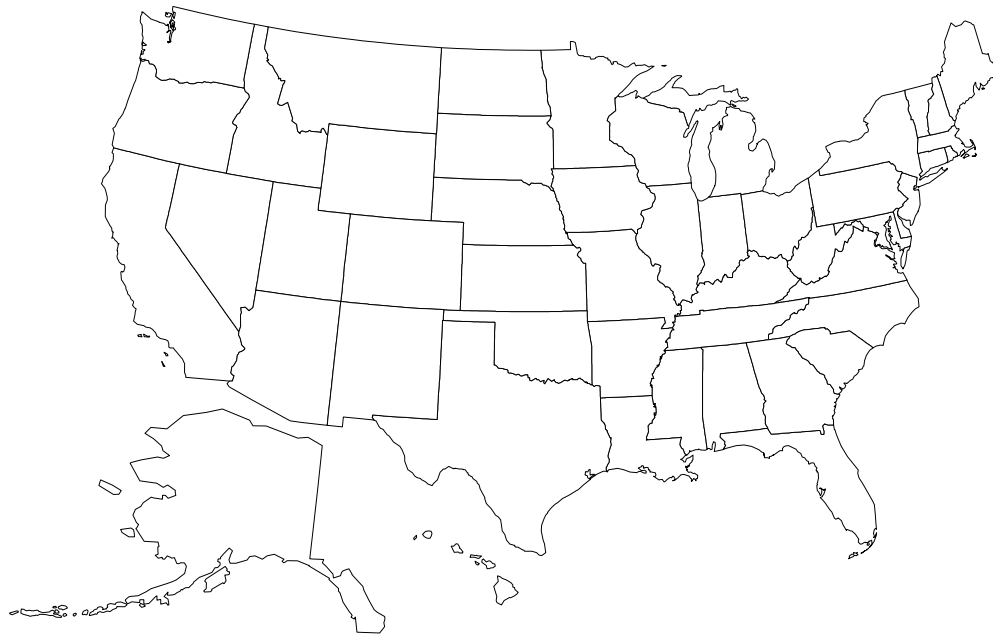


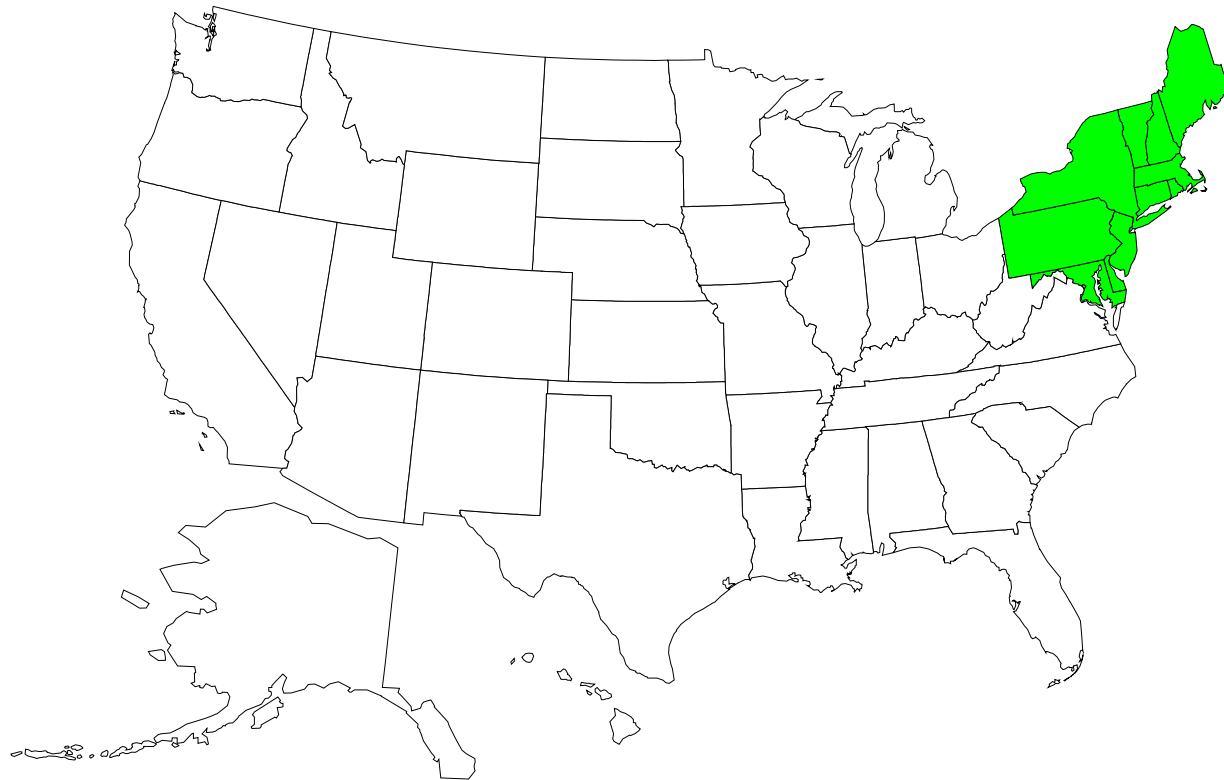
Moving Towards Transformation:
State Psychiatric Hospital Regional Goals and Activities Related to the
Recommendations from the
President's New Freedom Commission Report on Mental Health



