out, even among those who had previously opted-in to be donors. Turns out, people don't like feeling coerced.

People are complicated – and their decision-making processes are equally so. Our decisions seem valid to us at the time we make our choices, whether they make sense to others or not, and even if we may regret them later.

Still, since being more intentional with design may help people choose what they would most likely choose on their own if they had more comprehensive knowledge, experience and feedback on the outcomes of their choices – it is worth continued investigation to determine how it might be applied to improve health outcomes – and so The Nudge Unit at Penn Medicine in Philadelphia was created to do just that.



Some of their biggest successes to date have actually nudged clinicians rather than patients. They increased generic prescribing rates from 75% to 99%, reduced unnecessary opioid prescribing in emergency departments by half, and increased referrals to cardiac rehabilitation programs from 15% to 85%.

While still in its infancy, there is no doubt that behavioral science will be an integral part of designing the future of healthcare – but it's going to take a lot more work before we see real progress in changing patient behavior. Just as patients with the same diagnosis may not respond equally well to a specific treatment – not everyone will respond equally to a specific behavioral intervention, or nudge.

Dr. Mitesh Patel, Director of Penn Medicine's Nudge Unit, and a group at Deloitte are now working together to see if AI can help identify the nudges most likely to motivate behavior change in specific patients. The hope is that we will eventually be able to encourage patients to adopt recommended health behaviors with interventions that are tailored to their own personalities, motivations, care journeys, and engagement challenges. For this to

work, researchers have to collect a LOT of data – beyond the typical demographic and socioeconomic information, they'll need to look at patient communication preferences, their responses to social cues and incentives, and much, much more. They are currently conducting a clinical trial to understand how overweight and obese adults respond to different types of motivators to influence exercise behaviors. Patients are being randomly assigned into competitive, collaborative, or supportive groups and interventions like gamification and social incentives are being explored.

Changing patients' behavior is difficult, even when they express a sincere desire to change; however, the importance of confronting this last mile problem for improved health outcomes makes the juice worth the squeeze. With advancements in AI making it easier, cheaper and faster to analyze vast amounts of patient data and make better predictions, we may be able to implement AI-informed nudges in healthcare sooner than we realize. ■

# All Smiles in Salt Lake City



*Kelly Phillips-Henry Welcoming Guests at Evening Reception*



*Mona Gauthier, Laurie Powell & Susan Bell at a Reception in the Center Courtyard of The Grand America*

**W**ow – what a great conference! According to in-app session evaluations, attendees especially enjoyed MDLIVE Medical Group President Lyle Berkowitz’s informative sessions on digital innovations and evaluating mental health apps, the emotionally charged sessions from Gregory Hudnall on the Circles4Hope and Hope Squad youth suicide prevention initiatives, and Attorney Theresa Gallion’s lively session on employment law.

Another popular session was our Innovation Incubator sponsored by Netsmart. The session was focused on the potential for AI platforms and networks to transform the way we deliver behavioral healthcare. We talked about how networks value what others have to offer and engage in co-creation, how trusting relationships enable you to accomplish more because less energy is wasted on self-protection, and how AI can help us make better predictions, more easily find what we’re searching for, and empower us to create content that connects with people. We also learned that it is now really difficult to distinguish between a conversation with a person and a conversation with an

AI-enabled computer - some scary stuff, but also really cool.

If you missed any of our great sessions, or would like to share them with your team members, the PowerPoint presentations as well as professional video recordings of the general sessions are now available online at [mhca.com](http://mhca.com) under Documents/Conference Presentations/SaltLakeCity.

Attendees were pleased to receive a copy of Hudnall’s book, *Hope Squad*, sponsored by Afia and enjoyed evening receptions sponsored by MHRRG/Negley Associates and Genoa Healthcare where themed

cocktails and mocktails like The Great Salt Lake and the Mormon Mule were a big hit.

A group of 30 members attended the Broadway musical *The Book of Mormon* together on Tuesday night and throughout the conference attendees played Connect Four for valuable prizes - **Jamie Stewart**, **Barbara Daire** and **Juergen Korbanka** won prizes from MHRRG/Negley, Iris Telehealth and iCentrix. **Mona Gaither** also won a door prize during the Bright Ideas Roundup session on Thursday afternoon.

Overall the conference scored 4.79



*mhca 2019 Board of Directors in Salt Lake City*



stars out of five. Some of attendees' key takeaways were:

- Need to think about technology differently, our CTO needs to be more engaged with strategic planning
- My organization needs to plan for a full digital service delivery strategy - not just bricks and mortar focus
- Living in the region of the US with the highest suicide rate, we will engage our school systems to begin to discuss the impact of Hope Squad and try to bring it to our state
- Affirmation that the degree of integration necessary to achieve change around rates of suicide is exponential and requires disparate groups to cross isles to achieve success
- Sharing common challenges with others and how technology impacts possible solutions
- We had better be planning to



*Bennett Cooper Having a Good Laugh with Friends*

do more with technology

- I need a digital front door
- Keep innovating, keep protecting IT, keep networking

The only complaint voiced by several attendees was that some of the meeting rooms were very cold. We will try to address this in Atlanta, but please bring along a sweater or a jacket just in case! ■



*Robert Vaughn Waving to the Camera*

>>Continued from Page 5

**Dennis Goodspeed** will now be dedicated to operations at Lakeview Center's Walton County affiliate, Chautauqa Healthcare Services. ■

## Think Insurance is Boring? You Might be Right...Until You Need It!

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# Book Now!

Our room blocks fill up FAST - book your hotel rooms now and register for the conference at [mhca.com](http://mhca.com) once we enable online registration (typically 90 days out). Please book only the rooms you need, and if your plans change, call mhca to cancel your reservations.



## Fall Conference

**November 5-7, 2019**

Loews Atlanta Midtown  
Atlanta, Georgia

Reservations: 404-745-5000

Hotel Group Rate: \$239

Reservation Deadline: Oct. 11

## Winter Conference

**March 3-5, 2020**

Sandpearl Resort  
Clearwater Beach, Florida

Reservations: 866-384-2995

Hotel Group Rate: \$304

Reservation Deadline: Feb. 1

## Spring Conference

**May 19-21, 2020**

Westin Copley Place Boston  
Boston, Massachusetts

Reservations: 617-262-9600

Hotel Group Rate: \$289

Reservation Deadline: April 25

## Summer Conference

**August 11-13, 2020**

The Pendry San Diego  
San Diego, California

Reservations: 619-738-7000

Hotel Group Rate: \$299

Reservation Deadline: July 9