

FRONTLINES

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of Designated Crisis Responders

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Letter from the President –

Hello fellow DCRs!

It has been a challenging time for all of us as we navigate the new landscape of Healthcare Integration and everything that comes with it. It has certainly made for a busy and challenging summer over here. I am sure there are changes and significant adjustments in every shop around the state. For us here in the North Sound region we have combined our DCR and voluntary crisis teams starting July 1.

In Snohomish county DCRs are now providing all crisis services which is a big shift for us. Another big change is that for the first time in probably 30 years our staff are no longer serving in the role of the court liaison.

As always, my biggest concern is the quality of services we provide to the people who need it the most. Overall it seems that more coordination is needed which is difficult when someone is in crisis and needs immediate and ongoing services, preferably with one entity. There are many challenges and concerns that have drifted to the surface in this new world and hopefully most of this will resolve as we find a new equilibrium over the next weeks and months

However, a big and concerning gap has quickly become apparent: individuals who do not qualify for Medicaid and are essentially uninsured with a low income are no longer able to receive services from a behavioral health agency. In Snohomish County alone the data shows that between June 1 2018 and May 31 2019 about 4000 individuals without Medicaid eligibility received outpatient behavioral services. I imagine this to be similar around the state. Our ASO has

a small amount of money set aside to help this population but without added state funding for this



group many individuals in need will go without services which, I believe, will likely increase the hospitalization rate. Then, upon discharge the cycle will likely continue as the individual will still not be able to receive services.

The Association will look at how we may be able to influence addressing this significant gap in the next legislative session.

In other news the Association Board decision to move our Spring Conference to Sun Mountain was a success. It is just as beautiful as in the fall and we enjoyed spending time at one of our favorite places during a different season. We will have both spring and fall conferences at Sun Mountain until further notice. The 2019 Fall Conference will be October 17 & 18 with a presentation on case law (full day) as well as a short presentation on DCR/DOC collaboration from DOC.

We will be holding our Fall DCR Academy in Everett from November 4-8.

Last not least, I just got back from a fun wine tasting trip to Walla Walla which was lovely!

I hope to see many of you at one of our events!

Carola

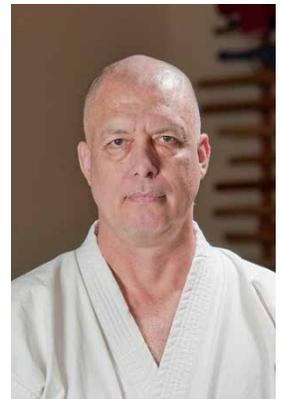
Robby Pellett 1956-2019

It is with great sadness that we share with you the passing of our colleague and friend, Robby Pellett. Robby died of a heart attack on August 29th, 2019 at the age of 62.

Robby worked many years as a DMHP/DCR in several different counties. He has served as President and Treasurer of the WADMHP Association.

In his most recent position at the State Health Care Authority, he was an ally, liaison and strong supporter of the work of the DMHP/DCRs. Often, he was the only voice of support, but that never stopped him.

The welcoming reception on October 16th, at the WADCR Conference, includes a time of remembrance of Robby.



Fall DCR Academy:

November 4th - 8th, 2019, Best Western Inn, Pacific Ave, Everett, WA

Register online @ <https://wadcr.org/fall-academy.html>

Registration contact: WDMHP@gmail.com



WADCR FALL CONFERENCE

October 17th & 18th, 2019

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/fall-conference.html> and click on Register for Conference; or, call/email: Renee Morrison at 509-447-5651 rmorrison@pendoreille.org / Shelby Whitworth at 509-838-4651 swhitworth@fbh.com

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 DMHPs/DCRs 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 someone from the Association Board (contact emails on page 2)

