

Frontlines

Washington Association of Designated Mental Health Professionals

Fall 2011

www.wadmhp.org

Volume 32, Number 2

President's Letter



August 1, 2011

Dear brother and sister DMHPs,

It feels like summer has finally arrived here in the Northwest with 80+ degree temperatures. I am writing this at 2am while watching the moon rise in the cool of night - a side benefit of working overnights.

The Association has been busy this year, what with giving input on a number of legislative bills, participating in Single Bed Certification review, Triage Centers, Quarterly DMHP managers workgroups, producing the one day seminar at the Behavioral Health Conference, and putting together the 2011 DMHP Boot Camp. In addition, this fall we will be participating in the Protocol updating meeting, presenting the Fall Conference, and getting the fall edition of Frontlines into your hands.

On the legislative front, House Bill 1545 - which would change the word "imminent" to "substantial likelihood"- was reintroduced this year but did not progress.

The following bills did pass:

- Senate Bill 5531 will require RSNs to pay for court costs of detained persons who are sent out of county for involuntary treatment. There is also an incentive to bill both adult and juvenile respondents for their attorney fees.
- Senate Bill 5187 requires hospital staff to inform parents of legislatively available treatment options for their children in writing. There is also a section allowing parents to seek a judicial review of the DMHP decision when their child is not detained after being evaluated.
- Sections 2 and 3 of Senate House Bill 3076 will go into effect January 1 2012.

The Washington Institute of Public Policy found that the expanded criteria for detention suggested in SHB 3076 will increase detentions. During the past year the number of psychiatric hospital beds in Washington State has decreased, so make some more copies of those Single Bed Certifications forms.

The Single Bed Certification workgroup has suggested that the DMHP Protocols be amended to support the DMHP in filing their legal paperwork when a person is detained locally on a Single Bed Certification. (CONTINUED PAGE 11)

Guest Editorial: Haiku for Anna Louise

by John Barnestorm

"Hummingbird alights
We look into each other
a moment then gone."

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It really happened on my patio, this three way connection of hummingbird, Anna & me. Who was which I no longer know. My poor Haiku doesn't do it or her justice.

My oldest brother delivered her at home, 1977, in Hong Kong, of necessity not plan. He had to unwrap the chord from around her neck, make her breath and turn from blue to pink. She was a lovely child, sensitive and scary smart. She grew to do poetry, piano, violin, ballet, ceramic sculpture and more.

I can remember walking into her parent's living room, Anna perhaps eight or nine. She, deeply sad, big tears rolling silent down her cheeks - "Don't see me now."

But somehow, by whatever quirk of relationship, familial or perhaps of spirit, I could always See Anna. See her perhaps sometimes better than she wished, but other times enough to give her some solace. Enough I think, to see and feel the waves rolling in, inevitable, to the lonely sand.

Later she enjoyed skateboarding and Tai Kwon Do and Greek cuisine and sneaking down the bedroom roof, down the apple tree to wander the streets of Salt Lake City barefoot and alone through the night, waifish at perhaps fifteen.

April 1997 - While living with her mother at Holden Village, Washington, up on Lake Chelan, she died at age nineteen. "I don't want be here any more Mama. Just let me go be with Jesus." An overdose of prescriptions for depression, anxiety and pain, I'm told.

My brother, God help him, carries her passing always, as does the family, only more. I'm not sure if her older brother, her childhood protector and confidant, can or will speak of her yet.

I know you and your fellows have to work under and with Poor funding, Utterly exhausting caseloads, Heartbreaking situations. And I understand if at any point any of you have to back away.

Never - Ever think though that Fighting the Dragons is somehow pointless because you've perhaps come to feel you Just Can't Save Them.

You may yet, if you haven't already, save someone else's Anna Louise. Some other Anna's family from her loss. It helps someone like me, just to know someone like you is out there, if it all gets to be too much.