July 2005

Northeastern State Psychiatric Hospital Regional Goals and Activities

Compiled by Archie Wallace (MD), Chair, Northeast Region



President's New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
<p>Goal 2: Mental Health Care is Consumer and Family Driven</p>	<p>2.2 Involve consumers and families fully in orienting the mental health system toward recovery.</p>	<p>The Hospital works closely with the Alliance for the Mentally Ill</p> <p>Active citizen advisory program</p> <p>Consumer family members speak as part of new employee orientation</p> <p>Two consumers come in each week to work with patients on Wellness and Recovery Action Plans (WRAP) and two Rehabilitation Services staff has been trained to do so as well.</p> <p>Fully implemented for every inpatient and outpatient treated</p> <p>Recovery model has been used for some time</p> <p>Over the last 20 months, Dr. Glickman and myself have introduced and taught Relapse Prevention modalities [evidence based cognitive behavioral] to clinicians within the hospital as well as to community [private sector] providers of Clubhouse, outpatient and residential services. Relapse Prevention plans are adapted as illness self-management modalities for patients to help reduce recidivism and symptoms. We have just presented our project and findings to a regional Quality Symposium.</p> <p>Treatment Plan Instruction: Recognizing that patients often have difficulty participating in their own treatment planning we have designed modules for patient learning and practice to enhance patient participation in treatment planning. Over the last 10 months, Westborough State Hospital has conducted several patient groups using these modules and measured patient perception of treatment plan participation. Our outcome data has indicated a significant improvement as measured by patient perception that their understanding and involvement in treatment planning has increased.</p> <p>Maintain an active peer education program.</p> <p>There has been a great emphasis on Wellness and Recovery for the past year, and many orientation/training sessions have taken place.</p>	<p>NH</p> <p>MD, NH</p> <p>NH</p> <p>NH</p> <p>ME</p> <p>ME</p> <p>ME</p> <p>ME</p> <p>ME</p> <p>ME</p> <p>NJ</p>

		<p>Every institution has a Family Monitoring Program, wherein family members are permitted to visit/tour/inspect the facility whenever they want to, in an effort to help us see the world from their perspective and take corrective action, etc.</p> <p>Consumers and family members are now regularly found on hospital committees, and are directly involved in the development and implementation of our Strategic Plans.</p> <p>We have contracted with many consumer-run community groups (advocacy, self-help groups) to run programs at the hospitals, so as to link discharge-ready patients with consumers in the community (somewhat like the AA model of having a sponsor)</p> <p>Central NY Forensic organization is involved in ALL of the goal oriented activities</p> <p>Two stigma workshops, “Stigma in Our Work and In Our Lives” and “Stigma: Language Matters” are presented to consumers, advocates and providers statewide. Some 750 plus individuals contacted directly each year – indirectly growing exponentially.</p> <p>Two recovery workshops “Lights, Camera, Action” for consumers and “The Recovery Paradigm” for providers are presented statewide. Some 550 plus individuals contacted directly each year – indirectly growing exponentially.</p> <p><u>Recovery Initiative</u> Recovery is the overarching theme that guides everything we do at DMHAS. During the past several years the Department has striven to build a recovery-oriented system of care. The Recovery Initiative is helping to build consensus among stakeholders and momentum for change while focusing our efforts on several key ideas:</p> <p>1) Empowerment – The Initiative is based on empowering people in recovery at all levels within the system and offering hope that they can lead self-determined and fulfilling lives, directed toward achieving their highest potential.</p>	<p>NJ</p> <p>NJ</p> <p>NJ</p> <p>NY</p> <p>MD</p> <p>MD</p> <p>CT</p>
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		<p>2) Individualized and Person-Centered – The Initiative focuses on providing culturally competent and individualized care and supports chosen by the person in recovery to meet his/her unique needs.</p> <p>3) Built on Cornerstones – It builds on work that has been occurring in the behavioral health community over the past several decades, but also expands that work into new and exciting areas (e.g., use of peer supports).</p> <p>4) Systematic Emphasis – Using recovery-oriented standards, practice guidelines, performance monitoring and contracting language, it systematizes how we conceptualize, implement and operate services and supports.</p> <p>5) Quality and Outcome-Oriented – It emphasizes outcomes and incorporates the best available practices from scientific literature and from the informative experiences of people in recovery.</p> <p>Hospital has individualized plan of care for every patient with a mental illness</p> <p>We involve consumers and their families in planning for recovery, getting into community services, community housing, and community support systems upon leaving the hospital.</p> <p>Our treatment staff and social workers have liaisons with the community and meet weekly about transitions.</p> <p>The Division is increasing supported apartments for our clients.</p>	<p>DE</p> <p>DE</p> <p>DE</p> <p>DE</p>
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President's New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
Goal 5. Excellent Mental Health Care is Delivered and Research is Accelerated	5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illness.	<p>Collaboration between NIDA and MPRC</p> <p>Unified practice committee to look at best practice state hospitals that standardize policies and treatment within all 9 hospitals</p> <p>Unified practice committee to look at best practices in state hospitals that standardize policies and treatment within the 3 Forensic Centers</p> <p>Central NY Forensic organization is involved in all of this goal oriented activities</p> <p>CT-DMHAS Research Division – see: http://www.dmhas.state.ct.us/research.htm</p> <p>Assertive Community Treatment for Dually Diagnosed</p> <p>Cost effectiveness of consumer advocacy programs</p> <p>Co-occurring substance abuse and trauma disorders</p> <p>Effectiveness of switching: Conventional to atypical antipsychotics</p> <p>The Connecticut Homeless Families Initiative</p> <p>Evaluation of PILOTS: Supported Housing for Homeless Persons in Recovery</p> <p>Youth Violence Prevention Initiative</p> <p>Applied research in use of Contingent Management for Treatment of persons with co-occurring disorders</p>	<p>MD</p> <p>PA</p> <p>PA</p> <p>NY</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p>
	5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation	<p>Forensic evaluation training consistency</p> <p>Better court evaluations</p> <p>Collaboration with Drexel University and Philadelphia City</p> <p>Provide National Alliance for the Mentally Ill Community Intervention Training</p>	<p>PA</p> <p>PA</p> <p>PA</p> <p>ME, CT</p>