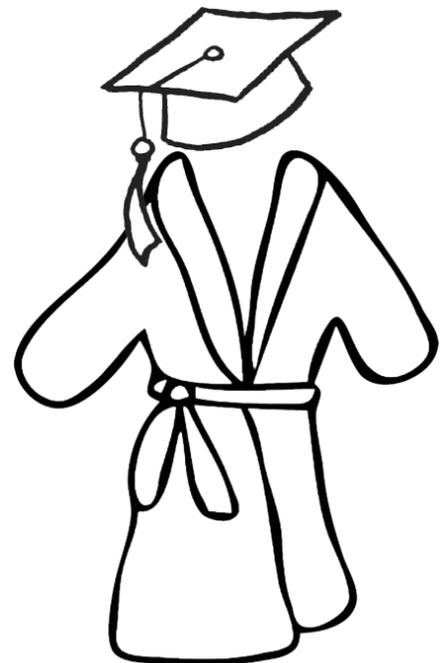
By: Friday, October 4th, 2019.

Your letter of interest needs to include the following:

- Your name
- Agency and or County you work for
- Length of time as a DCR
- Briefly, why you became a DCR and what you enjoy most about being a DCR.

What is with the name of the 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*.



October 17 & 18

Sun Mountain Lodge (Winthrop, WA)

2019 WADCR Fall Conference

Come join us at the beautiful Sun Mountain Lodge in Winthrop, Washington for our Fall Conference. Register now (\$90) on our website wadcr.org, under "Education".

This year, keynote speaker Anne Mizuta will join us to discuss ITA case law, followed by a presentation from the Department of Corrections on the second day. Updates from the board will close the event.

A special room rate with the Sun Mountain Lodge is available to attendees of the event. Call (509) 996-2211 to book your room and ask for the WADCR rate.

KEYNOTE SPEAKER: ANNE MIZUTA - King County Senior Deputy Attorney



Anne Mizuta graduated from the University of Washington School of Law in 2001. Prior to joining the King County Prosecutor's Office, Anne was the Project Director of the Innocence Project Northwest and was a bailiff in King County Superior Court. Anne served as a criminal prosecutor for five years, prior to specializing in the Involuntary Treatment Act (ITA). Anne is the Chair of the ITA Unit of the King County Prosecutor's Office. King County Superior Court handles approximately 50% of Washington State's ITA cases. Anne also serves on the Board of Directors for Evergreen Treatment Services.



WACDR Executive Board Positions Up for Election

In accordance with the WACDR Association Bylaws, Article III: Officers*, the Second Vice President and Secretary are up for election to be held the WACDR Fall Conference in October at Sun Mountain Lodge. The current individuals holding elective office are:

Second-Vice President (position open): Renee Morrison – Pend Oreille County
Secretary: Diane Swanberg – King County

Elections are held annually, while positions are voted in for 2-year terms. 2019 elections will be for Second-Vice President and Secretary. Renee Morrison will not be running for this position for the next 2-year term.

Requirements:

Current Designated Crisis Responder
A desire to make a difference!

Submission of a Candidate Statement. 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>

Seattle Times Articles: Public Crisis, Private Toll

Investigative reporting by the Seattle Times about “*The hidden costs of the mental-health industry’s expansion*” can be accessed from the links below. Currently there are 2 articles covering major areas of concern regarding what happens to our clients once they have been placed in inpatient care in Washington State. The series continues beyond these articles but have yet to be published.

Smokey Point Hospital: <https://projects.seattletimes.com/2019/public-crisis-private-toll-part1/>

Cascade Behavioral Hospital: <https://projects.seattletimes.com/2019/public-crisis-private-toll-part2/>

“It is also a largely secret toll. Patients and staffers at Washington State’s private psychiatric hospitals suffer harm far more often than the facilities disclose to the Department of Health. While many states post hospital inspection reports online, Washington’s default position is to keep them private. Despite repeated serious violations, Cascade and peer institutions have operated without any penalty, an investigation by The Seattle Times has found.” (Public Crisis, Private Toll: The hidden costs of the mental-health industry’s expansion, Seattle Times, Reporter Daniel Gilbert, Sunday, September 8th, 2019)

Affordable Geriatric Housing: The Silent Crisis

S. Brandon Foister, DCR Legislative Committee Chair- WADCR

First announced in September 2017 the Life Care Center of San Juan Island eventually closed its doors and relocated all residents as of December 2017. The Center has since been converted over to an Inn serving the needs of the tourist industry on San Juan Island.

