

NASMHPD

**National Association of State
Mental Health Program Directors**

**SIXTH NATIONAL SUMMIT
OF
STATE PSYCHIATRIC HOSPITAL
SUPERINTENDENTS**

July 17-19, 2009

**Hyatt Regency St. Louis Riverfront
315 Chestnut Street
St. Louis, Missouri 63102
(314) 655-1234**

AGENDA

PLEASE TURN ALL CELL PHONES OFF OR PLACE ON SILENCE/VIBRATE WHILE MEETINGS ARE IN SESSION. THANK YOU.

Friday, July 17, 2009

REGISTRATION AND BUFFET BREAKFAST 8:30 a.m. – 10 a.m.
(Regency Prefunction South)

Welcome and Opening Remarks 10 a.m. – 10:15 a.m.
(Regency C)

Robert W. Glover, Ph.D., Executive Director, NASMHPD, Alexandria, Virginia

Hope Redeemed: The Life, Death and Resurrection of A Veteran with Mental Illness
(Regency C) 10:15 a.m. – 11 a.m.

Eric Arauz, MLER; Nationally Renowned Inspirational Speaker; Arauz Inspirational Enterprises, Mental Health Consulting Company, New Jersey

A first person narrative of the degradation and suffering experienced by a disabled American veteran that cycled in mania into numerous psychiatric hospitals and was eventually held in four point restraints for over 24 hours in a maximum security ward of a Veterans Administration Hospital, less than two years since his biological father died a homeless veteran with acute mental illness. You will journey with Mr. Arauz from the bottom of his life to today with the insight and wisdom he has gained in the last 12 years.

Morbidity and Mortality in People with Serious Mental Illnesses: Responding to the Epidemic
(Regency C) 11 a.m. – 12 Noon

Joseph Parks, M.D., Chair NASMHPD Medical Directors Council; Medical Director, Department of Mental Health, State of Missouri

Alan Radke, M.D., M.P.H., State Medical Director, State of Minnesota

Public mental health consumers are facing a worsening epidemic resulting in the loss of at least 25 years of normal life span due to preventable medical conditions. The public health response requires tracking of morbidity and mortality; implementation of established standards of care and improved access to and integration of physical health and mental health care.

(Continued)

REGIONAL STATE LUNCHEON
(Closed Session)

12 Noon – 1:30 p.m.

Northeastern Region (*Regency A*)
Mid-Western Region (*Regency B*)
Western Region (*Regency E*)
Southern Region (*Regency F*)

**Non-State Mental Health Staff and Guests* (Sterling Studio 6)

TRANSITION BREAK

1:30 p.m. – 1:45 p.m.

BREAKOUT SESSIONS

1:45 p.m. – 3 p.m.

Promising Practice Mid-Western Region: “Fulton State Hospital New Outlook Program for Behavior and Mood Self-Management”
(Regency A)

Sharon B. Robbins, Ph.D., Program Coordinator, New Outlook Program for Behavior and Mood Self-Management, Biggs and Guhleman Forensic Centers, Fulton State Hospital, Fulton, Missouri

This session will describe the development and implementation of the New Outlook Program in an intermediate and maximum security forensic mental hospital. Initial outcome data will conclude the presentation. This program was designed for people who exhibit challenging behavior during episodes of mood dysregulation. Many of our program participants also have intellectual and developmental disabilities. People in this program have relied on behaviors such as aggression, self-harm, sex offenses, and substance abuse to stabilize or change their acute emotional distress. Our treatments include Dialectical Behavior Therapy and Positive Behavior Support. Positive Behavior Support and Dialectical Behavior Therapy complement each other and provide a good foundation for the New Outlook Program.

