



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

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

May 6-8, 2007

**Hyatt Regency Bethesda
One Bethesda Metro
Bethesda, Maryland 20814
(301) 657-1234**

AGENDA

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

Sunday, May 6, 2007

REGISTRATION 7:30 a.m. – 8:30 a.m.
(Haverford Foyer)

BUFFET BREAKFAST 8:30 a.m. – 9 a.m.
(Haverford Foyer)

Welcome and Opening Remarks 9 a.m. – 9:15 a.m.
(Haverford/Baccarat)

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

Increasing Mental Illness from 1750 to the Present: The Rise, Fall, and Resurrection of State Hospitals
(Haverford/Baccarat) 9:15 a.m. - 10:30 a.m.

*E. Fuller Torrey, M.D., President, Treatment Advocacy Center,
Associate Director for Laboratory Research at the Stanley Medical Research Institute,
Bethesda, Maryland*

Although there has always been a small group of individuals who were diagnosed as being “insane,” the incidence of this disorder increased dramatically between approximately 1750 and 1950. This is clear from examining records in England, Ireland, and the United States. Many reasons for the increase have been suggested, including genes, alcohol, immigrants, etc., but the reason is almost certainly biological. The continuing increase led to mass overcrowding, then to deinstitutionalization with its attendant consequences, and will next lead to a resurrection of state hospitals to their proper niche. This presentation will explore these issues.

BREAK 10:30 a.m. – 10:45 a.m.

Morbidity and Mortality in People with Serious Mental Illness 10:45 a.m. – 12 Noon
(Haverford/Baccarat)

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

David Shern, Ph.D., President and CEO, Mental Health America, Alexandria, Virginia

Addressing the issues of pre-mature morbidity and mortality among state hospital patients provides an outstanding opportunity to not only improve patients’ health and well being but also to better integrate inpatient with ambulatory care – both in the specialty and primary care sectors. In this presentation we will review the policy and practice recommendations for improving patients’ health status that are particularly relevant for state hospitals as an integral component of the overall system of healthcare.

REGIONAL STATE LUNCHEON
(Closed Session)

12 Noon – 1:30 p.m.

***Buffet Lunch Available in Cabinet Foyer**

Northeastern Region (*Judiciary Suite*)
Mid-Western Region (*Cabinet Suite*)
Southern Region (*Old Georgetown*)
Western Region (*Congressional*)

***Non-State Mental Health Staff and Guests**
(Tiffany Salon)

Smoking Policies and Practices in State Hospital Settings: Helping People Make Healthy Decisions Toward Recovery

(Haverford/Baccarat)

1:45 p.m. – 3:15 p.m.

Dale Svendsen, M.D., Medical Director, Ohio Department of Mental Health, State of Ohio

David Proffitt, Superintendent, Riverview Psychiatric Center, Augusta, Maine

John Allen, Director, Bureau of Recipient Affairs, New York State Office of Mental Health; President, National Association of Consumer/Survivor Mental Health Administrators (NAC/SMHA)

On April 17th and 18th, 2007, several persons representing consumers, administrators, providers, policy makers, clinicians, and researchers met in Springfield, Virginia to develop a "Tool Kit" for Hospitals to use to assist in the goal of improving the health of staff and those persons served in State Psychiatric Hospitals.

This session will focus on review of the draft tool kit, sharing some first hand experiences in implementing a tobacco free campus policy, and responding to questions and comments concerning this project. Feedback from this session and the regional lunch held on Monday will be incorporated prior to finalizing and distributing the toolkit. Important ideas concerning the context of this initiative, the effects on staff and consumers, and the impact on the care milieu shall be discussed with panelists offering conceptual framing and recommended actions contained in the draft tool kit.

BREAK

3:15 p.m. – 3:30 p.m.

Psychiatric Advance Directives: The Challenges of Implementation

(Haverford/Baccarat)

3:30 p.m. – 4:30 p.m.

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

Edith Coakley, J.D., Attorney, Judge David L. Bazelon Center for Mental Health Law, Washington, D.C.

