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**Bree Collaborative | Risk of Violence to Others Workgroup**

October 10<sup>th</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)  
Anne Allen, Harborview Medical Center & NASW  
G. Andrew Benjamin,\* JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law University of Washington  
Laura Groshong, LICSW Private Practitioner Washington State Society for Clinical Social Work  
Amanda Ibaraki Stine, LMFTA, 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  
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**

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Craig Apperson, MS, LMHC, CCCJS, BAPC  
Amy Etzel, Bree Collaborative  
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**

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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.

*Motion: Approve 7/11/19, 8/1/19, and 9/12/19*  
*Outcome: Passed with unanimous support*

**REVIEWING VIOLENCE RISK MANAGEMENT AND COMMUNITY PROTECTION**

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Dr. Moore discussed finalizing the recommendations for presentation to the Bree Committee and the group reviewed changes to the draft:

- The group viewed language changes to the *Executive Summary*
  - The language changes were accepted by the group
- The group viewed a pared down version of the *Legal Background* in comparison with lengthier language
  - Cited RCW needs to be corrected in legal background and need for inclusion of additional relevant RCW that goes into effect January 1, 2020

**Action Item: G. Andrew Benjamin, JD, PhD, ABPP, Clinical Psychologist, Affiliate Professor of Law University of Washington, will send relevant and RCWs**

- There is still a need for educating not just the legislature but clinical membership
  - The group agreed to use the longer version
- Adding more information about legal conflicts

- Including HIPPA as conflicting law
  - Adding that the Volk decision applied *Petersen* as a standard which was thought to have been superseded by *Tarasoff*
- Removed sentences “*In all likelihood, this environment will have negative downstream effects on the community. However, these negative impacts to access and quality of care can be remedied with changes in the laws to reduce the ambiguity presented by the Volk decision and the conflicting laws*” and placed at the beginning of the *Legal Background* for emphasis
- Added a reference to recommendations to the legislature in the *Legal Background*
- Added statement that “*The current legal framework in Washington state makes the implementation of a mental health provider’s duty of care and duty to protect untenable.*”
- Group discussed a way to clarify that the *Initial Identification of increased risk for violence* is an ongoing process and evaluation may be appropriate at multiple points
  - Changed first sentence to “*During the initial visit or more frequently if needed*”
  - Sub-bullet about youth aged 13-18 removed as a sub-bullet and made its own bullet so as not to fall under bullet recommending screening all patients over 18
- Adding a resource to *Assessment of Violence Risk* that provides contextual definitions of risk factors
  - How to distinguish that risk factors listed are not a cumulative checklist for risk of violence
- Group considered changes to *Violence Risk Management*
  - Discussed sub-bullet “*Transparently work in the best interests of the patient*”
    - Termination of the therapeutic relationship may not always be in the best interest of the patient
    - Preceded sub-bullet with “*To the extent possible*”
  - Changed “*Assess medication adherence*” to “*Assess medication treatment including adherence*”
  - Changed language from “*assuring absence of lethal means*” to “*Work to reduce presence of lethal means*”
- Under *Community Protection* added bullet reading “*Consider voluntary inpatient admission or other voluntary higher levels of care.*”
- Group discussed how to address equity issues when dealing with violence risks e.g. cultural context, communities of color

**Action Item: Anne Allen, Harborview Medical Center & NASW and Laura Groshong, LICSW, Private Practitioner Washington State Society for Clinical Social Work, will draft language on cultural competency and equity.**

- Group discussed getting feedback from the ACLU
- Adding statement to the effect that the recommendations do not absolve clinicians of liability

**Action Item: Katerina LaMarche, Washington State Medical Association will draft language**

## **NEXT STEPS AND PUBLIC COMMENTS**

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