Promising Practice Western Region: "Creating Your Own Internal Review Process - Consolidating CMS & Joint Commission Standards"
(Regency B)

Isaac Thomas, L.C.S.W., Director Quality Resources, Utah State Hospital, Provo, Utah

Dallas Earnshaw, A.P.R.N., C.N.S., B.C., Superintendent, Utah State Hospital, Provo, Utah

Over the past 10 years the Utah State Hospital has worked with CMS to develop an internal review process that would satisfy the state's expectations for meeting CMS standards. Quarterly meetings with CMS consultants were held with USH Administration and QR office staff to set goals for improvement, monitor progress and develop plan of corrections when thresholds were not met. Managers throughout the organization were trained in the review process and completed the quarterly reviews. CMS auditors and consultants were very impressed with the outcomes. Raters achieved an excellent inter-rater reliability. It also assisted unit managers to better understand quality of care standards and assist unit staff to meet documentation expectations.

BREAK (Regency Prefunction South)

3 p.m. – 3:15 p.m.

Hospital Disaster Preparation and Response: Like There Wasn't Enough To Worry About!

(Regency C)

3:15 p.m. – 4:15 p.m.

Brian W. Flynn, Ed.D., Associate Director, Center for the Study of Traumatic Stress, Adjunct Professor of Psychiatry, Department of Psychiatry, Uniformed Services University of Health Sciences, Bethesda, Maryland; Former RADM/Assistant Surgeon General in the United States Public Health Service (USPHS)

This presentation discusses several issues related to state psychiatric hospitals and their roles in preparing for, and responding to, disasters and large scale emergencies. Specifically, the presentation focuses on hospitals as patient care providers, workplaces, and partners in communities. It also discusses issues specific to the planning, response, and recovery phases of events. A template for planning is presented. In addition, several of key topics are briefly presented. These include, early intervention evidence, focusing on what people seem to want at various stages in the disaster experience, and the importance of leadership and organizational culture. The presentation concludes with a discussion of the applicability of several current hospital disaster and emergency topics to public psychiatric hospitals.

RECEPTION *Sponsored by the Joint Commission - Heavy Hors d'oeuvres and Cash Bar*

(Regency Prefunction South)

6 p.m. – 7 p.m.



Virginia Trotter Betts, M.S.N., J.D., R.N., F.A.A.N., President, NASMHPD Board of Directors; Commissioner, Department of Mental Health and Developmental Disabilities, State of Tennessee (Welcome)

DINNER ON YOUR OWN

Saturday, July 18, 2009

NETWORKING BUFFET BREAKFAST (Regency Prefunction South)

8 a.m. - 9 a.m.

Mental Health Services for People Who Are Deaf or Hard of Hearing

9 a.m. – 10:30 a.m.

(Regency C)

Candice Tate, Ph.D., President and CEO, National Coalition on Mental Health and Deaf Individuals, Denver, Colorado

This presentation will give state psychiatric hospital superintendents a comprehensive look at the unique mental health and substance abuse issues of deaf and hard of hearing populations. Dr. Candice Tate, a profoundly deaf psychologist, and President and CEO of the National Coalition on Mental Health and Deaf Individuals (NCMHDI) will present background and demographics of deaf and hard of hearing populations and associated epidemiology statistics. The presentation will end with a discussion on accommodations and resources available for state psychiatric hospitals.

BREAK

10:30 a.m. – 10:45 a.m.

The Development of an Evidence-Based Best Practice: Preventing Violence and the Use of Seclusion and Restraint

(Regency C)

10:45 a.m. – 11:45 a.m.

Kevin Ann Huckshorn, R.N., M.S.N., Director, Division of Substance Abuse and Mental Health, Delaware Health and Social Services; Former Director, NASMHPD Office of Technical Assistance

This presentation will focus on the findings from the first Alternatives to Seclusion and Restraint (ASR) State Incentive Grant (SIG) Project funded by SAMHSA's Center for Mental Health Services. This three year program evaluation began with eight state grantees in 2004. NASMHPD's Office of Technical Assistance was funded to be the National Technical Assistance Center for this project and NASMHPD then sub-contracted the evaluation piece to the Human Science Research Institute in Cambridge, MA. NASMHPD OTA faculty provided training and onsite consultation to the grantee sites throughout the project and HSRI utilized researchers from Harvard as well as a group of consumer researchers to collect, analyze and evaluate the data from this blinded study. Process, findings, lessons learned and future steps will be discussed.