David Kludt

Greetings from Olympia and Spokane



Greetings from Spokane/Olympia,

I am pleased to inform you that the Division of Behavioral Health and Recovery (DBHR) and the Washington Association of Designated Mental Health Professionals have recently signed a contract that will assist the Association in providing the DMHP Boot Camp and the DMHP Fall Conference. In addition to those two events the Association will also be facilitating quarterly conference calls for DMHP Managers. The quarterly calls will be an opportunity for DMHP Managers to:

- Stay current on DBHR state level activities
- Provide feedback and suggestions to DBHR
- Raise concerns/issues and provide one another with suggestions, ideas, and support

As everyone is painfully aware, on both the National and State level the budget remains a troublesome issue! All state agencies were once again informed of the need to develop plans for a possible 5% reduction and for a possible additional 5% after that. At this time it is very unclear what that would potentially mean for mental health services and for those needing our services. All of you as DMHPs certainly know the realities of what that will mean as we seem to move closer and closer to a “crisis only” system of care.

There are a number of activities occurring related to the work of DMHPs:

- Implementation of SHB 3076 – New standards re: RCW 71.05 will go into effect on January 1, 2012. DBHR and the DMHP Association will be collaborating on developing and providing training for all DMHP offices prior to January 1, 2012. As you may recall, the Washington State Institute for Public Policy (WSIPP) report to the legislature indicated that initial commitments could increase by 10 to 20 percent.
- Single Bed Certifications – The use of SBC’s and boarding continues to be a major concern. DBHR, the State Hospitals and community stakeholders have been meeting to develop clearer guidelines for the use of SBC’s.
- Triage Facilities – Implementation activities are under way re: SHB 1170 which adds Triage facilities to the type of facilities a police officer may take an individual for up to 12 hours. DBHR and a community stakeholder group are in the process of developing WAC language.
- ITA Capacity Study – State officials, Legislative staff, and community stakeholders are working together on how the State will manage a potential increase such as this.
- DMHP Protocols – The DMHP Protocols are required by the Legislature to be reviewed and revised every three years. I am in the process of putting together the workgroup that will begin work in late September or early October. Look for the new edition of the protocols to be distributed and made public in January 2012. (CONTINUED on Page 11)

Fall Conference

The DMHP annual Fall Conference will once again be held at beautiful Sun Mountain Lodge, on October 20 & 21. This year the topic is Death With Dignity: The Law & The DMHP.

About the presenters:

Arline Hinckley, ACSW, of Compassion and Choices, will speak about the history and current use of the Death with Dignity Law (DWD) in Washington. Arline was a primary speaker during Washington's DWD campaign and has a long history in the DWD movement. Compassion & Choices of Washington advocates for excellent end-of-life care, patient-centered care, and expanded choice at the end of life. They provide free counseling and client support services to qualified patients who desire a peaceful, humane death, as well as those who want the option of using the Washington Death with Dignity Act. They created and played a key role in the coalition that passed Initiative 1000 into law in November, 2008. They encourage advance planning and set a new standard in Washington for advance planning documents with the Compassion & Choices of Washington Advance Directive, distributed without a charge. They promote the use of Physician Orders for Life-Sustaining Treatment (POLST).

Gary Rose received a Bachelor of Science degree from Northwest Christian College in 1973. He graduated from the seminary at Texas Christian University in 1976 with a master's in divinity in 1976. He earned five quarters of Clinical Pastoral Education, primarily at the Amarillo Hospital District, including the Psychiatric Pavilion, in 1977. After that he returned to Washington where he had a career in public mental health spanning over 30 years. He was a County-Designated Mental Health Professional, first in Benton and Franklin Counties, then in Clark County, where he was the director of emergency services. During this time he held several offices, including president, of the Washington Association of CDMHPs. He earned a certificate from the University of Washington in Public Mental Health Administration. He went into administration and was the regional administrator for Clark County Regional Support Network and Timberlands Regional Support Network, Wahkiakum, Pacific and Lewis Counties. Gary was the president of Gary L. Rose Consulting, Inc. before being disabled in 2008. One of his favorite contract jobs was coordinating the WADMHP "boot camp" four times for WIMIRT. He now has a rare neurologic condition known as Multiple System Atrophy, the cause of which is unknown and the prognosis is terminal. From his personal perspective and as a former DMHP, Gary will discuss "Why I Changed My Mind" in regard to detaining someone wanting to use DWD law.