President's New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
		TAMAR – Housing for pregnant women to divert from incarceration	MD
		Psychiatric survivor training to state hospital CES in recovery principles	VT
		Drug and mental health courts to divert people from incarceration	DE, PA, ME, MD, VT, CT
		Psychiatric units in prisons	DE, PA, ME, MD, VT, NH, CT
		Peer support via private/public partnerships	DE, PA, ME, MD, VT, NH, CT
		Prison mental health programs	DE, PA, ME, MD, VT, CT
		Forensic patients in community health hospitals	DE, PA, ME, MD, VT, CT
		Compassionate release for older individuals (lifers) in prisons	DE, PA, ME, MD, VT
		The state Bureau of Behavioral Health has proposed a recovery oriented, best practice model to be rolled out statewide with available funding.	NH
		CIT training held at Bangor Mental Health Institute in March for Bangor Police Department as well as Penobscot County Correctional Officers. As a result, both departments have one CIT officer on duty 24/7. Another training is scheduled for September. Will include the same participants as well as other surrounding community police officers, Penobscot County Patrol Officers, and emergency room nurses from the two general hospitals in Bangor.	ME

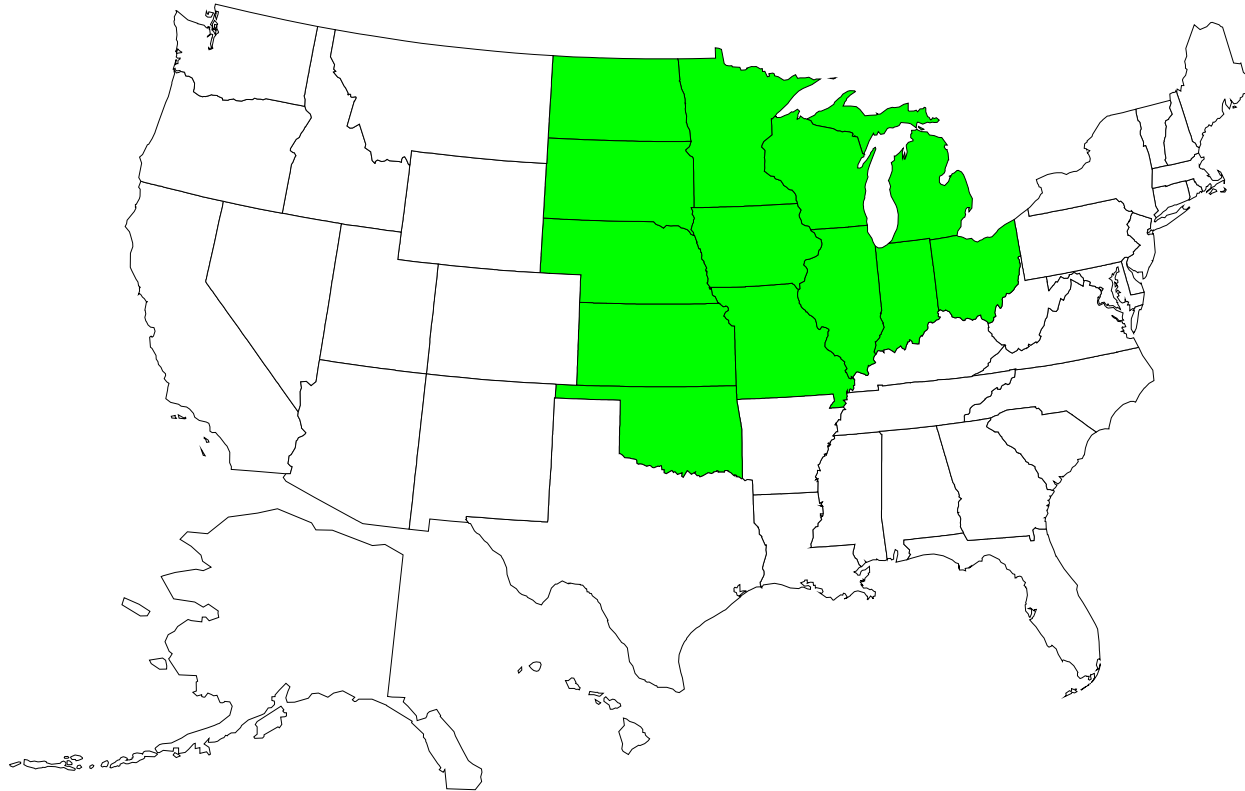
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		<p>Penobscot County has a very active Jail Diversion Committee that has been meeting regularly for over one year. We were awarded several grants and as a result participated in the NIMH Adult Cross-Training Curriculum Project. In May we did a one-day training at which time we mapped our system and developed a plan for improvement that includes adding mental health courts to our current drug courts in the Penobscot County.</p> <p>Our department currently provides mental health services to Penobscot County Jail.</p> <p>BMHI lost funding to provide peer support to inpatients but we have peer volunteers that are conducting WRAP groups on our treatment mall.</p> <p>New Jersey has made a great effort to emphasize/implement "best practices"/evidence based practices, and has been successful so far with some medication algorithms, seclusion/restraint reduction, and some program approaches (Team Solutions, an Eli Lilly product, and some others).