FRONTLINES

Summer 2018 VOLUME 38 ISSUE 2
Official Periodical of the Washington Association of Designated Crisis Responders

Contents:

Letter from the President –

Happy summer, fellow DCRs!

We just completed a successful week of DCR Academy in Spokane. It was a great group that generated lively discussions and used this opportunity to learn from each other. Thank you for sending your staff and supporting this event.

We are preparing for our Fall Conference at Sun Mountain on October 11th and 12th as well as Fall Academy on November 5th through 9th in Everett.

"Ricky's Law" was a much-discussed topic at this recent Academy. Here in Snohomish County we have been able to place several individuals in need at Secure Detox units and we have also experienced the always difficult "walk away" cases which I know many of us are struggling with around the state.

Placement, the scarcity of resources, and how long it takes for acceptance, continue to be the greatest challenges and sources of frustration when I talk to our staff and to DCRs around the state. Specifically, that we spend so much more time waiting for placement related calls than with the person we are evaluating. This is also a frustration shared by emergency room and hospital staff in general.

Having been a DCR for almost 18 years now, I find that the care detained individuals receive in the current climate is has eroded compared to my first 10 years in the field. Whereas I find this discouraging and saddening, I remind myself that our task is to make the best decision we can with the information we have for each particular individual and ensure their safety while respecting their civil rights. That is what I hold on to and it seems I hear similar sentiments from other DCRs.

I am also hopeful that more local resources will be added so vulnerable individuals in acute crisis will not be transported across the state and spend long hours – often restrained – in an ambulance.

I hope to see many of you either at Sun Mountain or Academy in Everett. – *Carola*

Voluntary to Involuntary Flip

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It is the type of case that I am sure most of us are all too familiar with. For those of us lucky enough to be counted amongst the unaware let me explain. First the psychiatric unit accepts the patient as a voluntary admit. The voluntary admit now comes with the first 24 hours funded.

Sometimes the acceptance happens just after midnight. The unit however requests a delayed admit until … say, 10 a.m. … due to staffing. It's not like we're talking about an ITA with timeframes that must be legally met, so the ER social work staff or DCR struggling through the bed search gladly accepts. The patient is transported and arrives at the facility as planned only to find an understaffed unit which delays triage and care even further.

Sometimes the patient becomes enraged and uncooperative at the lack of care. They become unwilling to submit to further delays and the feeling, reinforced by the malaise of the unit staff, that no one is going to provide the help that they initially sought.

Occasionally the facility then turns around and for a variety of motivations, most of which tend to be capitalistic in nature refer the patient to the local DCR office as a respondent whom is asking to leave, but is unsafe, requiring an ITA investigation.

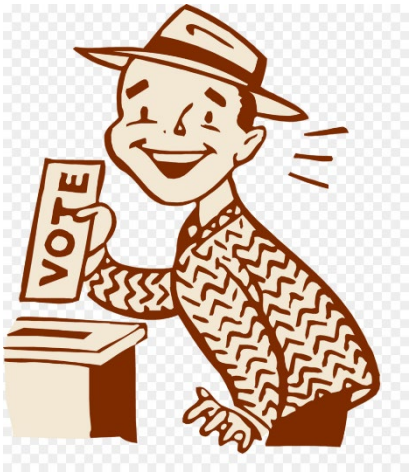
A disturbing trend in these cases (not that the whole issue isn't disturbing) seems to be the use of the 24-hour authorization by private, for-profit units to skim profits from the publicly funded mental health system. These units increasingly discharge these patients within the first 24 hours, claiming that their "insurance has run out". They insist that they aren't safe and invoke their right as a unit to hold the person per statute until the end of the following judicial day pending DCR evaluation. Depending on the call volume of the local DCR office which, let's face it, tends to be high across the state, and the timing of the discharge, it may take the DRR office anywhere from several hours to several days to respond.

Understandably the DCR now has a respondent that is likely frustrated, probably uncooperative, and possibly hopeless regarding their recovery. What is the solution? Perhaps the authorization rules governing payment for the first 24 need to be rethought. Perhaps the state needs to more thoroughly dig into the charts of these privately held for-profit units; let's call this a cost of doing business in Washington. Finally, and perhaps most importantly, hedge funds and private equity firms that paradoxically promise to treat all regardless of the ability to pay need to be barred from being tasked with providing psychiatric treatment to our fellow Washingtonians.

Brandon

WADCR Executive Board Election

In accordance with the WADCR Association Bylaws, Article III: Officers*, the positions of President, First Vice President and Treasurer are open for election this year. The individuals currently holding office are seeking re-election to their positions.



Current officers are:**

President: Carola Schmid – Snohomish County
First Vice President: Shelby Whitworth – Spokane County
Treasurer: Gary Carter – Kitsap County

Are you interested in running for one of the WADCR Association open offices this fall?

Requirements:

Current Designated Crisis Responder
A desire to make a difference!
Submission of a Candidate Statement by September 1, 2018. Include county of designation, your relevant experience for the position, and a comment supporting "why you!"