(Continued)

Psychiatric advance directives (PADs) are relatively new legal instruments allowing consumers to stipulate what they would wish to happen in the event of future incompetence caused by psychiatric crisis. PADs, for us, have great potential as means of planning non-coercive care, but there are operational challenges in implementing them in practice. In this session, we will present the National Resource Center on Psychiatric Advance Directives (NRC-PAD), a web-based resource concerning all aspects of PADs, on which the Bazelon Center has collaborated. We will then open a discussion: what are the barriers to implementing PADs in state hospitals, and what strategies can we use to overcome them?

NASMHPD RECEPTION
(Concours Terrace)

5 p.m. – 6 p.m.

DINNER ON YOUR OWN

Monday, May 7, 2007

BUFFET BREAKFAST
(Haverford Foyer)

8 a.m. - 8:30 a.m.

State Hospitals and the Future of Forensic Services
(Haverford/Baccarat)

8:30 a.m. – 10 a.m.

*W. Lawrence Fitch, J.D., Director, Forensic Services, Mental Hygiene Administration,
Department of Health and Mental Hygiene, State of Maryland*

As state hospital populations have fallen in recent years, the percentage (and in some states the number) of patients with criminal court involvement has grown, substantially in some states. In many states, “forensic” patients now make up more than 50 percent of the census. These increases reflect the enormous growth of jail and prison populations nationally and public perceptions that rates of mental disorders among inmates are rising. In some states, concerns for public safety have slowed hospital discharges. The proliferation of actuarial risk assessment in release decision-making may contribute to this phenomenon. Finally, in the 20 states that have enacted laws for the special civil commitment of sex offenders, a new, long-term patient population has emerged. Strategies for reducing the pressure on forensic beds include effective pretrial diversion, outpatient forensic evaluations and treatment, and community-based risk containment measures, particularly for sex offenders. This presentation will address these issues.

BREAK

10 a.m. – 10:15 a.m.

Promising Practices: Southern Region
(Haverford/Baccarat)

10:15 a.m. – 11:15 a.m.

***Kentucky’s Direct Intervention: Vital Early Responsive Treatment System (DIVERTS):
A Program to Reduce State Psychiatric Hospital Admissions for People with Mental
Illness***

*Steve Wiggins, B.S.N., M.H.A., Director, Western State Hospital, Hopkinsville,
Kentucky*

(Continued)

Admission rates at Western State Hospital in Kentucky have increased nearly 2-fold since 2001. The Diverts program was initiated in August of 2006 in an effort to decrease the admission rates and prevent the need to staff additional beds at the hospital. A funded partnership has been developed between the four Community Mental Health Centers in Western Kentucky and the sole state hospital for this region (Western State Hospital). The Diverts program for Western Kentucky is Phase I of a model for the rest of the state. This session will address lessons learned and the early results of this program, which indicate that a decrease in admissions has occurred.

Promising Practices: Northeastern Region
(Haverford/Baccarat)

11:15 a.m. – 12:15 p.m.

The Anti-Stigma Project in Maryland: A Collaboration Between “On Our Own of Maryland” and the Maryland Mental Hygiene Administration

Jennifer K. Brown, Director of Training and Communication, On Our Own of Maryland

Archie Wallace, Chief Executive Officer, Walter P. Carter Center, Baltimore, Maryland

Stigmatizing attitudes and practices are barriers to providing and receiving competent and effective mental health treatment and services. During this interactive presentation we will examine the work of the Anti-Stigma Project in Maryland and how anti-stigma training and strategies can improve clinical outcomes and resource efficiencies in state facilities.

REGIONAL STATE LUNCHEON
(Closed Session)

12:15 p.m. – 1:45 p.m.