</p> <p>We've been focusing quite a bit on Trauma Informed Care -- in fact we had a Statewide conference on it this week --- Kevin Huckshorn from NASMHPD was there, as was Kim Mueser from Dartmouth. In conjunction with our goal of eliminating seclusion and restraint (going very well), we now want to integrate the concept of trauma informed approaches, but we're in a very early stage of development on this.</p> <p>Central NY Forensic organization is involved in ALL of the goal oriented activities</p> <p>Collaboration between Johns Hopkins Hospital, University of Maryland Hospital and the State of Maryland pertaining to children and adolescents evidenced-based best practices. Reducing seclusion and restraint, telemedicine, oversight of medication use.</p>	<p>ME</p> <p>ME</p> <p>ME</p> <p>NJ</p> <p>NJ</p> <p>NY</p> <p>MD</p>

President's New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
		<p>Connecticut Clearing house – see: http://www.ctclearinghouse.org/</p> <p>Connecticut Coalition for the Advancement of Prevention (CCAP)</p> <p>CT-DMHAS Consumer Survey</p> <p>Connecticut Integrated Dual Disorders Treatment Project</p> <p>CT-DMHAS Preferred Practice Initiative – see: http://www.DMHAS.state.ct.us/prefprac.htm</p> <p>IPS (vocational) Model research and statewide training (in collaboration with Dartmouth)</p>	<p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p> <p>CT</p>
	<p>5.3 Improve and expand the workforce providing evidence-based mental health services and supports.</p>	<p>Psychiatric research</p> <p>Dual Diagnosis</p> <p>Dialectic Behavioral Training (DBT) in all state hospitals</p> <p>Dialectic Behavioral Training and Evidence Base Practices (EBP)</p> <p>Civil commitment for violent offenders and sexual predators</p> <p>Recommending the closure of the remaining hospitals</p> <p>Civil commitment for juveniles for sexual offenders for treatment (private providers)</p> <p>Central NY Forensic organization is involved in ALL of the goal oriented activities</p> <p>CT-Recovery Institute (has provided recovery-oriented training to over 4,000 staff – including state-operated inpatient and community-based facilities, and staff of private non-profit agencies)</p>	<p>NH</p> <p>ME, NH</p> <p>PA, CT</p> <p>MD, CT</p> <p>VT</p> <p>VT</p> <p>PA</p> <p>NY</p> <p>CT</p>

