FRONTLINES

Winter 2019 VOLUME 39 ISSUE 1

Official Periodical of the Washington Association of Designated Crisis Responders

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Letter from the President –

Hello fellow DCRs!

I hope everybody had a pleasant and peaceful Solstice, Christmas, New Year's or anything else you might be celebrating. Hopefully you enjoyed some quiet time even if you had to work. Here are a few updates as we head into the New Year.

We had a great conference at Sun Mountain in October and a very successful DCR Academy in Everett in November.

We are waiting for the legislative session to start and will update you in our next issue of Frontlines.

We are planning 2019 DCR Academy in Spokane and Everett. The Spokane Academy will most likely be scheduled for the first week in April, Everett at some point in November.

We are working on compiling a comprehensive email list and apologize if you didn't get the last 2 issues. They are on our website. The transition to electronic distribution has been a little more challenging than we had hoped but we are getting there.

Here for your viewing enjoyment and hopefully good use during a much-needed relaxing moment is a picture taken on the Solstice at Eilean Donan Castle on the Isle of Skye, one of my favorite places in the world.

Based on what I hear from colleagues around the state and what I have seen on my own team we have all been incredibly busy. That said I am proud to be part of a group that works tirelessly to provide the best care to those who need it most despite the growing challenges we face.

Carola

Anatomy of a Support Network Funding Crisis

IMBD rules were initially put into effect in Washington State to place the responsibility for quality mental health care back onto regional support networks. The premise was simple. In a world where states ran most psychiatric hospitals and maximum state regulated bed count for local E & Ts was 16 beds it made sense to penalize the support network monetarily if too high a percentage of their consumers with mental illness were hospitalized. In other words, the decision had been made that higher rates of long-term hospitalization were indicative of a crumbling outpatient system in which inpatient, specifically the involuntary treatment system, was picking up the pieces.

The most potent tool in this toolkit was the 16-Day Rule: when a consumer hits day sixteen in a psychiatric hospital inpatient unit and requires continued hospitalization then the cost of the entire episode of care back to the first day of the inpatient placement is billed to the BHO and paid with state funding. It is a sort of economic incentive to prevent large numbers of mental health clients from having their care neglected to the point that they require greater than a sixteen-day hospitalization to be stabilized. For the most part this is not that large of a burden on the state system. The average estimated length of stay for a voluntary hospitalization, depending on statistical source, ranges from four to eleven days. The vast majority of voluntary inpatient treatment result in discharge back to the community without activating the 16-Day Rule.

Enter the newly evolving trend where we are witnessing a significant increase of for-profit psychiatric mega-hospitals in Washington state. Theoretically this would result in an increase in volume for the four to eleven day stay voluntary statistic. Instead, we are witnessing an increase in voluntary cases being switched to ITA detainments and clients being held beyond sixteen days. Couple this with well over 16 ITA beds (Snohomish County DCR office estimates consistent range of 30 – 40 clients under ITA detention at Smokey Point Hospital) accepting ITA cases from across the state.

With similarly sized units set to go online in early 2019 in Spokane and Thurston County and another proposed in Bellingham the question should be asked whether the IMBD rules are outdated for the current business model of private psychiatric hospitals as well as the great need for psychiatric beds. Governor Inslee's proposed budget reflects his desire to return the care of the most vulnerable individuals in need of mental health services back to their comminutes. Should we be asking if communities, and in this instance support networks, and soon to be ASOs, are provisioned to provide the care needed while managing this growing budget crisis?

Brandon

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DCRs: The Backbone of the Public Mental Health System

Greetings DCRs,

I can't remember what I had for breakfast this morning, yet I have total re-call of my first day, December 18, 1978 as a then, DMHP. I remember going home that evening and saying to myself, "what the hell did I get myself into and how did I ever get this job."

Back then you could be a DMHP with only a bachelor's degree if you were in a rural county. My undergraduate degrees in Social Work and Communications did little to prepare me to be evaluating a persons' mental status and possible need for hospitalization. I was incredibly fortunate to have a partner who mentored and taught me the clinical skills I needed. Equally important was that he taught me the ethical responsibilities of the job and showed me how to bring the human element to managing a crisis. I encourage those of you who are veteran DCRs to provide guidance and support to new DCRs. I know I would not have survived my first year without this.