- Feedback on Draft Smoking Cessation Toolkit for State Psychiatric Hospitals
- Discussion on Priorities for State Psychiatric Hospital Superintendents

***Buffet Lunch Available in Cabinet Foyer**

Northeastern Region (*Judiciary Suite*)

Mid-Western Region (*Cabinet Suite*)

Southern Region (*Old Georgetown*)

Western Region (*Congressional*)

***Non-State Mental Health Staff and Guests**
(TiffanySalon)

(Continued)

Preventing Seclusion and Restraint in Public Mental Health Settings: Successes, Challenges and Lessons Learned

(Haverford/Baccarat)

2 p.m. – 3 p.m.

Kevin Huckshorn, R.N., M.S.N., Director of NASMHPD Office of Technical Assistance, Alexandria, Virginia

Fred Nirde, L.C.S.W., C.P.A., Hospital Administrator, John J. Madden Mental Health Center, Hines, Illinois

Andrew Phillips, Ed.D., CEO, Western State Hospital, Lakewood, Washington

Marylouise Jones, Ph.D., Clinical Psychologist and Traumatic Brain Injury Specialist, Western State Hospital, Takoma, Washington

Work on reducing conflict and violence in inpatient mental health settings continues to be a high priority across the United States in both public and private venues. The Center for Mental Health Services (CMHS) funded State Incentive Grants to find alternatives to the use of seclusion and restraint has helped greatly to add to our current knowledge base in terms of what strategies are appearing to be successful in reducing violence and the use of seclusion and restraint. This session will showcase two state public mental health facilities that have taken on this challenge and have been successful in reducing the use of seclusion and restraint, reducing injuries to staff and service users, and fundamentally changing their cultures of care. The presentations will include what worked and lessons learned by senior staff administrators that have been “hands-on” in making these changes happen.

Lost in Transition: Addressing Continuity of Care

(Haverford/Baccarat)

3 p.m. – 4 p.m.

Linda Rosenberg, M.S.W., C.S.W., President and CEO, National Council for Community Behavioral Healthcare, Rockville, Maryland

Charles Ingoglia, M.S.W., Vice President of Public Policy, National Council for Community Behavioral Healthcare, Rockville, Maryland

This session will review the purpose and content of the National Council for Community Behavioral Healthcare's experts' recommendations for bridging gaps between inpatient and outpatient settings.

Hospitals and community-based organizations need uniform standards, education and better collaboration to ensure that patients with schizophrenia and other serious mental illnesses who fail to show up for treatment following hospital discharge are not forgotten. Seeking to stem the tide of patients who are “lost in transition” every day, the National Council for Community Behavioral Healthcare assembled a 24-member independent panel of experts to develop a consensus approach of coordination between inpatient and outpatient settings and engage people with mental illness in continued care. The panel included representatives from leading accrediting bodies and hospital and community treatment organizations as well as patients, family members, researchers, state authorities, and psychiatric leaders.

BREAK

4 p.m. – 4:15 p.m.

(Continued)

***Overweight and Obesity in People with Mental Illness: Medication Utilization
and Managing Cardiometabolic Risk***
(Haverford/Baccarat)

4:15 p.m. – 5:30 p.m.

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

*Elizabeth (Betty) Vreeland, M.S.N., A.P.R.N., Program Manager, UMDNJ-University
Behavioral HealthCare, Center for Excellence in Psychiatry, Piscataway, New Jersey*

Despite the fact that for over a decade Americans have heard about an obesity epidemic along with the alarming news that excess body weight can lead to a variety of physical health problems including: hypertension, type 2 diabetes, coronary heart disease, dyslipidemia, stroke, gallbladder disease, sleep apnea and certain types of cancer, the average American's waistline continues to expand. Two out of three Americans are now overweight or obese, and the World Health Organization has identified excess weight as a global problem with more than 1 billion overweight adults, with at least 300 million of them being obese. A multitude of factors, including unhealthy lifestyle habits, low socioeconomic status, and psychotropic medications place people with serious mental illnesses (SMI) at even higher risk of developing weight problems and its secondary health complication which may be contributing to the increased morbidity and mortality rates seen in this population. This presentation will provide an overview of the weight problem and present data on individual atypical antipsychotics and their propensities for causing metabolic disturbances. In addition, information regarding how to recognize, screen for, and prevent cardiometabolic risk factors will be covered. Further, scientific evidence that psychotropic associated weight gain can be prevented and reversed and evidence-based practices and a "small steps" approach for preventing and managing excess weight will be discussed.