President's New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
		DMHAS Prevention Training Collaborative	CT
	5.4 Develop the Knowledge base in four understudied areas: mental health disparities, long-term effects of medications, trauma, and acute care	Seclusion and restraint reduction Mental health staff training Non-aggressive Psychological Physical Intervention (NAPPI) Seclusion and restraint reduction initiative through NTAC Seclusion and restraint orders limited to ½ hour as of Jan 06 Central NY Forensic organization is involved in all of this goal oriented activities Women's Treatment and Support Diversion Program Health Disparities Initiative Conventional vs. Atypical Antipsychotic Medication Study Trauma Initiative – see: http://www.dmhas.state.ct.us/trauma.htm	ME, MD, DE, NH, CT DE CT ME, VT MD, NH NY CT CT CT CT

Midwestern Association of State Mental Health Organizations (MASMHO) Goals and Activities

Compiled by Felix Vincenz, Ph.D. (MO), Chair, MASMHO

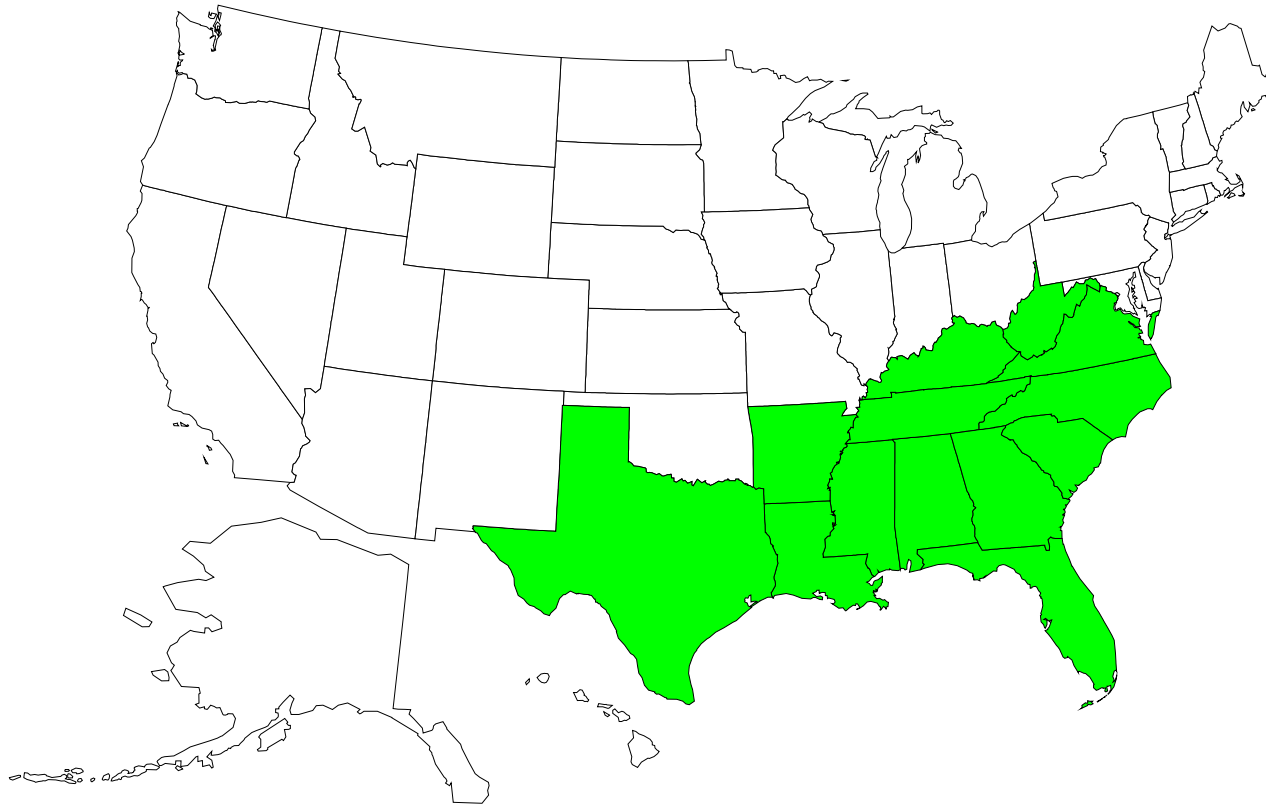


President's New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
Goal 2: Mental Health Care is Consumer and Family Driven	2.2 Involve consumers and families fully in orienting the mental health system toward recovery.	<p>The indicator questions below were submitted to the MASMHO board members who gathered information from hospitals and behavioral Health Organizations within their state. Prior to distribution of the questions in the survey, there was some limited discussion of the terms so that "Consumer Advocate" was a distinct position from "Clients rights" positions which most facilities have traditionally had. In addition for item #2, the consumers hired were NOT in sheltered workshop type of positions, but rather fully paid state positions.</p> <p>The 5 indicators chosen were as follows:</p> <ol style="list-style-type: none"> 1. Number of consumers currently employed in "Consumer advocate" type of positions. 2. Number of former patients currently employed in state positions. 3. Number of consumers involved in hospital committees throughout the facility. These would be standing functional committees or boards. 4. Number of hours of presentations made TO STAFF AND/ or CONSUMERS BY CONSUMERS over the past year (July 1, 2003 through June 30, 2004) 5. Number of staff who have received "recovery" related training over past year and total number of staff. <p>Of 20 state hospitals responding from 5 Midwestern states:</p> <ol style="list-style-type: none"> 1. The number of consumer advocates per facility was less than one per facility. Except one facility with 3, all hospitals reported either NO consumer rights advocate or 1. Fourteen facilities of 20, or 70%, had no consumer rights advocate. 2. The number of consumers hired into staff positions such as consumer advocate was less than 1 per facility. All facilities reported 0,1, or 2 consumers hired into state positions. 11 of the 20 facilities, or 55% reporting, had no consumers hired into state positions. 3. There was an average of 4 consumers involved in committees and boards per facility. The number of consumers involved in committees and boards ranged from 0 to 35 per facility. Nine facilities, 45%, reported that NO 	IL, IN, IA, KS, MI, MN, MO, NE, OH, WI

