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## Bree Collaborative | Risk of Violence to Others Workgroup

August 1<sup>st</sup>, 2019 | 3:00-4:30

Foundation for Health Care Quality

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### Members Present

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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

Amanda Ibaraki Stine,\* LMFT, Member Washington Association for Marriage and

Family Therapists

Mary Ellen O'Keefe,\* ARNP, MN, MBA, Clinical Nurse Specialist – Adult Psychiatric/Mental Health Nursing; President, Association of Advanced Psychiatric Nurse Practitioners

Samantha Slaughter,\* PsyD, Member, WA State Psychological Association

Jeffrey Sung, MD, Member, Washington State Psychiatric Association

### Staff and Members of the Public

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Craig Apperson,\* MS, LMHC, CCCJS, BAPC

Jason Fodeman, MD, MBA, Labor & Industries

Mike Hatchett, Washington Council for Behavioral Health

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

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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 not approved due to lack of a quorum*

### REVIEWING THE DRAFT CLINICAL PATHWAY

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Ginny Weir, MPH, Bree Collaborative, discussed finalizing the recommendations for presentation to the Bree Committee and asked group for feedback:

- Group agreed the September meeting may be too soon, November seemed more reasonable

Group viewed [Draft Recommendations-Risk-Violence-Others](#) – *Background* and discussed:

- Petersen discussed in third paragraph but no previous reference to Petersen case
  - Lack of reference to statutory limit
    - Group considered how much to discuss the background of the legal precedent
      - Providing a high level introduction in *Background*
- Addressing the legislature, asking for a legislative fix
  - Communicating the challenge created by the Volk decision in the first page
    - Group agreed statement, “*clinical community concerns*” could be strengthened
      - Additional concerns not addressed

**Action item: Group will submit language proposals directed to the legislature**

- Trying to quantify clinical reaction possibly through workforce data

- Risk of inclusion of that information
  - Could be seen as hysteria and be easily dismissible

Group viewed [Draft Recommendations-Risk-Violence-Others](#) – *Violence Risk Management* and discussed:

- Phrase “*Lethal means and safety*”.
  - Term is usually lethal means safety, changed to reflect
- Risk management
  - Denial and minimization may lead to an inaccurate assessment
    - Existing legal statute allows in good faith to reach out to friends and family (should be done with patient consent to maintain therapeutic alliance)
      - Added under *Community Protection*
      - Balancing confidentiality with risk

**Action Item: G. Andrew Benjamin,\* JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law University of Washington will send language regarding including friends and family**

- KM advised reordering Violence risk management to match the way a clinician would see a patient
  - Keeping patients in crisis in a safe observed environment at the beginning, Documentation at the end
    - Section reordered accordingly

Group viewed [Draft Recommendations-Risk-Violence-Others](#) – *Community Protection* and discussed:

- Listed are mostly potentially higher level counter-therapeutic actions
  - Box may imply that community protection is more clear cut than it is
    - Community protection is woven throughout every stage
      - In the case of Volk asking more initial questions could be community protection
      - Integrated problem stated in first paragraph of legislative recommendations into the Community Protection
- Removed references to Ohio statute in favor of relevant RCW
- Including more direction about breaching confidentiality

**Action Item: Mary Ellen O’Keefe, ARNP, MN, MBA, Clinical Nurse Specialist – Adult Psychiatric/Mental Health Nursing; President, Association of Advanced Psychiatric Nurse Practitioners, will send UW guidance for breaching confidentiality**

**Action Item: Jeffrey Sung, MD, Member, Washington State Psychiatric Association, will share his organization’s framework for breaching confidentiality with suicide risk**

Group viewed [Draft Recommendations-Risk-Violence-Others](#) – *Recommendations for Stakeholder Actions – Primary Care Providers* and discussed:

- Removed recommendations for suicide-prevention training
- Specified timeline for general behavioral health screens to take place yearly
- Group would like to consult with a primary care physicians
  - Majority of person prescribing psychotropic medications are primary care providers
    - Potentially could apply to primary care but as yet uncertain
    - Giving direction to primary care providers without creating a duty
    - Inclusion could lead to unintended consequences
    - Adding to legislative recommendations to extend clarified standards to all outpatient prescribers

**Action Item: Jaclyn Greenberg, JD, LLM, Policy Director, Legal Affairs, Washington State Hospital**

**Association, will send draft language**

- Including the existing statute may mitigate the need to have so many specific bullet requests
  - Group will discuss at the next meeting

**NEXT STEPS AND PUBLIC COMMENTS**

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