NASMHPD RECEPTION – Heavy Hors d'Oeuvres
(Concours Terrace)

6 p.m. – 7 p.m.

Please join us for a reception of heavy hors d'oeuvres held in honor of Terry Cline,
Ph.D., New Administrator of the Substance Abuse and Mental Health Services
Administration

ENTERTAINMENT! All are welcome for "CAPITOL STEPS"
(Waterford/Lalique)

7:15 p.m. – 8:15 p.m.

DINNER ON YOUR OWN

(Continued)

Tuesday, May 8, 2007

CONTINENTAL BREAKFAST
(Haverford Foyer)

8 a.m. – 8:30 a.m.

Workforce Issues: Recruiting, Retaining, and Training Providers of Mental Health Services in Rural Settings

(Haverford/Baccarat)

8:30 a.m. – 9:45 a.m.

Dennis Mohatt, Director, Western Interstate Commission for Higher Education (WICHE) Mental Health Program, Boulder, Colorado

The WICHE Mental Health Program is an Interstate Compact, established in 1955 between the 15 western states. The program has over a half-century of working with the public mental health system to improve services and develop a quality mental health workforce. During the past five years, the program has worked extensively with states across its region to explore rural mental health workforce challenges and issues. The program also worked extensively with the President's New Freedom Commission on Mental Health to develop its rural issues subcommittee report and related expectations. Additionally, the program was the lead for rural workforce planning with the Annapolis Coalition.

This presentation will provide an overview of the workforce challenges facing the rural and frontier West, and discussion of recent efforts to facilitate and strengthen collaboration between higher education and the public mental health system to enhance workforce development.

BREAK

9:45 a.m. – 10 a.m.

Promising Practices: Mid-Western Region
(Haverford/Baccarat)

10 a.m. – 11 a.m.

Peer Specialists: Roles and Challenges

Joann O'Connor, Hospital Director, Winnebago Mental Health Institute, Winnebago, Wisconsin (Introduction and Moderator)

Christine Elvidge, C.R.S.S., Recovery Specialist, McFarland Mental Health Center, Springfield, Illinois

Maria E. Hanson, J.D., Consumer Involvement Coordinator, Mendota Mental Health Institute, Madison, Wisconsin

Peer Specialists in Wisconsin and Illinois will discuss their experience and functions in inpatient facilities. The Peer Specialist's position is used differently in each state and each contributes to a deeply personal unique process of change to staff and clients. States who are contemplating hiring Peer Specialists will understand the value of the position and will be inspired to the innovative contributions Peer Specialists can make to their inpatient settings.

(Continued)

Inpatient Dialectical Behavior Therapy (DBT) and the Reduction of Self-Harming Behaviors

John Cooper, M.A., H.S.A., Chief Executive Officer, Arizona State Hospital, Phoenix, Arizona (Introduction)

Steven R. Bolte, M.A., Program Manager, DBT Program, Arizona State Hospital, Phoenix, Arizona

Deborah Desprois, Ph.D., Director of Treatment Planning Services, Arizona State Hospital, Phoenix, Arizona

In the spring of 2004, the Arizona State Hospital in Phoenix, Arizona launched its inpatient Dialectical Behavior Therapy (DBT) program. Representatives of the hospital's Clinical Services Department and DBT team will share their experience and "lessons learned" during the process of changing the approaches used to treat extremely challenging, "emotionally dysregulated" patients at Arizona State Hospital. The presentation will include: a brief overview of borderline personality disorder (BPD) and the challenges of providing DBT in an inpatient setting; a bio-social theory of the development and maintenance of BPD; information about the essential components of an effective DBT program; brief case presentations that demonstrate significant progress with a variety of patients; outcome data; lessons learned along the way; steps to implement a DBT program; and an opportunity to ask questions about inpatient DBT.

Closing Remarks

12 Noon

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