REGISTRATION FORM

Washington Association of Designated Mental Health Professionals

2011 Fall Conference

October 21 & 22, 2011

Sun Mountain Lodge

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

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

Employer: _____ County: _____

Position Title: _____

☐ WADMHP member ☐ Non member

Registration fee: One Day Only \$95. Both Days \$160

☐ A check payable to WADMHP is enclosed for: _____

Please note: Check or cash only

Signature: _____

WADMHP Identification Number: 91-1997711

Mail registration form to:

WADMHP, PO Box 5371, Bellingham, WA 98227

Or contact Kincaid Davidson at (360) 676 - 5162

2011 Fall Conference

Sun Mountain Lodge

Thursday, October 20

07:30 am Registration and Breakfast
08:30 am Opening Remarks
08:45 am Death with Dignity – History of the Law
10:30 am Break
10:45 am The current law – provision, requirements, process
12:00 pm Lunch & Business Meeting
1:30 pm Compassion & Choices
2:30 pm Break
2:45 pm A Personal Perspective, by Gary Rose
Q&A session
4:30 pm Adjournment

Friday, October 21

07:30 am Breakfast & Registration
08:30 am Opening Remarks
08:45 am Legislative Update with David Kludt & Robby Pellett
10:30 am Break
11:00 am Roundtable: The Future
12:00 pm Conference Adjourns

CEU/CME: 6 hours on Thursday, 3.5 hours on Friday

MENTAL HEALTH PROFESSIONALS AND THE JAIL SYSTEM

James F. Ilika, MA

Each year in the United States, mentally ill people spend 1 million days in jail. The mentally ill are a disadvantaged and stigmatized part of society. They are often unable to find or maintain adequate mental health, medical, housing, or other social services. They often have co-occurring addiction disorders. During the acute phase of their illnesses, they often lack self-awareness of their symptoms and the consequences of their behavior. Without resources and consistent self-awareness, they break rules and come to the attention of the police. And increasingly, they are being sent to jail and prison. Jails however are not designed or staffed to systematically meet the needs of the mentally ill. Incarceration of the mentally ill is an imperfect temporary response to a tragic and complex social problem. Never the less, jail staff work with mentally ill inmates 24 hours a day, 365 days a year. And until laws and social policies allow for a different and more constructive approach, designated mental health professionals will continue to come into jails to evaluate mentally ill inmates.

Designated mental health professionals are often required to go into jails to assess inmates for civil commitment and referral to community services. Sometimes this must seem as if they are entering a foreign country. The world of law enforcement and corrections is focused on rule enforcement and generally organized around paramilitary lines. Mental health services are not. The differences in training and perceived worldview can lead to conflict and misunderstandings between these professions. This in turn can lead to mentally ill inmates not being assessed and referred for treatment in a timely manner.

This conflict is usually unnecessary and unproductive. What must be appreciated, is that both professions have remarkably similar purposes. Both are charged with ensuring the safety of individuals and the community. Additionally, both are public servants with a responsibility to work together in a collaborative and efficient manner.

To minimize conflict and misunderstanding, the following suggestions are made:

- Corrections staff have legitimate security and safety concerns. They are responsible for the safety of every inmate, staff member and visitor to the facility. This often leads to very conservative and cautious limits to how much access a visiting professional might have to an inmate.
- Facility rules regarding cell phones, briefcases and other items should be acknowledged and followed. The rules may not look sensible to outside professionals, but they are generally grounded in concerns for safety and security.
- The correctional culture is formal and hierarchical. Manners and titles are a formalized recognition of respect and can be viewed as a model of the respect that we want for ourselves and for the mentally ill inmates with whom we are working.
- Constructive and trusting working relationships require time to develop and may need to overcome obstacles such as previous conflicts, misinformation, and the assumption that adversarial relationships are inevitable.

