Frontlines

Washington Association of Designated Mental Health Professionals

Fall 2008 www.wadmhp.org Volume 28, Number 2

President's Letter

We have a new Frontlines editor! For several years now, Scott Khule has been indicating his desire to move on from his role as the editor. After over 12 years of direct involvement with the executive committee of the WADMHP he is looking forward to focusing his energy in other directions. On behalf of DMHPs as well as the clients we serve, we want to thank Scott for all of his work for the association.

WADMHP President Ian Harrel

Kerry Schafer, a DMHP in Stevens County, has graciously volunteered to take the baton and continue running with the most work-intensive position in the WADMHP. Kerry comes to us with over 20 years of experience in social services including working as a nurse, case manager, and therapist, among other things. Kerry also has some professional experience working as an editor and writer. Welcome Kerry, and thank you for your willingness to work on behalf of the DMHP association.

The association continues to be in a transition period, with involvement in a variety of activities. One of these is the Boot Camp. The training at the most recent DMHP boot camp was provided by six either current or former DMHPs, four state workers, and three attorneys who are currently practicing in the civil commitment court process. It was attended by 11 DMHPs from across the state, whose experience ranged from not yet designated to 23 years of service. Five of the people who attended had been a DMHP for less than a year. The training continues to have extremely positive evaluations from participants, and we want to say thank you to all of the people who have been willing to present. You are all adding to the professionalism of DMHP practice in the state.

The association is also actively involved in the current process of reviewing and updating the DMHP protocols. There will be some changes coming out of this revision, and all DMHPs are encouraged to stay updated on the protocols as they are the standards to which we are held by the MHD and RSN contracts. They are also the standards that would be looked to in the event of any attempted litigation against DMHPs. In the years that they are reviewed, the revised protocols are typically posted both on the MHD and WADMHP websites by December. (**Continued on Page 4**)

Contents

www.wadmhp.org

Register Now for The DMHP Fall Conference

Thoughts From the Editor

Kerry Schafer

As I sit here looking at Scott Kuhle's last Editor's Note, I too have a sense of "considerable sadness," as he said, along with touch of the sort of panic I experience in the middle of the night when I'm in the ER with a combative psychotic client and there is no available bed (for either me or my client) anywhere in what seems like the next millennium As I confront the logistics of editing my very first edition of Frontlines, I find myself asking, "What fit of insanity possessed me to say that I would do this job?'

It is the same question I have asked myself repeatedly since I started working as a DMHP just a little over a year ago: Stuck in the middle of a snow storm, in the middle of nowhere land, with a suicidal client already in my car and Dispatch calling to say they have somebody waiting who is currently tearing apart the Emergency room. Explaining to one of our Schizophrenic clients that I am detaining him, again, to Eastern State Hospital, while he conveys to me in the only language he has left, which is garbled but still clear enough, how much he hates me for doing this thing. Sitting with my co-workers in the aftermath of a completed suicide and sharing the grief and helplessness of that moment. Listening to the diatribe of unhappy nurses who completely fail to comprehend any reason why I would not want to detain a ninety three year old man with dementia.

Recently, on one of those days when I found myself seriously wondering why I do this job, I had to go read LRA rights to a client I had detained several months previously. At the time of detention, she had been spitting at me and screaming obscenities, and I wasn't exactly looking forward to seeing her again. But now she sat calmly, fully clothed and in her right mind, and thanked me for detaining her. "You should be happy about your job," she said. "I needed this."

Which is, I suppose, the reason why we all do what we do. And also why I'm actually excited about taking on the task of editing Frontlines - because it is important work, because it needs to be done, and because I'm sure it will be full of surprises.

Of course, with a new Editor comes inevitable change, with its mixture of things lost and things new. One of the things I really want to see is more input from you – the DMHPs who are truly on the front lines, doing this very difficult job. I'm asking you to take a few minutes in the middle of the chaos that rules your work day and write something about how things are in your corner of the state. I'd like to initiate a Communications Page, where we can share news and opinions from our varying counties. I'd also like to see more articles by a variety of DMHPs. Please send any communications to me, at kschafer@co.stevens.wa.us or call me, at (509) 685-0610.