		<p>patients/residents were on committees or boards.</p> <p>4. There was an average of 43 hours of training per facility where consumers made presentations to staff to tell their story. The averages at the facilities ranged from 0 hours to 398 hours per facility. Seven facilities, 35%, reported NO presentations by consumers to staff.</p> <p>5. "RECOVERY" related training has been presented to 44% of the staff at these facilities. The % of staff trained in recovery ranged from 2% to 100%. Only one facility reported zero hours of training about recovery.</p>	
Goal 4: Early Mental Health Screening, Assessment and Referral to Services Are Common Practice.	4.3: Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies	Survey each facility regarding its implementation of integrated treatment strategies and to raise awareness and to encourage adoption of such technologies (survey attached).	IL, IN, IA, KS, MI, MN, MO, NE, OH, WI
Goal 5: Excellent Mental Health Care is Delivered and Research Is Accelerated.	5.1 Accelerate research to promote recovery and resilience, and ultimately to cure and prevent mental illnesses.		
	5.2 Advance evidence-based practices using dissemination and demonstration projects and create a public-private partnership to guide their implementation	Survey each facility regarding its implementation of evidenced based practices and to raise awareness and to encourage adoption of such technologies (survey attached).	IL, IN, IA, KS, MI, MN, MO, NE, OH, WI

Southern States Psychiatric Hospital Association (SSPHA) Goals and Activities

Compiled by James Smith, L.M.S.W. (TX), Chair, SSPHA



President’s New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
<p>Goal 1: Americans Understand that Mental Health is Essential to Overall Health</p>	<p>1.1 Advance and implement a national campaign to reduce the stigma of seeking care and a national strategy for suicide prevention.</p>	<p>Regional workgroup appointed to focus attention on stigma reduction and the role of the state facilities in reducing the stigma of mental illness (members from identified states).</p> <p>Three major strategy areas identified by workgroup:</p> <ul style="list-style-type: none"> ➤ community relations ➤ media relations ➤ use of creative ideas for positive exposure <p>“Best Practice” hospitals identified (Southwestern Virginia MH Institute & Mississippi State Hospital) for showcase purposes as having successfully employed the strategy areas in their campaigns.</p> <p>Specific efforts by best practice hospitals included:</p> <ul style="list-style-type: none"> • facility tours • MH education • creation of hospital based museum to show progress in understanding mental illness • education programs given in local public schools • hosting career days presentations in public schools • involving community members in hospital activities (e.g., volunteer programs) • education regarding stigma in local media (e.g., newspapers, TV and radio) • creation of internship experiences for a variety of trainees 	<p>MS, VA, TX</p> <p>MS, VA, TX</p> <p>MS, VA</p> <p>MS</p> <p>MS, VA</p> <p>MS</p> <p>VA</p> <p>VA</p> <p>MS</p> <p>MS, VA</p> <p>MS, VA</p>