- Corrections staff spend the majority of their working day in direct contact with the inmates that they supervise. They have a wealth of information regarding directly observed behaviors such as activities of daily living, control of mood and behavior and indications of thought disorder.
- Depending on their understanding of mental illness and the role of mental health professionals in the jail, corrections staff may or may not know which behaviors or issues are most useful in your assessments. Careful questioning of corrections staff can make the actual assessment easier and more complete. Additionally, this represents an opportunity for mental health professionals to share their knowledge and build collegiality.

By recognizing the contributions that corrections staff can make to the evaluation of the mental health of inmates, we can foster a collaborative relationship to the benefit of all.

**About the author: James Ilika is a psychiatric evaluation specialist at the King County Jail in Seattle, and co-founder of Jail Safety Consultants, a private company that provides suicide prevention training to jails in the Pacific Northwest. For additional information email James at jail.safety@gmail.com or visit www.jailsafetyconsultants.com.*

Your Association Needs You

In the face of serious budgetary cut backs, DMHPs across the state are trying to do more with significantly less: less staff, less community resources, less involuntary commitment beds. But you can be a part of the effort for positive change as a member of the board of the Washington Association of Designated Mental Health Professionals.

The members of the board are actively involved in workgroups at the local and state level that directly affect the work of DMHPs. We give input to the state legislature regarding the mental health system and involuntary commitment. We plan, develop, and coordinate trainings, seminars, and conferences that provide educational opportunities specific to the needs of DMHPs. We produce the newsletter that you are reading now.

This year at the Fall Conference on Thursday October 20, we will be holding elections for the following positions:

- Secretary
- 1st Vice President
- President.

If any of these positions interest you, or you would like to nominate somebody else, please let Kerry Schafer know by email: kschafer@co.stevens.wa.us

If you have questions about a specific position please contact the board member representing that position by going to the WADMHP website and looking for our email address in the Board Member Section. Thank you for your interest and see you at the Fall Conference.

ITA Investigation Statistics, by County, for 2009

DMHP Investigation County	Detention to MH Facility (72 hours)	Revocation	Grand Total (All DMHP Investigations)	Estimated Population for 2009 Source: Office of Financial
Adams	9	1	31	17,600
Asotin	6	1	35	21,300
Benton	206	25	1,176	162,900
Chelan	74	13	278	71,200
Clallam	53	16	170	68,500
Clark	177	4	666	415,000
Columbia	4	0	31	4,100
Cowlitz	158	11	309	97,800
Douglas	1	0	2	36,300
Ferry	--	1	2	7,550
Franklin	56	7	428	67,400
Garfield	1	0	2	2,350
Grant	5	1	12	82,500
Grays Harbor	45	4	56	70,800
Island	44	7	147	78,400
Jefferson	27	0	39	78,400
King	1743	198	3,987	1,861,300
Kitsap	256	38	599	244,800
Kittitas	31	2	33	38,300
Klickitat	9	0	9	19,900
Lewis	37	1	362	74,100
Lincoln	--	--	--	10,300
Mason	29	2	102	54,600
Okanogan	17	4	18	39,800
Pacific	7	1	27	21,600
Pend Oreille	--	--	2	12,600
Pierce	509	29	736	790,500
San Juan	10	0	31	15,900
Skagit	203	20	588	115,300
Skamania	3	1	67	10,700
Snohomish	514	52	1,101	686,300
Spokane	636	133	771	451,200
Stevens	--	--	--	43,000
Thurston	172	16	630	238,000
Wahkiakum	1	0	1	4,000
Walla Walla	51	7	74	58,300
Whatcom	361	36	640	188,300
Whitman	4	0	13	42,700
Yakima	319	37	338	234,200
Grand Total	5,664	652	12,868	6,537,800