David Kludt

Greetings from Olympia

July 22, 2008

David Kludt

I am pleased to inform every one that the Marty Smith Training Curriculum Steering Committee has completed its work. The steering committee was tasked with the development of a safety training curriculum pursuant to SHB 1456, also known as the Marty Smith Bill. Our state contractor for this project, the Washington Institute of Mental Health Research and Treatment (WIMHRT), has also recently completed the production of the training videos and associated training materials. I would like to personally thank each of the members of this steering committee for their participation and input into what I believe is an outstanding safety training program:

WIMHRT Project Coordinator – Bea Dixon
Co-Chairs – Carolyn Petrich, HR Director Greater Lakes Mental Health, and Ann Christian, CEO Washington Community Mental Health Council
Steering committee members – Jan Dobbs, Spokane MH Emergency Services; Bill Hardy, NCWRSN; Ian Harrel, DMHP Association; Marie Manlangit, SEIU 1199; Linda Dunn, King County Emergency Services; Jim Pinnell, Greater Columbia Mental Health; Jim Leamon, Compass Health Emergency Services; Tony Oleary, Mental Health Division; Roby Pellett, Pierce County Emergency Services; Judy Snow, Pierce County Emergency Services; Gary Carter, Kitsap Mental Health Emergency Services; Rebecca Peck, Samish Tribe; Diane Vendiola, Swinomish Tribe; Lori Yates, Western State Hospital.

So what does this mean to DMHPs, and when can community mental health workers expect to see this training? The Marty Smith Bill requires that, **annually,** all community mental health workers who work directly with consumers will receive safety-related training which includes all requirements set forth in RCW 49.19.030.

Beginning in October of 2008 and into early 2009, the Mental Health Division and WIMHRT will be conducting train-the-trainer sessions throughout the state. Representatives from all community mental health agencies will be invited and encouraged to attend. These two-day trainings will provide all community mental health agencies with the training materials, instruction on how to use the materials and train their staff, as well as direct hands-on safety training.

Many community mental health agencies throughout the state already have extensive safety-related training programs. Community mental health agencies are not required or mandated to use this particular training curriculum. They *are* mandated to follow the requirements of RCW 49.19.030 and the Marty Smith Bill (SHB 1456). Regardless of whether an agency uses all or parts of the training curriculum, all community mental health agencies will be provided with the training materials. For further information on the training curriculum and a particular agency's plan for utilizing the training, community mental health agency employees are encouraged to speak with their Human Resource Departments.

I also wanted to pass along that a large stakeholder group has begun work on our review and revision(s) of the DMHP Protocols. The legislature mandates that the protocols be reviewed and revised as necessary every three years. The work group began work in June and it is expected to continue to meet into August. After finishing their review and revisions, the protocols will then be sent on to a number of individuals and departments in DSHS for review and approval before eventually reaching the legislature.

The protocols remain an extremely important document in assisting DMHPs in their work, assisting the community in their understanding of the law and the role of the DMHP, and bringing state wide consistency to the processes utilized by DMHPs. For further information on the protocols please contact me at kludtdj@dshs.wa.gov.

Until the next Frontlines edition, thank you again for the work that you do, and, as always, be safe.

David Kludt
MHD/Program Manager

(**President's Letter, Continued from Page 1**)

I have heard from some DMHPs in recent years that they would like to see more articles on current issues facing DMHPs across the state. In response to this, I would like to issue a request for people to submit articles, ideas for articles, and suggestions for people who might be willing to generate an informative article to the WADMHP editor of Frontlines.

