Public Safety Review Panel

Minutes for the Meeting of: June 5, 2019

In-Person at Eastern State Hospital

Call to Order:

The meeting convened at approximately 10:00 a.m. with a quorum of members present: David Hackett, Kari Reardon, Terri Mayer, Katherine Michaelsen, Mark Griffiths, and non-voting Lisa Wolph and Lori Melchiori (joined via phone).

Guest: Mark Kettner, *CEO*; Dr. Thomas Kinlen, Director *OFMHS*; Darrin Hall, *BHA Ombudsman*; Ronda Kenney, *COO*; Chad McAteer, *Social Work Supervisor*; Mary Reidy, *Social Work Director*; Randal Strandquist, *Psychology Director*; Dennis Wetzler, *FSU Administrative Director*, Mark Kreilkamp, *Social Work Supervisor*, Simone Gardner, *Social Work Supervisor*; Darrin Hall, *BHA Ombudsman*.

Guest joining via phone call: Mellissa Hansen, *WSH Center Director*; Jerrell Spires, *Ward Adm*.; Dr. Elizabeth Zinda, *Ross Program/Liaison Administrator*.

CEO Mark Kettner welcomed all and thanked the PSRP for coming to ESH.

Overview: ESH NGRI Program: (10:10 – 11:00)

Dennis Wetzler provided and overview of the ESH NGRI program:

- ESH has 2 campuses, Eastlake and Westlake. Westlake is geared toward geriatric and Habilitative mental health. Current NGRI population at ESH: there are 6 NGRI status patients at Westlake, and 63 NGRI status patients at Eastlake. Construction is currently underway at ESH with 50 new competency restoration beds being added.
- Dennis provided a description of the Level system. ESH currently has 22 patients currently at level three, 23 patients at level four (first pre integration level), level five currently has 7 patients (court approved for reentry into the community). Three patients currently are court approved for level six (CR to live in the community). Two of those three are awaiting for housing to go through.

David Hackett, PSRP Chair, discussed that the PSRP looks: predictability, consistency, transparency, thoroughness, and professionalism. Other PSRP members expressed they would welcome more medication specific information and housing specific information.

Mary Reidy discussed the work being done and process changes in housing arrangements. The lack of community beds is a challenge. The hospital can work on transparency to ensure that the reasons behind the selected locations are clearly stated.

David Hackett explained that it is the PSPR's job to make recommendation for what is most appropriate for patient and community safety. The Panel realizes that hospitals are not always given the legal resources or community resources needed. The Panel will occasionally refer to a higher level of care than the resources that are available, and are recommending what is needed for patient and community safety. Goals for community safety and patient treatment should not be based on what is available and common practice.

Kari Reardon, PSRP Vice-Chair expressed respect for every person in the room and the job they do.

Discussion was held regarding the formal process after PSPR letter is received. Dr. Kinlen stated that Assistant Secretary Sean Murphy serves as the Secretary's designee. When the process is complete, a final letter to the court is drafted. The Panel would like to get a copy of the final letters with secretary

recommendation and hospital follow-up, possibly the Panel could be a cc on the letter to the court, as was done in the past.

David Hackett clarified two instances that should consistently be referred to the PSRP under RCW 10.77.270:

1. NGRI statute patients that petition the court: If the hospital doesn't support the patient request, referral should still be made to the PSPR for recommendation to Secretary and Court.
2. Regardless of the authority the court grants the hospital to authorize additional privileges, the statute still requires the Secretary to seek Panel recommendation prior to granting additional privileges.

Housing/Discharge Challenges/Unescorted Privileges (11:00 – 11:10)

Dennis Wetzler discussed flexibility in possible placements with the ability to have a backup plan in the event of unforeseen problems with the original plan. The Panel would prefer to have one location that has been DOC investigated, and is aware of the specific needs of the individual, and identified treatment providers. The Panel understands the need for identifying two facilities, as long as both facilities are vetted and the hospital makes a case for each facility.