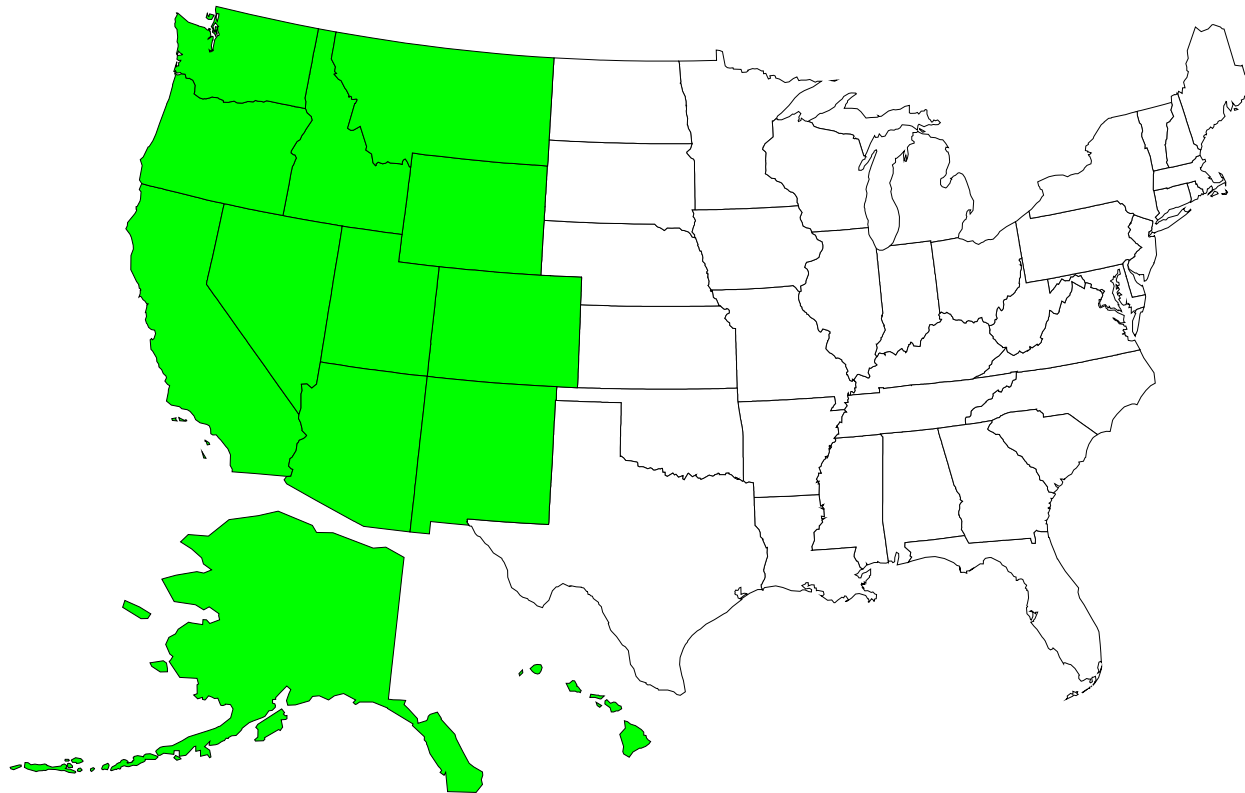
		<ul style="list-style-type: none"> reducing stigma through art exhibits and other cultural events <p>Workgroup efforts were showcased in the SSPHA newsletter which is widely disseminated throughout the Southern region and other states as well</p> <p>This project was presented during a plenary session at the SSPHA 2004 Regional Conference held in Atlanta, Georgia</p>	<p>MS</p> <p>AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV</p> <p>All SSPHA member hospitals, non-member hospitals in the region and invited guests in attendance</p>
<p>Goal 2: Mental Health Care is Consumer and Family Driven</p>	<p>2.2 Involve consumers and families fully in orientating the mental health system toward recovery.</p>	<p>Regional workgroup appointed to focus attention on fully involving consumers and families in orienting MH system toward recovery (members from identified states).</p> <p>Focus on identification, description and showcasing relevant consumer and family initiatives underway at facilities in the Southern region.</p> <p>Identification of a “best practice” hospital by workgroup (Southwestern Virginia Mental Health Institute).</p> <p>Creative contracting used to assure increased involvement of consumers and family members in:</p> <ul style="list-style-type: none"> decision-making and policy formation service planning delivery of public funded mental health, mental retardation and substance abuse services <p>Consumer and Family Involvement Project resulted in:</p> <ul style="list-style-type: none"> ➤ 13 family support groups in a largely rural, poor area ➤ hiring of specialized staff ➤ creation of leadership, empowerment and advocacy programs ➤ increased involvement of consumers in organization decision-making roles ➤ special training seminars and fund raising events <p>This workgroup’s efforts were showcased in the SSPHA newsletter which is widely disseminated throughout the Southern region and other states as well</p>	<p>LA, TX, VA</p> <p>LA, TX, VA</p> <p>LA, TX, VA</p> <p>VA</p> <p>VA</p> <p>AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV</p>

