**Bree Collaborative | Risk of Violence to Others Workgroup**
June 13th, 2019 | 3:00-4:30
**Foundation for Health Care Quality**

**Members Present**

Kim Moore,* MD, Associate Chief Medical Director, CHI Franciscan (Chair)
Laura Groshong, LICSW, Private Practitioner, Washington State Society for Clinical Social Work
Mary Ellen O'Keefe,* ARNP, MN, MBA, President Elect, Association of Advanced Psychiatric Nurse Practitioners
Jeffrey Sung, MD, Member, Washington State Psychiatric Association

**Staff and Members of the Public**

Craig Apperson, MS, LMHC, CCCJS, BAPC
Jason Fodeman, MD, MBA, Labor & Industries
Katerina LaMarche, Washington State Medical Association
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. Minutes were not approved due to lack of a quorum.

## REVIEWING THE DRAFT CLINICAL PATHWAY

Group viewed the *Draft Recommendations Risk of Violence – Background* and discussed:

- Removed "*expands a provider's duty to protect*" due to a difference of opinion of whether the duty has been expanded by Volk v. DeMeerler
    - Changed to read: "*specifies a mental health professional's duty to protect"*
    - Should specify it is a licensed and independent mental health professional
        - Change will be made pending confirmation
- Adding language regarding conflict and ambiguities
    - How the duty is discrepant with the current law
    - HIPPA concerns
    - Ethical concerns
    - Who is the duty to, when is it triggered
- In second paragraph of *Background* replaced "*patients with homicidal ideation…"* with "*patients with risk of violence…"*
- Changed "*…clinicians can identify an individual's risk factors and stratify based on those known risk factors."* to "*Clinicians can identify and monitor an individual's risk factors and make a reasonable assessment based on those known risk factors."* and moved to first sentence in paragraph

Group viewed *Draft Recommendations Risk of Violence – Focus Areas* and discussed:

- Retitled first focus area from "*Identification of Increased Risk of Violence*" to "*Initial Screening"*
    - Some screenings are population level screenings not related to risk of violence
- Some acts of violence may not be possible to prevent
    - Mitigating risk is more feasible
    - Distinguishing prediction and prevention from risk assessment and management
        - Risk can only be limited not eliminated

**Action item: Proposals from group members for language that reflects the above conversation**

- Craig Apperson, MS, LMHC, CCCJS, BAPC inquired about violence risk factors in various contexts (e.g. adolescents)
    - Scope of recommendations is limited to adults but language can be included

**Action item: Mr. Apperson will write language explaining that risk of violence presents differently in children**

- Mr. Apperson advised including loss of relationship as a risk factor (e.g. romantic, employment, life losses etc."
- Adding language that expresses the difficulty of applying dangerous propensity to humans
- Requesting a legislative remedy in the recommendations

**Action item: Group members will propose language requesting a legislative remedy**

- Possibly quoting the writing of Jaclyn Greenberg, JD, LLM, Policy Director, Legal Affairs Washington State Hospital Association, on the subject
- The group added the following to Added to *"risk and triggering factors"* under "*Further Assessment of Violence Risk*"
    - Loss of relationship or job
    - Access to lethal means
- Group discussed removing or keeping universal screening
- Ms. Weir asked group members how common the use of risk stratification tools are
    - Mr. Apperson suggested the HCR-20 which focuses on violence trajectory, used in corrections

**Action item: Mr. Apperson will send information on the HCR-20**

    - Majority of group expressed that tools are not used
        - Risk stratification instruments removed from first paragraph, added to bullet point with the addition of the phrase "*if needed*"
- In first paragraph under "*Further Assessment", "risk stratification*" changed to "*risk assessment*"
    - "Stratification" implies a level of scientific accuracy that is not possible
- Group made the following additions to the section "*Violence Risk Management"*
    - Treating substance use or mental health disorders that may be contributing to the risk
    - Mr. Apperson suggested including creating a safety plan
    - Jeffrey Sung, MD, Member, Washington State Psychiatric Association, suggested including targeting emotional factors
        - Unsure of the language as it relates to the field
    - Possibly adding non-adherence to treatment
    - Possibly adding irrational jealousy
- Group agreed to communicate that absolute prevention is not reasonable

**NEXT STEPS AND PUBLIC COMMENTS**

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