Recently I was asked my opinion on the reason why there has been no improvement in the severe lack of inpatient beds within the state. It is my belief that Washington State is stuck in a very difficult position. On the one hand, individuals are unwilling to pay more taxes and in fact often make decisions on who to elect based on which candidate is least likely to raise taxes or even most likely to lower taxes. (Don't get me wrong here, I don't want to pay any more taxes either). On the other hand, citizens of the state want to have needed medical care available for them and their loved ones. In addition, people want to continue to have public safety issues resolved so that no individuals who might pose threats to the general public are on the streets. These issues directly collide, as it will take more state dollars to fix an inpatient psychiatric system that only continues to lose recourse and has been in a severe crisis since 2001. Most recently, the state hospitals are again talking about closing beds, and St. Francis in south King County is closing its inpatient psychiatric unit. Unfortunately, there is no specific plan under way that will fix this problem that is now a little over seven years old.

One of the most frustrating things is that this crisis comes as a result of policy decisions made. Before 2001 I was involved in only two cases where a person was ITA'd in an ED for more than 24 hours. In fact, in more than 90% of the commitments I was involved in, I had located a receiving facility and had the paperwork complete within two hours of the decision to detain, and I was working in rural communities that had no inpatient facilities.

As DMHPs, we can only continue to do the best we can for the people and communities we serve while working within the available resources. We can guard against doing any unlawful act on behalf of our clients and we can continue to use our voices to say that all people in Washington State who require involuntary civil commitment due to a mental disorder have the right to receive care in an inpatient psychiatric unit. No one should have to receive mental health care by being restrained to a gurney in an emergency department for days at a time while waiting for a bed to open. As I have written here before, this is not a situation created by DMHPs, nor do DMHPs have any ability to change the current system. All that we can do is work diligently within unacceptable circumstances to find and advocate for the best available solutions on a case by case basis.

Training for DMHPs in 2009

Free 40 hour training sessions

Essential for new DMHPs – Great for experienced DMHPs!

Westside Session
Mid-May
Eastside Session
Mid-August
(Dates and locations to be announced)

Contact Ian Harrel iharrel@yahoo.com
for registration form or additional information

MAKE YOUR RESERVATIONS

Fall Conference in Everett

Inn at Port Gardner

The fall conference this year will be held in Everett, at the **Inn at Port Gardner**, on September 18th and 19th, with the usual hospitality gathering on the evening of the 17th. Kincaid Davidson will continue to do his usual stellar job of caring for all your registration needs. If you are a die hard Sun Mountain lover – not to worry! Next fall we'll be back at Sun Mountain, probably in October. But for now, the Inn at Port Gardner is right on the Marina, with a variety of restaurants right next door, and walking paths along the water front. Special room rates start at $90/night, and limited Marina view rooms are available.

We are excited to have Supreme court Justice Richard Sanders with us, to talk about **Psychiatric Justice and Other Legal Fictions**. Justice Sanders was elected to the Supreme Court by special election in 1995, and was re-elected for a full six year term in 1998. He has become one of the Supreme Court's most prolific writers and is recognized for his published opinions.

Dr. Phillip Klein, PhD, will be talking about Psychopharmacology. Dr. Klein was awarded a PhD in Pharmacology from the University of Washington in 1999 and is the senior pharmacologist for Pierce County's Evaluation and Treatment facility. He has a strong interest in research and recently conducted a study on the effects of intramuscular antipsychotic therapy on lengths of stay at an inpatient psychiatric hospital.

For further conference information, please contact Robbie Pellett at 206-369-5893. For registration questions, please contact Kincaid Davidson at (360) 676-5162. For updated information, check the WADMHP website: www.wadmhp.org

Get your registrations in early, you won't want to miss this awesome opportunity!

Growth is Good: Observations on the July DCR Training

By Robbie Pellet

I'd like to pass on to the DMHPs that read this newsletter what a unique experience I had last month while attending the DCR (Designated Crisis Responder) conference in Yakima. This was the first of two conferences organized by the WADMHP Association in conjunction with the Mental Health Division. The second one will be held in Everett some time in September.