David pointed out that the current system is inconsistent with how DSHS handles the special offender population. The rights and options available to an individual should not depend on what statute they were committed under. It will take legislation to make the change. The Panel has proposed workgroups to address this to the last three DSHS Secretaries.

ESH staff discussed that once a conditional release is approved and before a patient is discharged, they are required to have the name of the provider and intake date. Intakes with Frontier Services are completed before discharge. Patients know who they are going to see, and have an appointment. David commended the hospital on this practice. He recommended a condition be added to the standard conditions in a conditional release that lets the Panel and the Court know this is happening.

Discussion regarding the Peer Bridger program and advocacy work being done to offer this program to NGRI status patients. Currently ESH has staff to assist in applications for social security, Apple Health, etc. These services are in place prior to a patient discharging into the community.

Discussion regarding the level of follow up on 1114 patients on an LRA: ESH requests 365-day LRA on most 1114 status patients. The hospital monitors patient on an LRA including following up with case managers at least once a month.

Dennis described the unescorted grounds privileges eligibility and why a patient may be considered a candidate for a staff escorted outing but not for unescorted grounds privileges. Specifically with patients with a substance abuse concern. Panel welcomed the combination of the two separate privileges combined into one level with clear explanations. This removes the confusion and concern regarding level skipping.

Dr. Kinlen request clarification regarding notifications: The PSRP does not believe the legislative focus of RCW 10.77.270(1) was for PSRP input every time a patient moved within the secure program areas of the hospital, or where movement between secure areas necessitates staff-escorted, temporary travel through a non-secure area of the hospital. The Panel wants to review when there is a change in commitment status and when there are significant changes in privilege levels.

Discussion regarding court granting several privilege levels and allowing treatment and hospital to advance when they feel appropriate. Regardless of the authority the court grants the hospital to authorize additional

privileges, the statute still requires the Secretary to seek Panel recommendation prior to granting additional privileges. Under statute those are viewed as change in the commitment status and potential access to the community and should be referred to the PSRP.

Break for Lunch (11:55 – 1:00)

Meeting Continued (1:15 – 1:30)

Discussion regarding the terms Partial and Limited Conditional Release. It was agreed that the terms Partial and Limited would not be utilized. Conditional Release only, with the level of privilege listed.

David discussed the need for adherence to the statutory language in the FRA and RRB. If recommending revocation, should state how the violation is related to the danger to patient and community safety. The statement that a patient has reached maximum benefit of hospitalization does not reflect statutory language. Should be related to treatment and danger to the community.

If recommending revocation, case law dictates criteria should state how the violation is related to the danger to continue to be in the community. Important to have an FRA in case of revocation. If the RRB differs from the FRA, the Panel needs to know why.

Dennis discussed patients whose diagnosis is changed from mental disease or defect to a personality disorder and who no longer meets the treatment requirement of mental disease or defect and the hospital believes the person should be discharged. David noted that while not the goal of the system, there is a WA State Supreme Court case that states personality disorders qualify for commitment under NGRI. In such a situation, the Panel is looking for information that will tell them what has changed since the time the court said that person has a mental illness.

Panel member Katherine Michaelson discussed patient diagnosis in hospital referrals. The Panel requested more clarity and explanation of multiple diagnosis. The Panel expressed concern regarding instances when the question of personality disorder diagnosis is listed as "deferred" even after several years of treatment at the hospital.

Tour: Patient Care Areas and Treatment Mall (1:00 – 2:30)

BHA Ombudsman Darrin Hall provided a brief overview of his role on the tour.

- This is a new position created as a result of the Ross Settlement.
- Darrin, a former Senior Deputy with the Whatcom County Public Defender Office, was hired earlier this year.
- Darrin has been reviewing all aspects of the NGRI process, meeting with various parties involved in the process, and identifying gaps and opportunities for improvement.
- He has been conducting staff training at both hospitals

PSRP Wrap-up and Adjournment (2:30-2:45)

The meeting adjourned at approximately 2:45 p.m.

~ Next meeting via conference call, June 18, 2019 ~