



BLUE RIBBON PANEL

on High Risk/High Needs Residents

MEMBERS:

Rick Allen,
Chair

Phillip
Brooke,
Vice Chair

David Alger

Gina
Breukelman

James
Collins

Corinne
Dixon

Darin
Dressler

Paul Ellis

Shana
Johnny

Rose
Lincoln

Pastor Lee
Madison

Edwina
Magrum

Michael
Mirra

September 14, 2005 Minutes

5:00pm - 7:00pm

Tacoma Municipal Building, Conference Room 1444

Members Present: Rick Allen, Phillip Brooke, David Alger, Bobbie Jo Tarnecki (for Robin Anderson), Gina Breukelman, Corinne Dixon, Marty Campbell (for Paul Ellis), David Shirer (for Tom Hilyard), James Collins, Edwina Magrum, Michael Mirra, Shana Johnny, Bob Pearson (for Kevin Bovenkamp), Rose Lincoln

Guests: Andy Phillips, Stephen Greene, Lisa Cook, Laura Karlin, Patti Moore

City Staff: Elizabeth McNagny, Donna Stenger, Debbie Bergthold, Kyle Crews, Shirley Schultz, Tom Dolan

AGENDA TOPICS

- Introductions
- Review and refine 8/24 common practices to ensure program quality recommendations
- Western State and Department of Corrections discharge and supervision practices

Meeting commenced at 5:00pm on September 14, 2005.

INTRODUCTION

Chair Rick Allen asked the Public and Staff Members to leave the room while the committee discussed a memo sent by Council Member Thomas Stenger that addressed procedures used by the Blue Ribbon Panel Committee; mainly, proxy members voting on Panel issues. Chair Rick Allen stated that so far the meetings consisted of dialogue consensus framework and that no voting has taken place. It was suggested by a committee member that the active proxies be formally appointed. Allen said if the committee did this it would take them off focus. James Collins stated that any issues that are taken to Council are a consensus of the group and a vote wouldn't be necessary. Allen also told the committee if they had any concerns about anything else in the memo to tell him and he would take the appropriate steps to resolve the matter.

Staff Members and Public were invited back into the room at 5:15pm.

REVIEW AND REFINE AUGUST 24 COMMON PRACTICES

Chair Rick Allen reviewed the discussions of the previous August 10th meeting. The discussion included police protection and coverage as it relates to citing issues and landlord licensing and some of the important concerns and issues in that area. Next, Allen reviewed the August 24th meeting where groups met and talked about how quality programs operate and relate to neighborhoods. It was discussed that “best practices” should not be something that is set in stone; the language should be flexible to allow for creativity but still fall into general guidelines. During the review it was brought up that on August 10, the committee did not get to the topic of Western State and Department of Corrections discharge and supervision practices but a representative from Western State Hospital was available today.

WESTERN STATE AND DEPARTMENT OF CORRECTIONS DISCHARGE AND SUPERVISION PRACTICES

Andy Phillips, CEO of Western State Hospital, discussed the discharge and supervision practices of the hospital. It was discussed that everyone that is admitted into Western State Hospital, a 912-bed hospital, is referred by a Regional Support Network (RSN), with the exception of the Forensic Center. The Forensic Center houses 270 patients that are admitted from the jail for the hospital to evaluate. Those patients that are found competent (able to assist in their defense) go back to jail and then to court. If a patient is found non-guilty by reason of insanity they are admitted into the hospital.

Before the RSN refers a person to Western State they spend close to three weeks in an inpatient setting in the community so that every attempt to stabilize the person is made. When stabilization can not occur the RSN requests admission into Western and then the person can be admitted. After the person is treated Western State and the RSN from which they came from work together to make discharge preparations. People are not unilaterally discharged and are not just sent out into the community. A person is discharged to the RSN they were referred from with a few exceptions. For example, if someone’s commitment expires Western State will petition the courts to extend the commitment. If the court does not agree and says the person should be discharged Western State tries to convince the patient to remain at the hospital while a plan is put together for them to enter the community. The patient can decline and could then enter into our community or any community of their choosing. Secondly, the person may choose to go to a different area because of family support issues. Phillips also discussed the issue of releasing patients into Tacoma because of proximity. Phillips stated that was not the case. He acknowledged that once in awhile people decided to reside in Tacoma even though that was not where they originated. Also, some patients from Tacoma

decide to reside outside of Tacoma upon discharge. Upon discharge patients are provided transportation. The transportation is not mandatory and a very low percentage decline.

There is a residential program at Western State Hospital referred to as PALS (program of alternative living services), which consists of 107 beds Phillips said this is the group that the committee is primarily focused on. The 107 people in the PALS program are essentially discharged from Washington State but are housed in the facility while they are awaiting appropriate housing and services in their respective communities. These people have the freedom to come and go as they please. Therefore, due to the proximity Tacoma to Washington State the residents of PALS that leave may decide to reside in Tacoma.

Andy Phillips is going to give us information about admissions and discharges from Washington State Hospital to Tacoma in comparison to the origin of referral.

PIERCE COUNTY REGIONAL SUPPORT NETWORK

Stephen Greene, Older Adult Care Manager for Pierce County RSN, discussed the Pierce County RSN. He described the services monitored by the RSN for adults served by the community mental health providers in Pierce County. One such program – PATH (Project for Assistance in Transition from Homelessness) works to locate engage with mentally ill homeless people. However, some homeless people do not readily accept services offered by the program and the homeless camps are very well hidden making engagement all the more difficult. . Out of approximately 1400 single adult homeless people roughly 445 are engaged by the RSN each year.

Every RSN has at least one liaison whose job is to be at Western State, know the individuals who are there from their RSN, and work directly with nurses, social workers and psychiatrist to create viable discharge plans. Pierce County has five liaisons that work with the approximately 150 patients residing at Western State Hospital at any given time.

Any shortcomings of Pierce County RSN services are likely to arise from the absence of the dollars to provide the intensity or variety of services as have been available in the recent past. This is especially true for individuals with no funding such as Medicaid. There has been a substantial loss of funds in the past two years because of Medicaid/Medicare regulations and changes in covered services.

The RSN in Pierce County has a caseload of roughly 3000 people. Most of these people live independently with family/spouse/friends. The RSN draws from a set number of licensed beds by the state to find a place for the minority of the caseload. There are 214 adult family homes each with up to 6 beds available. In addition Pierce County has 24 skilled nursing facilities with hundreds of beds available along with several dozen boarding homes offering several hundred more beds. With few exceptions, the RSN does not pay for residential placements for mental health consumers. The RSN has no control of the citing of residential facilities other than those specifically funded by the RSN such as Park Place in Tacoma or Lockett House in Puyallup. Residential facilities are licensed by DSHS regarding the capacity. Adult family homes and boarding homes are required to

have specialized staff training if they accept individuals with mental health or dementia

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■ (253) 591-5364 ■ www.cityofdestiny.com

www.cityoftacoma.org/highneeds

issues. Because the RSN does not license facilities they have no control over saturation of a population in an area.

Stephen Greene is going to provide the Panel with information regarding the number of RSN clients in certain zip codes. This would help us determine saturation. This would not include the homeless, only those that are tracked by the RSN system.

The meeting adjourned at 7:00 p.m.

The next meeting will be September 28 in **Room 1444**.