The purpose of these conferences is to give DMHPs and other interested people the chance to hear first hand from Designated Crisis Responders working in pilot programs which have been providing locked detox services to Pierce County and the counties that make up North Sound RSN for more than two years.

The conference I attended included two areas of discussion. The first was an opportunity to hear directly from the DCRs who have had the role of detaining individuals at risk for harm as a consequence of substance dependence and/or a mental disorder. The second discussion point involved the presentation of multiple crisis vignettes that come up for DCRs. It was aimed at expanding our understanding of how the role differs from that of a traditional DMHP role.

Participating in the latter discussion gave me one of the most interesting experiences I have had at conferences in recent years. The vignettes used were carefully crafted to be ambiguous and a challenge to simplify. Each participant was asked to announce to the group the degree of imminence the case suggested and whether they would put the virtual client on a hold as a consequence.

So, initially that was kinda like "business as usual." Straight-forward cases are relatively rare in my experience. The kicker was that after you voted, a new element was introduced into the scenario that changed everything.

What disarmed me in this exchange was how the reported cause of risk affected my perception of immanence. I found that when the disorder causing the risk shifted from a mental disorder to a substance dependence disorder, I usually lowered my immanency score. Several times immanency dropped to the point that I would not have detained the individual.

Understand, the only thing that changed was the cause, not the potency of the risk. With the help of the discussion, I found that in fact that the only thing that had changed in the cases was really my values about the cause of the danger. One was a victim of mental illness. The other…wasn't.

It has been a good while since I have seen such an obvious bias in me. Most of it comes from the narrow mental disorder focus that DMHPs live with. With training on what the enhanced statute specifically intends and what the resources, such as locked detox units, are, I believe that my assessment outcomes would now be much more consistent.

The reason for the training was to get at this exact thing. As always, the community and courts need clear thinking and well trained professionals. I was surprised at the struggle I experienced. If you are able to attend the upcoming training in the Everett area this month, I think that you should consider going. Growth is good.

WADMHP

2008 Fall Conference

Inn at Port Gardner
Everett, Washington

September 17th

7:30 – Hospitality Evening

Day One: September 18th

Psychopharmacology

Presenter: Dr. Phillip Klein

8:00 am – Registration
8:45 am – Dr. Phillip Klein
11:30 am – Lunch & Business meeting
12:30 pm – Presentation Continued
4:30 pm – Adjournment
7:00 pm – Hospitality Gathering

Day Two: September 19th

Psychiatric Justice and Other Legal Fictions

Presenter: Justice Richard B. Sanders

8:30 am – Registration
9:00 am – Justice Sanders
12:00 noon - Adjournment

CEUs will be given for each of the two sessions.

Boarding Clients – the E&T Bed Crisis

By Gary Carter

For years I had heard about the difficulties that county DMHPs in western Washington were having getting detained clients out of emergency departments and into Evaluation and Treatment (E&T) beds, but it wasn't until about two years ago that I began to encounter "boarders" first hand. (In Kitsap county, an individual detained to a community hospital bed with Single Bed Certification is known as a Boarder) At that time, Kitsap county began to accumulate detained clients in their emergency departments because there were no E&T beds anywhere on the west side of the state.

Just last week I received a call from our neighboring rural DMHP office in Clallam County. They explained that they were faced with their second boarded client and had many questions about how they were to appropriately handle this anomaly. Kitsap's situation has only worsened as time has gone on so it was no surprise that other counties are also dealing with a lack of appropriate placement options at the time of detention.

After talking to colleagues in preparation for this article, I believe it is safe to say that essentially all counties in western Washington are experiencing this as an increasing problem, and now it appears that these same troubles are occurring on the east side of the state, as well as in Clallam County.

What appears obvious here is that DMHPs are at the confluence of at least two forces, the systematic elimination of psychiatric units state-wide, both voluntary and locked, and the arrival of the Boomer Generation, with their increased numbers and co-morbidity, on the healthcare scene.

