
Bree Collaborative | Risk of Violence to Others Workgroup

July 11th, 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

Amanda Ibaraki Stine, LMFT, Member Washington Association for Marriage and Family Therapists

Kelli Nomura,* MBA, Behavioral Health Administrator, King County

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

Jason Fodeman, MD, MBA, Labor & Industries

Katerina LaMarche, Washington State Medical Association

Joan Miller, JD, Sr. Policy Analyst, Washington Council for Behavioral Health

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 5/23/2019 and 6/15/2019 Minutes

Outcome: Passed with unanimous support

REVIEWING THE DRAFT CLINICAL PATHWAY

Group viewed the [Draft Recommendations Risk of Violence– Violence Risk Management](#) and discussed:

- What to do if patient is non-adherent to treatment
 - Group agreed to move bullets on non-adherence nearer the bottom of the list
 - The level of threat posed must be considered when choosing how to address non-adherence to treatment
 - Low to moderate risk, may discuss plans of increased engagement or cessation of services
 - Termination of therapeutic relationship must be documented

Action Item: Kelli Nomura, MBA, Behavioral Health Administrator, King County, will share King County protocol for documenting attempted engagement

- Medication
 - For non-adherence of persons with high or medium violence risk, recommendations moved to *Community Protection* section

- Not all mental health providers are prescribers
 - Would need to refer
- May not be evidence that medication affects violence risk
- Added *“including medication, if indicated”* to fist bullet of *Violence Risk Management*
- Group discussed adding gun storage
 - Ian Harrel, MSW, Chief Operating Officer, Behavioral Health Resources, advised group members that making certain recommendations might make individual provider liable for something the system they are within does not have the resources to execute
 - Mental health professionals may not know anything about guns
 - Group decided instead to add *“Added “lethal means and safety”*
 - Possible resources to include, Forefront and Safer Homes
- Removed *“secure”* and added, *“attempt to”* to recommendations to keep patients in acute crisis in a safe environment
 - Not always possible to observe patient’s in a safe and secure environment
- As directors are not always available, changed recommendation to *“consult with director”* to *“consult with clinical supervisor”* and added *“within a behavioral health organization”*
 - Added additional consultation option *“at minimum with other independent mental health professional”*
- Removed bullet, *“Ensure the patient is connected to evidence-based follow-up treatment.”*
 - No evidence based treatment for violence risk
 - Changed to recommendation for referral
- Added *“with patient consent”* to bullet about involving family members or support people
- Group discussed possibly missing pieces of risk management
 - Possibly including safety planning for suicide
 - There may be an analogous brief intervention for violence self-management
 - Group members discussed anecdotal experience using safety planning for violence risk
 - Identifying high risk situations and environments
 - Challenge of lack of literature base

NEXT STEPS AND PUBLIC COMMENTS

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