Developing National Core Competencies for State Hospital Superintendents: Removing the Mystery of Effective Leadership

(Regency C)

11:45 a.m. – 12:15 p.m.

Kevin Ann Huckshorn, R.N., M.S.N., Director, Division of Substance Abuse and Mental Health, Delaware Health and Social Services; Former Director, NASMHPD Office of Technical Assistance

The emerging mental health system is focused on providing recovery/resiliency-oriented services as its sole and compelling goal. In order to support states in their efforts to improve and enhance their systems, a group of national experts was convened this spring to articulate a set of competencies, roles, responsibilities, tasks, skills, and attributes of State Hospital Superintendants that collectively serve to promote recovery and foster resilience. The presenter will offer a brief overview of this meeting, the core competencies that were identified, and a discussion of a resource kit of materials that is available to support such efforts. A longer session on this topic will be offered on Monday, July 20th, which offers a more detailed discussion of the eight core competencies addressed in the resource kit.

REGIONAL STATE LUNCHEON

(Closed Session)

12:15 p.m. – 1:30 p.m.

Northeastern Region (*Regency A*)
Mid-Western Region (*Regency B*)
Western Region (*Regency E*)
Southern Region (*Regency F*)

****Non-State Mental Health Staff and Guests (Sterling Studio 6)***

TRANSITION BREAK

1:30 p.m. – 1:45 p.m.

BREAKOUT SESSIONS

1:45 p.m. – 3 p.m.

Promising Practice Southern Region: “An Experiment in Community Reinvestment” (Regency A)

Ronald Forbes, M.D., Medical Director, Central State Hospital, Petersburg, VA

This presentation will discuss the planning and implementation of the very successful Health Planning Region IV Reinvestment Project in Virginia. We will report on the organizational supports and oversight, the expansion of local community services, the development of new regional services, the introduction of regional utilization review of state hospital admissions, and data on hospital and community outcomes. We will review continuing challenges as well as some unplanned outcomes that grew and continue to arise from the sustained collaboration between partners and stakeholders in the region. Meeting dialogue will include discussion on initiatives in other states’ that show promise in meeting the challenges of transformation to a system where every individual has a home in the community.

Promising Practice Northeastern Region: "Achieving Real Transparency with Families and Consumers in New Jersey's State Hospital System" (Regency B)

Gregory Roberts, Director, Office of State Hospital Management, State of New Jersey

This session will discuss New Jersey’s initiatives to include consumers and family members in multiple aspects of their system to ensure quality in their State hospitals. The session will include discussion on the following:

- (1) New Jersey’s Family Monitoring Program, which allows trained family members and other interested parties (without staff escorts) to come unannounced to any hospital at any time to evaluate conditions there. These family members and interested parties are invited to then work collaboratively with State hospital staff to find solutions to any problems they may find.
- (2) Information on New Jersey’s inclusion of family members and consumers in its legislatively-mandated system of unannounced surveys of State hospitals conducted by the Division of Mental Health staff, which is a special review group called the Patient Services Compliance Unit. This program involves family members and consumers who have been trained to staff the PSCU hotline, which allows anyone to report suspected abuse or professional misconduct.
- (3) The posting of data on New Jersey’s website of incidents that occur in State hospitals, along with other heretofore "secret" information about each hospital (census data, number of forensic patients, JCAHO/CMS results, e.g.): and
- (4) New Jersey’s regular inclusion of family members on committees, task forces, etc. at the hospital level and at the Division level.

BREAK (Regency Prefunction South)

3 p.m. – 3:15 p.m.

