
Bree Collaborative | Risk of Violence to Others Workgroup

September 12th, 2019 | 3:00-4:30

Foundation for Health Care Quality

Members Present

Kim Moore,* MD, Associate Chief Medical Director, CHI Franciscan (Chair)

Anne Allen, Harborview Medical Center & NASW

Ian Harrel,* MSW, Chief Operating Officer Behavioral Health Resources

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

Marianne Marlow,* MA, LMHC, Member, Washington Mental Health Counseling Association

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

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 not approved due to lack of a quorum

REVIEWING VIOLENCE RISK MANAGEMENT AND COMMUNITY PROTECTION

Kim Moore, MD, Associate Chief Medical Director, CHI Franciscan discussed finalizing the recommendations for presentation to the Bree Committee and asked group for feedback:

- Adding a violence risk screener
 - Group agreed to add an appendix for violence risk assessment tools
- The group discussed whether assessment of violence risk should occur in the initial assessment
 - Group agreed to add “*Past history of violent acts*” to *Initial Assessment of Increased Risk for Violence*
- Adolescents aged 14 and over may have a special relationship with a mental health provider but there is no language to indicate recommendations do not apply
 - Added bullet to *Initial identification of increased risk for violence* and *Assessment of Violence Risk* stating “*For youth ages 14-18 use a developmentally appropriate tool (e.g. SAVRY)*”
- Updated inaccurate bullet under *Violence Risk Management* from “*code green*” to “*code gray*”
- Group discussed ways to make the *Violence Risk Management* language more directive
 - Group agreed to add, “*Additional management strategies include:*” and
 - Include list of possible actions as sub bullets and removed instances of the phrase “*if needed/if indicated*”
- Group discussed the feasibility of the bullet point “*Address lethal means safety*”
 - Providers have no means of limiting access to lethal means
- Group discussed viewed draft language added to *Community Protection*

- Group accepted draft language
- Added “*vulnerable adults*” to list of potential victims to contact parent or guardians
- Referenced R.C.W. is only effective until 2020

Action Item: Katerina LaMarche, Washington State Medical Association will send updated RCW

- Group viewed *Recommendations for Stakeholder Actions* and discussed changes including
 - Adding a recommendation to state agencies for the formation of a hotline style resource for solo practitioners, social workers etc.

Action Item: Marianne Marlow, MA, LMHC, Member, Washington Mental Health Counseling Association will send draft language

- Recommendations to *Delivery Systems* were made consistent with the rest of the report
- Group agreed to add references to recommendations to the Washington State Legislature where appropriate

Action Item: Group will review and edit draft recommendations for the next meeting

NEXT STEPS AND PUBLIC COMMENTS

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