ITA Investigation Statistics, by County, for 2010

DMHP Investigation County	Detention to MH Facility (72 hours)	Revocation	Grand Total (All DMHP Investigations)	Estimated Population for 2010 Source: Census
Adams	3	2	46	18,728
Asotin	6	2	69	21,623
Benton	148	23	475	175,177
Chelan	71	11	421	72,453
Clallam	36	7	135	71,404
Clark	170	5	590	425,363
Columbia	8	0	39	4,078
Cowlitz	160	28	277	102,410
Douglas	0	0	4	38,431
Ferry	3	0	14	7,551
Franklin	56	6	206	78,163
Garfield	0	0	4	2,266
Grant	25	3	45	89,120
Grays Harbor	55	0	55	72,797
Island	42	7	46	78,400
Jefferson	26	4	51	29,872
King	2049	237	4,240	1,931,249
Kitsap	200	32	504	251,133
Kittitas	60	13	65	40,915
Klickitat	14	0	15	20,318
Lewis	35	3	370	75,455
Lincoln	2	0	5	10,570
Mason	21	1	76	60,699
Okanogan	44	7	46	41,120
Pacific	14	1	68	20,920
Pend Oreille	0	0	16	13,001
Pierce	402	13	963	795,225
San Juan	8	0	8	15,769
Skagit	151	18	162	116,901
Skamania	6	0	79	11,066
Snohomish	397	67	450	713,335
Spokane	722	131	898	471,221
Stevens	--	--	--	43,531
Thurston	199	26	731	252,264
Wahkiakum	0	0	0	3,978
Walla Walla	43	7	293	58,781
Whatcom	314	47	331	201,140
Whitman	0	0	--	44,776
Yakima	401	51	417	243,231
Grand Total	5,794	736	12,868	6,724,540

*Statistics supplied by DBHR

Snohomish County Triage Center Addresses Community Priorities

by Becky Olson-Hernandez, MS, LMHC

Since January, 2011, Compass Health has been actively transitioning from providing mental health stabilization and respite via a Crisis Beds model to a Triage Center rooted in the Recovery model. The Triage Center is located in a large building owned by Compass Health in Snohomish County. There are many other services available in this building including primary medical care (via the Molina Medical Clinic), pharmacy services (via Genoa Pharmacy), outpatient mental health and chemical dependency services, a peer center, and more intensive outpatient programs. This co-location has proven to be quite valuable as coordination with providers and integration of treatment and care can be facilitated more easily. The Triage Center has capacity for 16 guests nightly and has another six slots for guests needing less than 24 hours of support. The program is jointly funded by North Sound Mental Health Administration and Snohomish County.

Two significant events coincided resulting in the prioritization of this new facility at Compass Health. Snohomish County implemented the provisions of RCW 82.14.460 allowing the county to add .1% to the Sales Tax rate to support chemical dependency and mental health treatment programs and therapeutic courts, and the North Sound Mental Health Administration (NSMHA) conducted a regional crisis-system review. The system review process terminated in several priorities for change to crisis services, including the movement to a Triage Center model. Simultaneously, the Snohomish County Chemical Dependency/Mental Health Tax Fund Advisory Board established its priorities, and selected the development of a Triage Center as a primary recommendation to the Snohomish County Council.

Many community partners have been involved in the development of the Snohomish county Triage Center. An initial organizing group included representatives from Law Enforcement, Chemical Dependency Treatment Providers, Mental Health Treatment Providers, Community Advocates, Snohomish County, NSMHA, etc. This group strongly advocated for the passage of SB1170 which was signed by the Governor on April 22nd of this year. The passage of this bill allowed the Triage program to begin to provide a real alternative to Jail and Emergency Rooms for members of our Law Enforcement groups in Snohomish County. After a brief pilot period whereby police drop-offs were accepted from two jurisdictions, the Triage Center is now taking police drop-offs from all 23 jurisdictions in Snohomish County. Additionally, since the passage of SB1170 the program is an alternative site for Law Enforcement initiated 12 hour holds.

Along with converting a fairly typical Crisis Bed program to a Triage Center, staff have been changing treatment philosophy as well. The Triage Center is a Recovery model program and so the language and approach to care is evolving in this direction. The Triage Center has very few restrictions on referrals. Typically the only referrals that are denied are those individuals who require medical intervention, detoxification, or who are unable or unwilling to remain in behavioral control. Anyone else who is having a behavioral health crisis is welcome. There is not walk-in capability at this time, but referrals are accepted from a wide range of community professionals including medical staff, case managers from various systems, treatment providers, Law Enforcement, hospitals, etc.