Based on reported statistics the Center at time of closure was an 85 bed facility providing services to 51 residents who were Medicare and Medicaid eligible, typically with a combination of medical and mental health concerns and on fixed levels of income that made the exorbitant cost of independent housing on San Juan Island difficult to otherwise afford. Per the information compiled on www.nursinghomesite.com, an informational website designed to aide families in their search for appropriate placement, the Life Care Center's population contained 33.33 percent of patients with Alzheimer Disease, 43.13 percent of patients with Depression, and 3.92 percent of patients with Schizophrenia.

Following the closure, a team of dedicated case managers worked to place residents with either family or in available housing placements with similar levels of care. One professional involved in the relocation process reported his frustration at lifelong residents of San Juan County having to be placed as far away as California, Southern Oregon and Montana due to a lack of appropriate placements.

Last week the Bellingham Herald reported that the Leopold, a 91-unit subsidized rent senior living facility in downtown Bellingham will be closing as of March 31, 2019. The owner cited rising operating costs and a correlating rise in vacancy as the main factors behind the decision to close. The announcement was made to great concern and shock to residents, but relatively little reaction from the community of Bellingham. Early announcements have since been made that the Leopold will also be converted back into a hotel, another casualty in the war of Urban Gentrification as some critics have suggested.

The level of care at The Leopold is technically lower than the Life Care Center, being classified as independent living as opposed to a skilled nursing facility. That said, this brings the number of income subsidized housing units for the geriatric population lost in the North Sound region alone to 176. With geriatric detention referrals on the rise statewide, the question must be asked what impact does disintegration of affordable housing resources have on rates of geriatric detentions.

A review of several (10) Civil Commitment cases involving geriatric respondents within the last year revealed disturbing trends. First, six in ten were referrals from a hospital emergency department following episodes at specialized care facilities where the respondents had been placed within the last 90 days following a crisis involving loss of housing. Second, eight in ten involved combinations of cognitive decline comorbid with depression, and in four of these, there was a component involving suicidality. In all cases the primary support network of the individual was either non-existent or overwhelmed and the specialty care facilities were claiming mental health symptomology that made continued placement not possible.

While the exact nature of the link between causality of the crisis episode resulting in detention and the distant housing crisis is difficult to prove statistically, it's safe to intuit that there is a connection between the availability of a housing resource for the individual and whether the case results in hospital staff referring it to a DCR under the grounds of grave disability. Perhaps more importantly the question needs to be asked, is the psychiatric confinement of the elderly the proper solution to remedy their housing and care crisis?

“Walk-Aways” In a Region with Open Beds

S. Brandon Foister, DCR Legislative Committee Chair- WADCR

The North Sound region comprised of Snohomish, Skagit, Island, San Juan and Whatcom counties in Northwestern Washington converted to full integrated managed care system as a mid-adopter effective July 1, 2019. As of July 1, the North Sound BHO converted to the North Sound Behavioral Health Administrative Services Organization or NSBHASO. Almost overnight the landscape changed as the state psychiatric “bed shortage” encountered a new wrinkle – *no beds for clients without Medicaid funding.*

In Skagit, Whatcom and Island Counties alone, five cases within 72-hours resulted in “walk-aways” and one in a single bed certification. These cases all had Medicare coverage only, private insurance or no documented funding coverage. In all six cases the listed reason for decline were that the units were unable to accept the respondent despite the admit being an ITA.

