Bree Collaborative | Risk of Violence to Others Workgroup
May 23rd, 2019 | 3:00-4:30
Foundation for Health Care Quality

Members Present

Kim Moore,* MD, Associate Chief Medical Director, CHI Franciscan (Chair)
G. Andrew Benjamin,* JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law, University of Washington
Jaclyn Greenberg, JD, LLM, Policy Director, Legal Affairs Washington State Hospital Association
Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work
Ian Harrel,* MSW, Chief Operating Officer Behavioral Health Resources
Marianne Marlow,* MA, LMHC, Member, Washington Mental Health Counseling Association
Neetha Mony,* State Suicide Prevention Plan Program Manager, Injury & Violence Prevention, Prevention and Community Health Washington State Department of Health
Kelli Nomura,* MBA, Behavioral Health Administrator, King County
Mary Ellen O'Keefe,* ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners
Jennifer Piel,* MD, JD, Psychiatrist, Department of Psychiatry, University of Washington
Samantha Slaughter,* PsyD, Member, WA State Psychological Association
Jeffrey Sung, MD, Member, Washington State Psychiatric Association

Staff and Members of the Public

Craig Apperson, MS, LMHC, CCCJS, BAPC
Bruce Crowe, PsyD, Senior Fellow, Military Suicide Research Consortium
Mike Hatchett, Policy Analyst, Washington Council for Behavioral Health
Katerina LaMarche, Washington State Medical Association
Mamadou Ndiaye,* Injury and Violence Prevention Epidemiologist, Washington State Department of Health
Andrea O'Malley Jones,* LICSW, JD, Suicide Prevention Coordinator, US Department of Veteran's Affairs
Alicia Parris, Bree Collaborative
Ginny Weir, MPH, Bree Collaborative

* By phone/web conference

CHAIR REPORT AND APPROVAL OF MINUTES

Kim Moore, MD, Associate Chief Medical Director, CHI Franciscan (Chair) and Ginny Weir, MPH, Bree Collaborative, opened the meeting and those present introduced themselves.

> *Motion:* Approve 4/25/2019 Minutes
> *Outcome:* Passed with unanimous support.

DEVELOPING A CLINICAL PATHWAY

Group viewed the Draft Recommendations *Identification of Increased Risk of Violence* and discussed reactions:

- Craig Apperson, MS, LMHC, CCCJS, BAPC, suggested adopting the CDC nomenclature, which distinguishes self-directed violence.
    - Both the Department of Defense and Veterans Affairs have adopted the CDC diagnostic guidelines
    - Standardization of nomenclature is important for speaking across a variety of types of people

- The group will review and incorporate where appropriate

Ms. Weir asked for reactions to the structure of the draft and the group discussed:

- Group expressed concern about severely mentally ill population being categorized as a violent population
- Jeffrey Sung, MD, Member, Washington State Psychiatric Association, thinks structure could work. Suggested making a distinction between management vs. treatment
    - Jennifer Piel, MD, JD, Psychiatrist, Department of Psychiatry, University of Washington, literature is more around management and suggested the language being more broad
    - "Risk of Violence Treatment" changed to "Risk of Violence Management"

Group considered if any sections are missing from the draft and discussed:

- Samantha Slaughter, PsyD, Member, WA State Psychological Association, asked if the recommendations would distinguish between inpatient and outpatient
    - Volk applies to voluntary care both inpatient and outpatient
        - Voluntary or involuntary is an important distinction
- Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work, suggested that the recommendations should call attention contradictory parts of the law
    - Dr. Piel suggested it could be put into the management piece
        - Navigating the legal system in an unclear environment
        - Possibly separating into a "patient focused" section and "community focused"
    - Dr. Sung suggested a Liability or Limits of Liability in a separate category
- Mary Ellen O'Keefe, ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners, suggested including involuntary committal in the *Violence Risk Management*
    - Direction on determining when risk it too great to be managed in an outpatient setting
- Dr. Sung advised the duty to protect is not a part of protecting the patient and can become non-therapeutic or counter-therapeutic
- Mr. Apperson advised that there are structured instruments designed for first encounters that are aligned with the structure of the assessment section of the draft
- G. Andrew Benjamin, JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law, University of Washington, suggested that referring to a forensic specialist might be a step of risk management, but in the moment a valid, reliable way of assessing risk is necessary. Suggested Monahan guidelines
    - Easy for all clinicians to incorporate into practice
- Considering feasibility of tools, training and time needed to complete
    - Core questions providers can ask in a 20 minute visit to assess risk and know when to refer
- Ms. Greenberg pointed out that other parts of the state have far fewer escalation options
    - Recommendations should recognize that and how those groups are best equipped to make assessments considering the workforce despite legislative efforts to increase the workforce
    - Including other resources such as telehealth

Action Item: Dr. Piel will send presentation to legislature on addressing workforce challenges

Ms. Weir asked for feedback on the section, *Identification of Increased Risk* and the group discussed:

- First section would be universal
    - Would not necessarily be questions asked, but things a clinician would look/listen for to trigger further assessment
- Creating recommendations that apply to both primary care and mental health providers is challenging
    - Specific recommendations can be developed for specialties
- Addition of "acute agitation"
- "Homicidal ideation" changed to "physical harm to others"

- Dr. Piel referenced evidence showing the effectiveness of asking “how likely is it that you will be violent in the next few weeks?”

  Action Item: Dr. Piel will send evidence

- “Document results” changed to “document encounter”
- “Red flags” changed to “other observations”
- “Alcohol misuse” changed to “alcohol use”
- “History of violence and history of abuse” added under “*Further Assessment of Violence Risk*”

  Action Item: Dr. Benjamin will send MacArthur research that lists 15 easily observable risk factors

- Mr. Apperson suggested using tools with a scoring process and allowing the threshold for referral to be set based on what works best in the environment and resources available
- Ms. Groshong suggested changing the heading titled “*Identification of Increased Risk of Violence”*
- Dr. Piel suggested “Triggering factors”
  - Suggested adding “recent psychiatric discharge” or “recent release from corrections”
    - Mr. Apperson suggested the use of “secured environment” as there are many different settings and systems that could be included
- Group will consider what to title the first section
- Dr. Sung pointed out that the US Prevention Task force did not recommend universal suicide screening, but the Bree Suicide Recommendations did. However other organizations have recommended.
  - Doesn’t know of any orgs that have recommended universal violence screening
- Dr. Apperton discussed the how risk factors are environmentally specific, e.g. school vs. workplace violence
  - Schools may be out of scope but could fit into the community protection category

  Action Item: Group will send any draft language to Ms. Weir prior to the next meeting

- Dr. Sung would like to talk more at future meetings about posing a threat (clinical) vs. making a threat (limits of liability)

NEXT STEPS AND PUBLIC COMMENTS

Dr. Moore and Ms. Weir asked for public comments and thanked all for attending. The meeting adjourned.