*WACDR Association Bylaws can be reviewed at https://wadcr.org/bylaws.html

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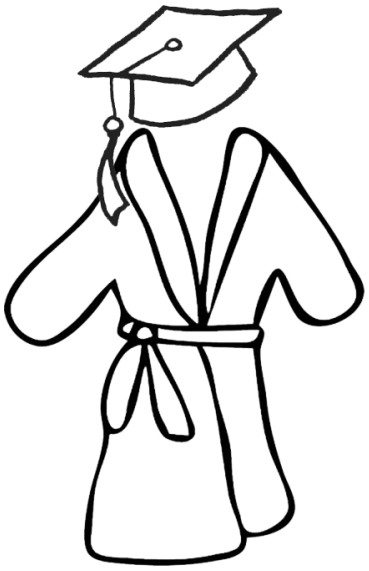
White Robe Scholarship

The majority of David Kludt's 40-year career in mental health was involved in crisis work as both a clinician (DMHP) and an administrator. David has long been connected to the DMHP/DCR Association. During his years working at the State level David was a strong advocate for DMHP's/DCR's and the Association.



David and the WADCR Association are pleased to offer a scholarship opportunity to a DCR to attend the annual WADCR Association Fall Conference at beautiful Sun Mountain Lodge, Winthrop, WA. The scholarship includes conference registration and 3 nights lodging.

To apply: Submit a brief letter of interest via email to an Association Board Member (contact emails on page 2)
Your letter of interest needs to include the following:

- Your name
- Agency/County you work at
- Length of time as a DMHP/DCR
- Brief remarks on why you became a DCR and what you enjoy most about being a DCR.

Deadline for application: Friday, September 14, 2018.

Why the "White Robe Scholarship"?
David says the only reason he came to the conference each year was because of the luxurious Sun Mountain white robes. David and The WADCR Association Executive Board hopes the selectee will have an informative, enjoyable conference and, of course, an opportunity to relax in *your white robe*.

WADCR FALL CONFERENCE

October 11 & 12, 2018

Sun Mountain Lodge, Winthrop, Washington
509-996-2211 / www.sunmountainlodge.com
Conference discounted rate: $93.00/night + tax

Fall Conference fee: **$90.00** / Continuing Education: **CEU/CME: 9.5**

Register and pay for the conference at our Website WADCR.org* We will make lodging reservations for you when you indicate while registering on our website, however you will need to arrange pay for your Sun Mountain stay by contacting them at: 509-996-2211 or online at: www.sunmountainlodge.com.

* Go to https://wadcr.org/conferences.html and click on Details and Tickets; or, call/email: wadmhp@gmail.com
Renee Morrison at 509-447-5651 rmorrison@pendoreille.org /
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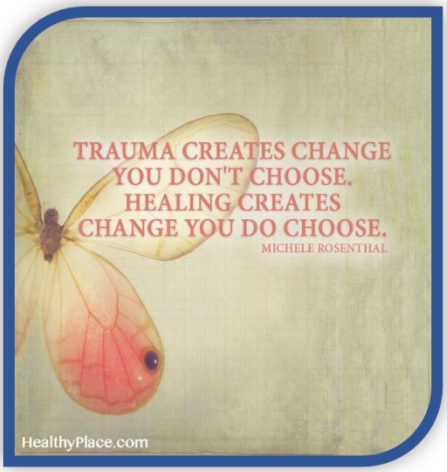

Resiliency in Challenging Times

Anneleen Severynen and Lisa Brown
BA, RN, MN MA, LMFT

Anneleen Severynen, BA, RN, MN, has nearly 30 years of experience working with vulnerable populations both internationally and in the United States. She became interested in staff resiliency and burn out prevention when working as a health educator and HIV test counselor in the early 1990's, during the HIV epidemic.

She has worked as an outreach worker, health educator, HIV program manager, public health nurse, trainer, and consultant. She worked in HIV research and has co-authored several publications on HIV testing accessibility. She served as the Clinical Lead of the Health Care for the Homeless Network where she developed a series of Trauma Informed Care and Resiliency Trainings for staff from homeless service agencies throughout King County.

Currently, she is the Training and Development Supervisor at Community Health Services Seattle, WA. She received her bachelors in Community Studies from the University of California, Santa Cruz and her master's from the University of Washington in Cross Cultural Community Health Care. Anneleen continues to lead trainings in Trauma Informed Care, Resiliency, Harm Reduction and Communicable Disease Prevention.

Lisa Brown, MA, LMFT, is a multi-disciplined mental health educator and clinician. She is trained in depth psychotherapy, as well as community mental health models that emphasize brief, goal-directed treatment, advocacy and crisis management. She practices from a trauma-informed, developmental perspective that weaves attachment theory, internal family systems, interpersonal neurobiology and utilizes tools from ACT, EMDR, and Somatic Therapy.