(Continued)

State Hospital Smoking Report
(Regency C)

3:15 p.m. – 3:45 p.m.

*Vera Hollen, M.A., Senior Research Analyst, NASMHPD Research Institute, Inc.,
Alexandria, Virginia*

NRI, Inc. has completed two surveys of state psychiatric hospitals regarding their smoking policies, nicotine replacement treatment(s), milieu management, and aftercare planning for smoking cessation. Results of the 2006 and 2008 surveys will be presented and emerging trends differentiating smoke-free hospitals from those that continue to permit smoking will be addressed.

From the Hospital into the Community: Technical Assistance and Dialogue on Going Tobacco Free

(Regency C)

3:45 p.m. – 4:45 p.m.

*Steven A. Schroeder, M.D., Distinguished Professor of Health and Health Care
Department of Medicine; Director, Smoking Cessation Leadership Center, University of
California San Francisco*

This presentation will review the epidemiology of tobacco use, recent gains in lowering smoking rates, and the heavy concentration of smoking and the damage it causes among those with mental illness and substance use disorders. It will also review treatment options and counter myths about cessation in these populations.

DINNER ON YOUR OWN

Sunday, July 19, 2009

Overlap Day with State Mental Health Commissioners

REGISTRATION and BUFFET BREAKFAST

(Regency Prefunction South)

8 a.m. – 9 a.m.

Opening Remarks

(Regency C)

9 a.m. – 9:15 a.m.

*Virginia Trotter Betts, M.S.N., J.D., R.N., F.A.A.N., President, NASMHPD Board of
Directors; Commissioner, Department of Mental Health and Developmental Disabilities,
State of Tennessee*

*Joseph Parks, M.D., Chair, Medical Directors Council; Director, Comprehensive
Psychiatric Services, Department of Mental Health, State of Missouri*

Ron Adler, CEO, Alaska Psychiatric Institute, Anchorage, Alaska

Trauma and Recovery
(Regency C)

9:15 a.m. – 10 a.m.

Tonier Cain, Technical Assistance Lead for the National Center for Trauma Informed Care (NCTIC), NASMHPD Office of Technical Assistance, Alexandria, Virginia

Ms. Cain shares her personal experience moving through multiple systems of care. She will talk about how easy it is for providers to re-traumatize an individual, and the difference it makes when trauma issues are addressed.

SAMHSA's CMHS Funded Harvard/NASMHPD Program for Executive Leadership in State Mental Health Administration, "How to Mainstream Behavioral Health into Health Policy"
(Regency C)

10 a.m. – 11 a.m.

*Steven A. Schroeder, M.D., Distinguished Professor of Health and Health Care
Department of Medicine; Director, Smoking Cessation Leadership Center, University of California San Francisco*

The speaker will draw on personal and policy experience to review why behavioral health is unduly isolated. He will then suggest a set of attitudes and actions that could integrate behavioral health into mainstream health policy.

BREAK

11 a.m. – 11:15 a.m.

In-SHAPE: Improved Health Status Through Social Inclusion for Persons with Severe Mental Illness
(Regency C)

11:15 a.m. – 12:15 p.m.

Kenneth Jue, M.S.S.A., Chief Executive Officer, Monadnock Family Services, Keene, New Hampshire

*Stephen J. Bartels, M.D., M.S., Professor of Psychiatry at Dartmouth Medical School;
Director of the Aging Services Research Program and Director of the Behavioral Health Policy Institute at the NH-Dartmouth Psychiatry Research Center; Medical Director of the State of New Hampshire Division of Behavioral Health.*

Initiated in 2003, In-SHAPE is a lifespan enhancing wellness program targeted for persons with severe mental illness. Presenters will discuss its basic underlying tenets, including social inclusion, leveraging of community partnerships and resources, person-centeredness, and the model of health mentor supported health promotion. Additionally, presenters will provide a description of the results of outcome studies and ongoing, federally funded research on effectiveness and implementation.