“The program staff are willing to be creative and helpful and have good information about the cases they pass to us,” Carola Schmid, DMHP Supervisor.

The Triage Center has been well received by the Snohomish County community, and guests are generally pleased with the services and supports that they are able to access. This new program is definitely still growing and evolving, but at this time the number of individuals who are assisted monthly has grown tremendously when compared to the old Crisis Bed model. The program has also seen a very dramatic decrease in the average length of stay at this level of care. Time will tell if the over-arching goal of decreased jail and Emergency Department use is met, but anecdotally it seems that the Triage Center is definitely having an impact in Snohomish County.

**Becky Olson-Hernandez is the Director of Emergency Services for Compass Health*

(President's Letter, CONTINUED From Page 1) There was also a suggestion to get a legislative waiver for hospitals who provide psychiatric care for detained individuals who are being held on a Single Bed Certification. The DMHP Association will be hosting the DMHP Managers Quarterly Meetings in September, December, March, and June. The purpose of these phone conferences is to provide information, education, and support to DMHP managers during these difficult times. Some issues of interest are Single Bed Certifications, requests for evaluation of placement problem patients suffering from dementia, and the use of peer support counselors to assist DMHPs with evaluations.

This spring, we had a very successful seminar at the Behavioral Health Conference with about 40 attendees. The morning was filled with a review of the new legislation and recent changes to RCW 71.34. In the afternoon Dr Ray Hendrickson from Western State Hospital's Center for Forensic Services presented on Malingering .

The 2011 DMHP Boot Camp, in Lacey this year, has filled with 20 DMHPs from across the state. Boot Camp is 40 hour training, focusing on the skills needed by DMHPs. Crisis Skills, Suicide assessment, working with elders in crisis, Children's mental health law, the investigative process, review of RCW 71.05 RCW 10.77 and case law, writing good petitions skills, and review of the DMHP protocols are just a few of the subjects covered in this dense week of skill development. The training and the housing are free to participants.

The Fall Conference will cover the Death with Dignity Law which went into effect on March 5, 2009 in Washington State. On Friday we will have a short tutorial and discussion of the impact of the pending changes from SHB 3076. We are offering a scholarship for one DMHP to attend the Fall Conference from the Carolyn Williamson Fund.

As we are all too aware, there are limited government funds available. This year's state contract provides about one third of the funds previously available for the purpose of producing our conferences and boot camps. The association has cut programs such as the Western State Hospital Conference. We produced the Behavioral Health Conference seminar at a loss with no outside support. We are providing the 2011 Boot Camp and Fall Conference with partial support from the Division of Behavioral Health and Recovery. Unfortunately we will have to consider cutting these programs if we are unable to find adequate funding. Currently we are maintaining the WADMHP website and producing Frontlines out of savings, which are very limited.

On a lighter note, if you have any interest in the work of the Association there are exciting opportunities for you to take part. We are always looking for people who are passionate about this work. Just drop me or anyone on the board an email of your interest and we will find a way for you to be an important part in the changing face of involuntary commitment in Washington State.

Stay safe and I look forward to seeing you at the Fall conference.

Robby Pellett

(CONTINUED From Page 3) Times are gloomy no doubt, yet I find reasons each day to continue to believe that our system of care is not broken and that those who utilize our services often are moving towards recovery. I hope all of you do as well. A few days ago I received a message from a person who I detained multiple times in the early 1980's. The person informed me that he is now a high school teaching assistant and assistant football coach. It brought a smile to my face!

Until next edition, keep up the good work and as always stay safe.

David
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WADMHP
2011 Fall Conference

Death With Dignity: the Law & the DMHP
Legislative Update

October 20 & 21

Sun Mountain Lodge
Winthrop, WA

Washington DMHP Association
PO Box 5371
Bellingham, WA 98227