She completed graduate coursework in Developmental Psychology and Counseling Psychology at San Francisco State University and the Wright Institute in Berkeley. She received advanced training in Psychodynamic Therapy from the Psychotherapy Institute in Berkeley. She is a certified Trauma Specialist Professional and has done intensive work in Couple's Therapy with The Relational Life Institute, The Gottman Institute, and The Couples Institute.

She has worked therapeutically with children, teens, and families in clinics, school settings, and in her private practice. Additionally, she has a specialty working with people with neurological disorders and currently practices at the Hallowell Todaro ADHD center in Seattle and Kirkland.

Reflection:

Role of DCR as Quality of Care Advocate

By Brandon Foister

In a closed-door session Friday, the Whatcom County DCR's office debated whether to institute a clinical boycott on sending respondents on ITAs to Smokey Point Behavioral Health (SPBH). This departure from the typical state endorsed policy of seeking a bed at all psychiatric facilities state wide occurred against a backdrop of new allegations and further complaints to the state by a regional DCR office against the quality of care and safety of patients within the hospital, a previously unprecedented step.

Smokey Point Behavioral Health, a privately owned for-profit psychiatric facility opened officially for admits in 2017. Officially the facility is licensed for 115 beds, with frequently insufficient staff for current admit levels. Since its opening, parent company US HealthVest, which is partially owned by Venture Capital firms Polaris Partners and Oak HC/FT, two leading venture capital firms specializing in biotech, has been plagued with chronic understaffing, assaults, discharging of individuals prematurely (evidenced by immediate re-detention) without collaborative and effective discharge planning and recorded suicide attempts made by patients while on the unit.

The debate within the Whatcom County DCR office was related to the quality of care, not necessarily the ownership of the facility. One DCR present for the discussion summed this perspective arguing that the issue revolves around providing for the psychiatric needs of patients balanced with assuring patient rights and safety. Amongst the recent round of allegations against the hospital was a case in which a patient on the unit managed to engage in cutting behaviors and was forced to clean her own blood from the floor prior to receiving psycho-therapeutic intervention. Another DCR present for the discussion, argued that the position of all DCRs should be a demand that the state step in and exercise their authority to sanction and more stringently oversee care in US HealthVest's first attempt at a full-scale psychiatric hospital in Washington prior to allowing further expansion. Despite allegations of safety violations lodged with the state, US HealthVest has applied for certificates of need in Whatcom and Thurston Counties for 70-bed units in both locations and admits to the facility in Smokey Point have not been restricted as one might have hoped. As of the writing of this article the certificate of need in Whatcom County has been granted, with the Mayor of Bellingham, an advocate for the mentally ill, in support of the facility, and the facility in Thurston is under construction.

> *"…CAN WE ETHICALLY JUSTIFY. AS DCRS, JEOPARDIZING THE SAFETY AND PATIENT RIGHTS OF OUR RESPONDENTS?"*

The North Sound Behavioral Health Organization, the BHO which oversees the Whatcom County DCR office, has consistently maintained that the decision to place an individual in a particular psychiatric unit following detention by a DCR is a clinical decision within the scope of a DCRs authority at the time of placement. This has been discussed however, primarily within the context of whether to send a respondent varying geographical distances from their services, family and natural supports, often resulting in an ambulance transport in restraints for many hours.

This was also at a time when Single Bed Certifications to St. Joseph Medical Center in Bellingham were allowed more freely given the location of a psychiatric unit within St. Joseph's. Administration representing the DCR Office in Whatcom County is following up with the North Sound BHO for clarification of the scope of the

DCR's clinical discretion at time of placement. If allowed to decline utilizing SPBH as a resource on clinical grounds, Whatcom County's DCR office would join a growing number of offices across the state that are determining Smokey Point not to be a viable resource.

Now that No-Bed reports, commonly known as "Walk-Aways", have become more prevalent in the wake of the appellate court's Single Bed Certification ruling which defines a minimum of criteria a hospital needs to be able to fulfill in order to receive a single bed certification from a state hospital, and the recent legislative passage of Ricky's Law, broadening the criteria for civil commitment to Substance Use Disorders (SUD) without the subsequent creation of sufficient involuntary SUD Units, questions loom in the minds of the DCRs in Whatcom County:

- What if the result of our decision that Smokey Point is clinically inappropriate for our respondent results in a "Walk-Away?"
- What is the liability for a DCR when we rule out a unit based on clinical and ethical concerns and the respondent is released from the hospital?
- On the other hand, can we ethically justify, as DCRs, jeopardizing the safety and patient rights of our respondents?

This article is neither intended as an opinion of the WADCR Association, nor to provide direction to DCRs statewide. We simply felt it was our responsibility to speak up, raise questions, and distribute the information we have learned. – Carola Schmid, WADCR President

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Fall DCR Academy:

November 5 – 9, 2018 – Everett, WA.

Register online @ www.wadcr.org

Registration contact: WDMHP@gmail.com