During my career I have had the privilege to work with so many talented and dedicated DMHPs/DCRs. Over the years I have said it hundreds of times, "DCRs are the backbone of the public mental health system." In my opinion DCRs have the most demanding, difficult and often least appreciated role in the mental health system. It is most often the case that at least one person will be unhappy with every decision you make.

Forty-years have come and gone, and it is time to call it a career! What have I learned in my forty-years doing mental health crisis work? I have learned that the most important element of helping a person in crisis is to always treat the person with dignity and respect. I have learned that family members of those we serve must be listened to and treated with the same dignity and respect. I have learned that recovery is possible, and we always need to share this belief with those we serve. I have learned that to do the job of a DCR well, you must take care of yourself.

Nearly every day we hear how the public mental health system is broken. I for one do not believe the system is broken. I have always firmly believed that what the system needs is to be funded consistently and fully. As I write this, we are approaching one of the most important legislative sessions in terms of mental health funding. The Governor's request is significant in terms of dollars needed to achieve his plans for continuing to close civil beds at the State hospitals while developing community-based beds and resources to serve individuals in their own communities. I highly encourage you to be active this legislative session by letting your representatives and the Governor's office know that, without full funding for the Governor's plan, the mental health system and the individuals we serve will continue to suffer.

I want to say thank you to all of you I have worked with, learned from and in many instances become friends with. I truly appreciate all of you and would not have had the wonderful career I have had without your support!

I leave you with one of my favorite quotes from the book, Dancing Healers:

"*If you want to be a healer, you must first learn to dance.*"

Keep on dancing!

David Kludt, CDMHP, DMHP, DCR
Supervisor, King County Crisis and Commitment Services

Law Enforcement and DCRs – Side by Side in the field

A re-occurring conversation in DCR staff meetings, supervisor conference calls and in our regional BHO supervisor meetings underscores DCR struggles encountered when working with local law enforcement agencies. This state-wide struggle is about how we have professionally respectful relationships with some LE agencies, while seemingly being shut-out and shut-down by others – all within the same "neighborhood," and is based in recognizing a DCR's legal authority to issue an Order of Detention and have it served and/or supported by law enforcement. Obviously, our frustration is not with those who work with us, but, with those who will not. The state-wide conversation recognizes this wide-spread problem whose unspoken significance is untreated clients who continue to suffer – and to suffer more as they remain untreated.

In Kitsap County, the DCR team has concentrated on working towards closing the gaps in understanding between law enforcement and DCR authority by developing a patient and collaborative long-term approach to inter-agency team work and inter-dependency within the constraints of the law and our scope of practice. In plain language: Kitsap DCRs are working with LE in each situation with an understanding of meeting the officer/deputy "where they are at" while also working to resolve the crisis our clients are experiencing. Rather than confront the problem with demands referencing our authority per RCW, we request on-scene support and once on the scene negotiate the assistance we need while accepting the level of assistance received with an understanding of the constraints the officer/deputy must work within by law and policy. This has paid significant dividends in developing professional relationships. The team consensus is that officers/deputies are increasingly more willing to support us than previously as a result of working collaboratively and not trying to force results on them. That said, for the Kitsap team, the sheriff's department *had been* the most steadfast in adhering to non-engagement tactics "that cause client escalation resulting in an unnecessary hands-on response" which prevented enforcement of DCR legal apprehension efforts.

In September 2018 the Kitsap Sheriff's Department was awarded a grant from the Washington Association of Sheriffs and Police Chiefs (WASPC) funding a full time, 40-hour, 5-days a week DCR assigned to the department. Kitsap Mental Health Services, who holds the DCR contract, is a joint-grant partner. The DCR began working directly with the Sheriff's Department in October 2018 on standard shift with option for shift flexibility to support goals of the program.