So with this as the backdrop I want to suggest that the Boomers have begun an explosion that is causing a sudden and ominous shift in the type of clients we are being asked to investigate. Specifically, I am speaking of the over fifty, publicly funded client, presenting with a mix of problems often including the results of chronic substance abuse or dependency, as well as neurological disease or

Comment: the county I work in, Kitsap County,

brain damage. These complex clients don't fit snugly into single program categories of mental health, substance treatment, medical, neurological or aging, so essentially they fit no where. So they go nowhere.

We have a real-time, real-people example of how this shortage of neurological/geriatric care beds expresses itself here in Kitsap County. Our E&T is contracted to provide inpatient services for the three counties of the Peninsula Regional Network (PRSN).

There are four community mental health centers and three hospitals in this three-county region. Currently we have two clients detained to our short-term E&T beds on 180 day holds who have been there for more than four months. A third has been held there for about two months. They are there only because there are no secure medical residential facilities in this community or neighboring counties that are willing to take them from the psychiatric unit.

Kitsap Mental Health Services' (KMHS') E&T has provided the inpatient care that is a mandated responsibility of the state hospital system, and now KMHS' Adult Inpatient Unit is providing the residential care DSHS contracts out to Skilled Nursing Facilities and Adult Family Homes.

Comment: ,

If we consider Kitsap County's E&T experience as representing aspects of the larger public mental healthcare system, those three beds represent a 20% loss of capacity to serve our community. So the population that this

E&T is mandated to serve are unable to get care there and must be treated elsewhere. And with this out-of-region placement, the county of residence loses in another big way: the region must now pay other inpatient facilities to care for those that KMHS is contracted to care for.

It is especially painful to hear the recent announcement of Western State Hospital that they will no longer be admitting clients with dementia. What?! And yet we have fewer and fewer long-term resources, and we have dwindling short-term ones as well.

I am struck by how far this puts us from the original intention of the law. From RCW 71.05.010, the Legislative Intent page, you find the following list of goals for the law:

1. To prevent inappropriate, indefinite commitment of mentally disordered persons and to eliminate legal disabilities that arise from such commitment;
2. **To provide prompt evaluation and timely and appropriate treatment of persons with serious mental disorders;**
3. **To safeguard individual rights;**
4. **To provide continuity of care for persons with serious mental disorders**;
5. **To encourage the full use of all existing agencies, professional personnel, and public funds to prevent duplication of services and unnecessary expenditures;**
6. **To encourage, whenever appropriate, that services be provided within the community;**
7. To protect the public safety.

The bold highlights are mine. Missing five of the seven goals is certainly a substantial failure. Boarding detained clients in hospital EDs or medical units while waiting for admission to E&Ts withholds and delays "timely and appropriate treatment" (#2) and clearly stymies continuity of care (#4) by requiring placement far from their county of residency (#6). Having state hospitals and local resources unable or unwilling to take this growing pool of *people* needing care confounds the appropriate goal of using existing resources as they were intended (#5).

I predict that in other than the largest Washington counties, where Superior Court hearings are hard to come by for individuals who are unable to go to the local court house, cases will not be heard, holds will be dropped or allowed to expire without hearings, and DMHPs will feel forced to do back-to-back detentions without hearings to keep the individual or the community safe (#3). Most likely, this is already happening.

Comment: even as our demand increases,

Until this situation rights itself, I can offer only these simple but valuable suggestions:

- **Do what is right for the individual client, every time.**
- **Do not compromise with facts or cut corners with petitions. It may seem necessary or expedient to get to the first point, but that violates the fundamental reason for the rule of law.**
- **Over-communicate with clients, collaterals and your community agencies.**
- **Develop and nurture collaborative relationships with everyone suffering with this situation including the MHD, RSN and especially your hospitals and care facilities.**
- **Stay in supervision. Consult regularly with the experts in your work environment.**
- **Document the facts of the situation, the dilemma and the decision. You must pass the "reasonable person" or community standard of practice test.**
- **Write letters and participate in local and state government by voting, calling and writing letters expressing concern about the catastrophe that is looming if the right things are not done soon.**

Nominations for two positions

According to the bylaws of the association, the nominating committee is to have a slate of officers by September 1st for election at the fall conference. WADMHP members at large may nominate individuals prior to or at the time of the election at the conference

Two positions on the WADMHP board are currently open for election – Treasurer, and Second Vice-President.