(Continued)

PLENARY LUNCH - *Peer Support Whole Health*
(Regency A & B)

12:15 p.m. – 1:45 p.m.

Larry Fricks, Vice President, Depression and Bipolar Support Alliance, Chicago, Illinois

Peer Support Whole Health promotes peer-supported, self-directed whole health that is Medicaid billable and emerging in new state system transformation grants funded by SAMHSA through NASMHPD. This session will highlight this new approach of trained peers promoting sustainable change in health behaviors of other peers to address preventable medical conditions and risk factors contributing to early death and promote holistic recovery.

TRANSITION BREAK

1:45 p.m. – 2 p.m.

The Joint Commission: CMS and State Hospital Accreditation
(Regency C)

2 p.m. – 3 p.m.

Michael F. Hogan, Ph.D., Commissioner, New York State Office of Mental Health (Moderator)

Paul Schyve, M.D., Senior Vice President, The Joint Commission, Oakbrook Terrace, Illinois

State psychiatric hospitals are critical components of the continuum of care required to meet the mental and physical health needs of those served by state systems. By focusing on evidence-based standards and the use of techniques of robust process improvement, the Joint Commission's goal is to help these hospitals — and other accredited organizations — achieve high reliability with respect to the safety and quality of care they provide. For state hospitals subject to the Medicare Conditions of Participation, the Commission has integrated the Conditions into the accreditation standards, and is in active discussion with the Centers for Medicare and Medicaid Services to revise or reinterpret those Conditions that create barriers to high quality, safe patient care.

BREAK (Regency Prefunction South)

3 p.m. – 3:15 p.m.

Olmstead and CRIPA: Redefining the Standard of Care
(Regency C)

3:15 p.m. – 4:15 p.m.

Robert Bernstein, Ph.D., Executive Director, Judge David L. Bazelon Center for Mental Health Law, Washington, D.C.

This session will review key requirements of the Olmstead decision and the Civil Rights of Institutionalized Persons Act (CRIPA) as they relate to state hospitals and state mental health departments. In addition, it will examine some commonplace factors that signal patterns of non-compliance with these requirements and that place systems at risk of legal action.

(Continued)

Preparing Your Direct Care Staff to Work in a Changing System of Care: A Workforce Core Competencies Curriculum

(Regency C)

4:15 p.m. –5:15 p.m.

Kevin Ann Huckshorn, R.N., M.S.N., Director, Division of Substance Abuse and Mental Health, Delaware Health and Social Services; Former Director, NASMHPD Office of Technical Assistance

Pat Shea, M.S.W., M.A., Deputy Director, NASMHPD Office of Technical Assistance, Alexandria, Virginia

This session provides an overview of a curriculum that NASMHPD has developed to support the training of direct care staff working in in-patient and community residential adult mental health treatment settings. The impetus for creating these training modules was to provide the public mental health field with tools for communicating with direct care staff a “shared understanding” of the key components, competencies, and principles of a transformed mental health system. The presenters cover the background of this effort, a discussion of the modules that are included within the curriculum, as well as information on how states and facilities might use these materials.

**NETWORKING RECEPTION/DINNER ABOARD THE
“TOM SAWYER” RIVERBOAT**

6:30 p.m. – 9:30 p.m.

This event is an opportunity for Commissioners and State Hospital Superintendents to take a ride down the Mississippi River on a 19th century replica steamboat while enjoying spectacular food and live music. Relax and network with your colleagues while seeing the sights of the St. Louis skyline.

LOGISTICS: Participants can begin boarding the “Tom Sawyer” Riverboat at 6:30 PM which is docked at the St. Louis Levee. The vessel will depart at 7:00 PM and will return to the dock at 9:30 PM...**Please note that NO PASSENGERS MAY BOARD PRIOR TO 6:30 PM.**

Walking and taxi cab directions will be provided at the meeting.