By week two of the managed care go-live, the operations director of one of the local evaluation and treatment facilities reached out to their local DCR office to confirm that DCRs were still referring respondents to their unit. Their unit had been critically low since this transition, with the majority of their beds sitting empty. Once informed that DCRs had been receiving refusals based on funding status, this unit quickly pointed out that *they were not authorized to admit ITAs with only Medicare, Private Insurance or without funding.*

DCR leadership in the North Sound region sought clarification from the HCA and ASO, who confirmed, that in these cases, the BH-ASO is still the “payer of last resort.” This means that while the inpatient units that accept the respondent may not be able to recoup independent reimbursement from Medicare or private insurance, they would still receive payment for services rendered on an ITA admit from their regional BH-ASO.

Within 48-hours clarification went out to hospitals and E&Ts within the region. Despite this, at least one facility within the North Sound area continues to refuse admit for what they have termed “Unfunded ITAs”. Further research has revealed that said unit has had an average daily census of five or less, with a minimum of ten open beds over the last three weeks. At times, this brings the total number of open beds in the North Sound Region within the last week to as high as 15.

Despite the glut of open beds, North Sound DCRs continue to receive declines based on the detained individual’s insurance status. This challenges the often-cited assertion that a “walk-away” is the result of a psychiatric bed shortage. *Since January 1, 2019 to present day the number of cases resulting in a “walk-away” in the north-sound region increased from 45 in all of 2018 to 72. This is a 37.5% increase in denials and the year is only 60% complete.* This leaves DCR leadership in the North Sound region asking themselves, in this new world of integrated managed care, what mechanism is in place to monitor the admission practices of the psychiatric units now that the previous BHO systems are gone and assure that available beds are utilized?

Brandon

Washington Association of Designated Crisis Responders Executive Committee

President

Carola Schmid

info@wadcr.org

1st Vice President

Shelby Whitworth

509-838-4651

swhitworth@fbhwa.org

2nd Vice President

Renee Morrison

509-447-5651

rmorrison@pendoreille.org

Treasurer

Charles Doyal

360-474-3425

charlesd@kmhs.org

Secretary

Diane Swanberg

206-263-1438 desk line

diane.swanberg@kingcounty.gov

Chair

Education and Legislative Committee

Brandon Foister

360-676-2020

Steven.Foister@compassh.org

Graduates: – CDP Classes for DCRs Completed!

This year a group of DCRs throughout Washington State participated in the Chemical Dependency Professional Alternative Training through online course work provided by Spokane Falls Community College. The program consisted of enrolling in two online classes each quarter for three quarters. The curriculum included ethics, pharmacology, ASAM assessment and criteria, and treatment of substance use disorders.

In the beginning there was some adjustment for those of us that had not attended classes in a long time. I had never attended an online class before. There was a learning curve for the online interface but the staff at Spokane Falls were very helpful and understanding. What I enjoyed most about the online classes was getting to talk to many DCRs around the state. There were some I had met at conferences and recognized names, some I had spoken to in the course of a case, and others I did not know at all. The class requirements included posting discussions online and responding to others' discussions. This format provided the students the necessary "classroom interaction".

The coursework and assignments were not easy. In talking with others who were in the classes, some weeks required several hours of reading and completing assignments. There was repeat information that many of had from graduate studies, such as the many theories of treatment including Freud and Rogers. For those who chose to take the NADAAC test at the end of the year, the refresher on theories and ethics became very useful.

I will say I did not learn new information from all the classes, but I did from some. I found the pharmacology class provided the most useful information pertaining to my job as a DCR. There was a lot of information regarding the biology and pathways involved in substance use. Another class provided information on ASAM dimensions. In fact, students had to complete a full ASAM assessment from vignettes provided. This was helpful for me to understand and learn more of the substance use terminology.