		This project was presented during a plenary session at the SSPHA 2004 Regional Conference held in Atlanta, Georgia	All SSPHA member hospitals, non-member hospitals in the region and invited guests in attendance
Goal 3: Disparities in Mental Health Services are Eliminated	3.1 Improve access to quality care that is culturally competent	<p>A workgroup of ethnically and professional diverse volunteers appointed to study and report on SSPHA hospitals efforts to improve and increase culturally competent care (all workgroup volunteers from Texas).</p> <p>All SSPHA member facilities (48 at that time) invited to participate in a survey of organizational cultural competence.</p> <p>Information analyzed and made available to hospitals in region.</p> <p>Most significant finding – in spite of a number of innovative and creative programs designed to promote increased clinical cultural competence, organizational awareness and cultural appreciation within the region, much work remains to be done.</p> <p>Regional Survey results were published in the SSPHA newsletter which is widely disseminated throughout the Southern region and other states as well.</p> <p>Survey results presented during a plenary session at the SSPHA 2004 Regional Conference held in Atlanta, Georgia</p> <p>Regional Best Practices and contact persons are now being identified for future showcasing/information</p>	<p>TX</p> <p>AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV</p> <p>TX</p> <p>Data analysis done by workgroup members</p> <p>AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV and beyond</p> <p>All SSPHA member hospitals, non-member hospitals and invited guests in attendance</p> <p>AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV</p>
Goal 4: Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	4.3 Screen for co-occurring mental and substance use disorders and link with integrated treatment strategies.	<p>Regional workgroup appointed to do literature search, gather information from additional sources to include subject matter experts and identify best practices in the areas of assessment and treatment of co-occurring psychiatric and substance disorders (members from identified states).</p> <p>Hospitals in all states in the region report at least basic level ability to screen for, assess and treat co-occurring psychiatric and substance disorders.</p>	<p>GA, LA, TX</p> <p>AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV</p>

		<p>Regional workgroup activity has focused on dissemination of best current information to <u>all</u> SSPHA member hospitals regarding:</p> <ul style="list-style-type: none"> ➤ relationship between chemical dependency and psychiatric disorders ➤ nature and availability of a variety of assessment instruments ➤ principles of treatment for psychiatric and substance use disorders ➤ APA’s Practice Guidelines ➤ comprehensive and integrated treatment models ➤ categorical models of care relating to dual disorders treatment. <p>Identification and showcasing of a “best practice” model (Gateway Dual Diagnosis Community Treatment Program at Southwestern State Hospital – Thomasville)</p> <p>This workgroup’s efforts were showcased in the SSPHA newsletter, which is widely disseminated throughout the Southern region and other states as well.</p> <p>This project was presented during a plenary session at the SSPHA 2004 Regional Conference held in Atlanta, Georgia</p>	<p>Regional Workgroup (representatives from GA, LA, TX)</p> <p>GA</p> <p>AL, AR, FL, GA, KY, LA, MS, NC, SC, TN, TX, VA, WV and beyond</p> <p>All SSPHA member hospitals, non-member hospitals and invited guests in attendance</p>
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Western Psychiatric State Hospital Association (WPSHA) Goals and Activities

Compiled by Ed Amberg (MT), Chair, WPSHA



President's New Freedom Commission Goal	Recommendation Number Related to the Goal	Activity Towards that Recommendation	State or States Involved in that Activity
Goal 4 – Early Mental Health Screening, Assessment, and Referral to Services are Common Practice	4.3 – Screen for co-occurring mental health and substance use disorders and link with integrated treatment strategies	<p>Committee to examine prevalence of co-occurring disorders among state hospital patient populations and effective in-patient treatment interventions</p> <p>Conference Presentations and Agenda Item</p>	<p>Montana – State Hospital</p> <p>Washington – Eastern State Hospital</p> <p>Colorado – Mental Health Institutes at Fort Logan and Pueblo</p> <p>Oregon – Eastern Oregon Psychiatric Center</p> <p>All WPSHA Hospitals</p>
Goal 6 – Technology is Used to Access Mental Health Care and Information	6.1 – Use health technology and telehealth to improve access and coordination of mental health care, especially for Americans in remote areas or in underserved populations	<p>Committee to examine use of technology to improve patient treatment in state hospitals, and to coordinate care with community providers, particularly those in rural areas.</p> <p>Use of televideo systems to provide clinical services to rural or remote communities</p> <p>Use of Televideo systems in legal proceedings, including involuntary commitment hearings</p>	<p>Alaska – Psychiatric Institute</p> <p>Arizona – State Hospital</p> <p>North Dakota – State Hospital</p> <p>Idaho – State Hospital North</p> <p>Alaska – State Hospital</p> <p>Montana – State Hospital</p> <p>California – Atascadero State Hospital</p>
	6.2 – Develop and implement integrated electronic health record and personal health information systems.	Comprehensive Electronic Medical Record	Utah – State Hospital