Since then, the attached DCR has provided training to deputies and DCRs, and works in the field with a deputy on patrol providing DCR, MHP and case management responses to deputy involved mental health and suicidal outreach cases and reports. As a compliment to this program, the Kitsap DCR team has committed to outreach response after hours, promoting access to services, which have always been available, yet not used by community LE. Somewhere in the history of Kitsap DCR work, the impression by LE agencies that "DCRs won't come out and help when we ask" had become the norm – "so why bother!" Now, they "bother" because DCRs respond and the officer/deputy effort supports and benefits them!

Kitsap county LE and DCRs now, with rare exception, are resolving client crisis in the moment, and enforcing LRA revocations and non-emergent ITA evolutions in a collaborative, efficient and professional interaction that gets client needs met. It is not perfect, but it is ongoing, and we work from an understanding of our limitations and strengths together.

From the Kitsap DCR experience, I strongly recommend making the relationships personal and collegial while ensuring the work done stays professional. Get out in the cars with local LE so you know what they do, and they know what you do. Invest today to meet the needs of the clients when LE assistance is needed later.

Charlie Doyal, DCR – Frontlines Editor

Back to School – CDP Classes for DCRs

This year several DCRs across the state took advantage of a program through Spokane Falls Community College. This is a program intended to meet course requirements for Chemical Dependency Professional credentials. All fees, including materials, were covered by the State. Participants enrolled in two classes for the fall quarter. They will be enrolling in two classes during both winter and spring quarter, having completed the fall session. While the program covers the coursework needed for the credential, participants will still need to complete the supervision hours required in order to achieve the credential of Chemical Dependency Professional.

It all started with a culture shock of acclimating to the online classes. Canvas is now an app on my phone and a bookmark on my computer. Anxiety inducing notifications of homework due occurred on a weekly basis. Taking quizzes, with some tricky questions, brought back the college days from many years ago. My most consistent feeling was, "I feel so old!"

There has been mixed feedback from participants. Some of us were able to commiserate at the WADCR fall conference this year while we opened laptops during breaks to complete homework assignments. Some felt the classes provided helpful information for the substance use detention evaluations and others found the information was not new for them. Some recognized others from their name and picture posted in the online class listings.

One common theme among most of the participants is an issue with time. We all know the toll that being a DCR can take and some found the time requirements for the courses to be overwhelming. The courses are online, and each course had one to two assignments due each week, in addition to the reading and video materials. For myself, I spent a few hours each week. By the end of the quarter, I was pretty burned out.

Besides the time spent on coursework, there is still the issue of the supervision hours. For some, there is not enough time in our day, week, and month to get this completed. For others, they are willing to make the time because getting the credential is important to them. One thing that is consistent is all of us would like for the work to result in some kind of credential. There have been some recommendations that perhaps there can be a Substance Use Specialist designation, similar to Child Mental Health Specialist. Most participants are not planning on providing substance use treatment and are getting the education to make them better DCRs.

There is hope there will be adjustments to the program process and accreditation based on the provided feedback. We are only one quarter in and there are two quarters to go. For those in the program, congratulations on completing the first quarter and good luck on the next two. We would love to hear from you about your experience if you are in the current classes or have completed the certification program and can provide some insight into the life after – including the supervision path.

Shelby Whitworth, First-Vice President

Spring DCR Academy:

March 25-29, 2019 – Ruby River Hotel, Spokane, WA

Register online @ https://wadcr.org/summer-academy.html

Registration contact: WDMHP@gmail.com

WADCR Executive Board Election Results

In accordance with the WADCR Association Bylaws, Article III: Officers*, the President, First Vice President and Treasurer was determined following elections held and announced at the WADCR Fall Conference in October at Sun Mountain Lodge. The individuals elected to office are:

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

Elections are held annually, while positions are voted in for 2-year terms.
2019 elections to be held for Second-Vice President and Secretary.
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

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WADCR SPRING CONFERENCE

March 18th & 19th, 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/spring-conference.html and click on Details and Tickets; or, call/email:
Renee Morrison at 509-447-5651 rmorrison@pendoreille.org /
Shelby Whitworth at 509-838-4651 swhitworth@fbh.com