At the end of the year, we all received our certificates for completing the Chemical Dependency Professional Alternative Training. Some chose to complete the application for Chemical Dependency Professional in Training (CDPT) certification. Of those who are now CDPTs – some plan to complete the supervision hours to become Chemical Dependency Professionals and others are not. The time commitment is significant. Others are content with completing the courses and using the information they learned to enhance their skills as a DCR.

There were many frustrating moments and some assignments did not seem necessary or helpful. Overall, I came away with more information and education than I had before. I am much more confident about Substance Use Detention evaluations. In my office, those who completed the program are passing our knowledge to others. I am grateful for the opportunity and would encourage others to take advantage of it if it continues to be offered. I know that feedback has been provided regarding things that were helpful and things that could improve.

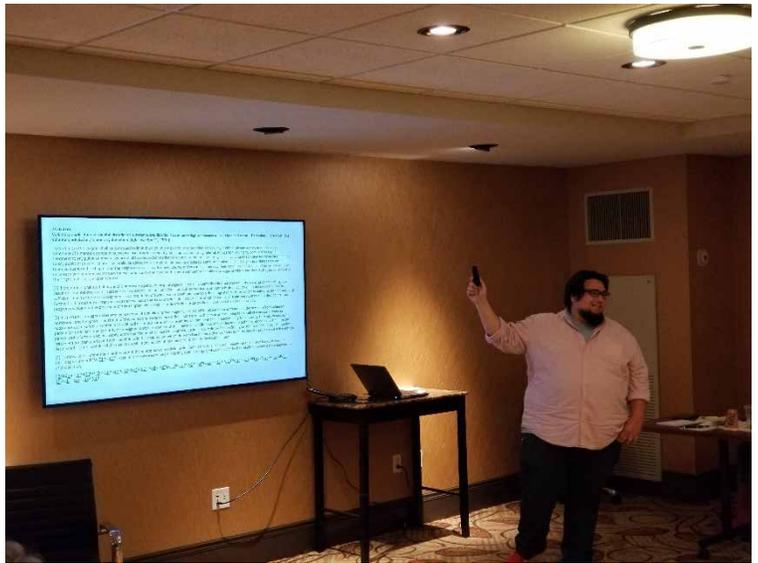
Congratulations to all who completed the program. Please let us know what your thoughts are by emailing the Association. We would love to hear your feedback.

Shelby Whitworth – Spokane County
First-Vice President

WADCR Provide 1st-ever Training for American Indian Tribes in Washington State

August 21st – 23rd, Legends Casino, Yakama Nation: Officers from the WADCR presented DCR training for several Washington state area American Indian tribes. The attending tribal representatives have an interest in establishing their own local Designated Crisis Responders or they were there to learn more about what we do to better understand how to locally work with their DCR teams.

The organizers of this event were Vicki Lowe, Executive Director, American Indian Health Commission for Washington State and Lucilla Mendoza MSW, CPP, Tribal Behavioral Health Administrator, Washington State Health Care Authority and Charlene R. Abrahamson, Family Services Director, Squaxin Island Tribe.



Brandon Foister presenting RCW 71.05 at first Tribal training

Presenters were: Diane Swanberg (King) – Secretary, Brandon Foister (Whatcom) – Chair, Education and Legislative Committee, and Charles Doyal (Kitsap) – Treasurer.

This opportunity for the WADCR provided invaluable insight into the struggles the tribal nations experience in accessing services for their people. While there were many stories all DCRs are familiar with, the representatives around the state were clear in presenting their unique difficulties and historic struggles to establish equity between their nations and the state.

While we came in as “trainers,” this 3-day event taught us as much as we hope we taught them. Comments reflected a newer understanding of the limitations and scope of practice DCRs operate within, and that we are working with and for them – as in all communities – to provide responsible and professional service for all our partners and clients. We look forward to continuing our work in support of DCRs throughout the state with events such as this where we can build successful relationships.