Gary Carter, former president of the association, was appointed to fill the position of treasurer when the treasurer at the time moved and resigned. He is running for re-election. Robby Pellett, currently the acting Second Vice-President, is running for re-election as well.

All of the officers are expected to attend the quarterly annual executive board meetings, and participate in the monthly teleconference calls. All of the board positions are two year terms. Officers must be DMHPs. The primary responsibilities of these positions are as follows:

Second Vice President

- to plan the fall conference and attend the quarterly executive board meeting;
- assume the role of president in the absence of the president and the First Vice President;
- to perform such other duties as are incidental to the office, or as may be properly required by a vote of the Executive Committee.

Treasurer

- receiving and receipting money that comes into the association, payment of association bills, and maintaining the financial records of the organization.
- responsibility for all monies and other assets of the organization. The Treasurer receives and, as authorized by the Executive Committee, disburses such monies; maintain necessary bank accounts; make regular financial reports; have co-signatory authority on any bank accounts authorized by the Executive Committee and conduct other financial affairs of the organization as deemed appropriate.

- - -- C-l-i-p - a-n-d - m-a-i-l -

NOMINATION FOR WADMHP EXECUTIVE BOARD OFFICERS

Second Vice-President

Name: _____

County of Designation: _____

Treasurer

Name: _____

County of Designation: _____

Submit your nomination(s) by September 1, 2008 to:

The WADMHP Nominating Committee
PO Box 5371
Bellingham, WA 98227

Communications Page

As I read the President's Letter, and Gary's article about the Evaluation and Treatment bed crisis, I was struck by the different faces DMHP work wears in different counties. Here in the counties served by the NEWRSN – Stevens, Ferry, Lincoln, Pend Oreille, and Okanogan, Single Bed Detentions are still the stuff of legend.

Don't get me wrong – the bed shortage is here too, and only going to get worse. We've just had to find different ways to work around the problem.

My point is not to go into depth about how we are coping with the lack of beds here in my county. What I'm getting at, is that this is not the only difference. We have so little opportunity to consult and share with DMHPs from other counties (an excellent reason to attend the conferences, by the way!) and I think we have a great deal we could learn from each other.

So I'm suggesting that we create a space in Frontlines for feedback, comments, and suggestions. Also, if anybody has an idea for an article they think would be of value and interest to other DMHPs, I'd be interested in hearing about that as well.

You can contact me at 509-685-0610, or by email at kschafer@co.stevens.wa.us. I look forward to hearing from you.

Safety Tip #1
by Robbie Pellet

Sensible shoes….
We never know where we might be walking, or when we might need to run.

- -- C-l-i-p - a-n-d - m-a-i-l -

REGISTRATION FORM

Washington Association of Designated Mental Health Professionals

2008 FallConference

September 18th & 19th, 2008
Inn at Port Gardner, Everett, Washington
Reservations: 1-888-252-6779

Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Home Phone: ( ) _____ Work phone: ( ) _____

Employer: _____ County: _____ Position Title: _____

☐ WADMHP member ☐ Non member
Registration fee: $160 for both days; $95 for Thursday; $70 for Friday
☐ A check payable to WADMHP is enclosed for: _____

Signature: _____ WADMHP Identification Number: 91-1997711

Mail registration form to:

WADMHP PO Box 5371, Bellingham, WA 98227

WADMHP

Annual 2008 Fall Conference

Legal History of Involuntary Commitment

Psychopharmacology for clients in crisis

September 18th & 19th

Inn at Port Gardner
Everett, WA

Washington Association of Designated
Mental Health Professionals
PO Box 5371
Bellingham, WA 98227