SB-5181 Model Policy – DCR Requirement to Notify Respondents of Suspension of Firearm Rights for 6 months if DTS/DTO/DTP ITA detention does not progress to a further 14-day involuntary treatment order (these requirements do not apply to GD ITA)

With the implementation of SB-5181 into RCWs beginning July 28th the following is the model policy provided to help guide and understand this new process. Please remember that regions/counties will adapt the policy to meet their administrative requirements, therefore the detailed process described in this version may be adjusted to meet your local needs. The following provides guidance on when to use and how to document when the Notice of Suspension of Firearm Rights by DCR is used.

Initial ITA investigation Procedure:

DCR evaluates an individual who is then detained under the criteria of Danger to self, others or property (DTS/DTO/DTP) which leads to the notification of the Respondent of their Notice of Suspension of Firearms Rights.

- DCR conducts ITA investigation consistent with RCW 71.05

- DCR Informs the Respondent of their amended ITA rights, including DCR advising the respondent that if detained for DTS/DTO/DTP their firearm rights will be suspended automatically for 6 months, to be automatically restored if there is no further commitment action.

When the finding is that an individual is detained under this chapter for reasons of Danger to Self/Others/Property:

- DCR attaches a copy of the respondent's identity card, photo I.D. or other identification to the petition or, if unsuccessful, documents their efforts in obtaining this information; DCR fills in any information they know and
- DCR serves the Respondent with a copy of the notice of suspension of firearm rights for 6 months, the original to be forwarded to the county clerk's office for processing;
- DCR notes on the amended proof of service that the Respondent has been personally informed of their Notice of Suspension of Firearms Rights both verbally and in writing.

Additional forms/Procedures:

In cases of Joel's Law:

- DCR, upon receipt of the order of apprehension from the county superior court, will utilize the amended Joel's Law rights form which explains that in cases of detention for DTO/DTS/DTP the respondent's firearm rights will be
 - temporarily suspended for 6 months if no further commitment occurs (detained for further 14/90 days by court); and,
 - that those rights will automatically be restored after 6 months; and,
 - Respondent has the right to request restoration of firearms rights prior to the end of the 6-month suspension through court process.
- Respondent, upon detention for DTO/DTS/DTP will be served by the DCR with an amended proof of service that the Respondent has been personally informed of their Notice of Suspension of Firearms Rights both in writing and verbally, at time of detention, prior to hospital discharge or transport to inpatient facility.
- In Joel's law cases of DTO/DTS/DTP DCR attaches a copy of the Respondent's Identity card, Photo I.D. or other identification to the petition.

Non-Emergent Detention:

- DCR reads amended ITA rights, which includes advising the Respondent that, if detained for DTS/DTO/DTP, their firearm rights will be suspended temporarily for 6 months, to be automatically restored if there is no further commitment beyond the 72-hour hold.
- Upon receipt of a judicial order of detention, the DCR again informs the respondent of their rights and serves them with a copy of the Notice of Suspension of Firearms Rights for 6 months, the original to be forwarded with the original legal paperwork to the detention facility so they can pass it on to the County Clerk's office for processing along with a copy of the detention paperwork including an amended proof of service;
- In cases of DTO/DTS/DTP DCR attaches a copy of the respondent's identity card, photo I.D. or other identification to the detention petition;

Inpatient AMA Requests for ITA:

- DCR evaluates individual for detention under 71.05 prior to the close of the next judicial day, per statute;
- DCR reads amended ITA rights, which includes advising the respondent that if detained for DTS/DTO/DTP their firearm rights will be suspended temporarily for 6 months, to be restored if there is no further commitment.

When finding is that an individual be detained under this chapter for reasons of Danger to Self/Others/Property:

- DCR attaches a copy of the respondent's identity card, photo I.D. or other identification to the detention petition;
- DCR serves the Respondent with a copy of the Notice of Suspension of Firearms Rights, the original to be forwarded to the local county clerk's office for processing;
- DCR notes on the amended proof of service that the Respondent has been personally served with the Notice of Suspension of Firearms Rights at time of detention.