



TRUE  
COMMUNITY  
MEDICINE

**VALLEY GENERAL HOSPITAL**  
**Public Hospital District No. 1, Snohomish County**  
**MINUTES OF THE SPECIAL MEETING OF MARCH 4, 2009**

**Present:** Neil Watkins, Alice Cabe, Dennis Dinkla, Mark Judy, Brenda Rogers, John Beltz, David Anderson, Dr. John Okemah, Joan Catlett, Jennifer Scott, Dr. Diane Doerner, Marcy Nicol, Quinn Hatala, Lin McIlrath, Lauren Barber, Kathy Nelson, Monica Sylte, Al Casalle, Dr. William Dickinson, Dr. Kamal Mustafa, Cindy Crossman, Bob Knight, Chelene Whiteaker (WSHA), Carol VanBuren, Amy Overlander, Eason Anderson

**Minutes By:** Norma Walker

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**CALL TO ORDER**

Commissioner Watkins called the meeting to order at 6:05 PM, welcoming everyone for attending this meeting to discuss this important and expanding dilemma of mental health issues facing our district and the state, and the diminishing resources available to service those needs. After introductions, Mark summarized the services provided here at Valley General, along with the recent decision to restructure the Senior Behavioral Unit into the Inpatient Psychiatric Treatment Unit. Mark then turned the meeting over to David Anderson to discuss the Chemical Dependency Treatment Unit.

Chemical Dependency Treatment Unit ("Recovery Center")

David Anderson provided a history of this service at Valley General, which began as a 24 bed unit, that recently increased to 36 beds with the relocation to the newly rented facility. We are working with the City to obtain approval to increase occupancy to 40 beds. The unit is co-ed, providing recovery-based treatment in a therapeutic client-centered environment. The multidisciplinary Treatment Team consists of the Medical Director (an addictionologist), a consulting psychiatrist, CDPs, ARNPs, Licensed Nurses, a Licensed Mental Health Counselor, Registered Dieticians, Pharmacists and a Pastoral Counselor.

Approximately 40% of our clients come through the court system. Upon arrival, an assessment and evaluation is provided by a Chemical Dependency Professional. Once the diagnosis and recommendation for treatment is determined, the patient is assigned to one of the five available programs:

- Residential Treatment Program – a 21-day program utilizing a therapeutic community treatment modality and incorporating a 12-step program, as well as others.
  - Sub-acute detoxification is a sub-program within the Residential Treatment which offers a 2-3 day detoxification process to those that meet criteria.
- CUP Program – a 26-day program for chemical using pregnant women. Detox is provided at another facility before admittance to a residential treatment program with the additional focus of the pregnancy added.
- Intensive Outpatient Program – consists of 24 group sessions taking place three times per week for eight weeks. Drug screens are completed monthly and as needed.
- Day Treatment – designed for those with a strong home support system, but require a highly structured program to help them abstain. Clients begin at 8 AM and are able to stay up until 10 PM.

Once the patient has completed one of these programs, there is an Aftercare Program (once a week) and a Monitoring Program (once a month) to help insure success.

Dr. William Dickenson introduced himself as the Medical Director for the VGH Behavioral Health programs. He is very well known in this area for his experience and success with programs such as ours.

With the current economic crisis and healthcare crisis, more and more programs for the mentally ill and addicted are being cut. As mental health facilities close, patients shift into our emergency rooms and MedSurg Units, where, not only can they not be adequately helped, but they have no place to go once the help that is available is provided.

#### Inpatient Psychiatric Treatment Unit

Lauren Barber provided an overview of the newly opened Inpatient Psychiatric Treatment Unit (IPTU), noting it is a voluntary or involuntary program with 14 beds available for patients. This program specializes in psychiatry and specifically neuropsychiatry in those aged 45 or older. The goal of the treatment is to provide a safe, therapeutic environment for patients experiencing a crisis. The voluntary program averages 7 – 10 days, while the involuntary program can last as long as 14 days.

The multidisciplinary Treatment Team includes psychiatrists, licensed independent practitioners, a case manager, nurses and nursing assistants. Physical Therapists, Pharmacists, a pastoral counselor, and dieticians are also available as needed.

#### Counseling Center

Dr. Kamal Mustafa and Dr. Jamal Mustafa, the psychiatrists treating the patients in the IPTU, have begun a Counseling Center where the patients will be both inpatient and outpatient. Will be offering Saboxone treatments, which is a much more effective treatment for addictive disorders than even methadone. Saboxone takes away the cravings without providing a substitute 'high', and will not cause a negative outcome if the patient were to take another opiate while taking the Saboxone. Saboxone is also structured in such a way that if a patient were to take the medication in any other method than that prescribed, the patient will become extremely nauseous.

#### Advocacy Discussion of Psychiatric Care Needs

Chelene Whiteaker of the Washington State Hospital Association shared the goals of the 2008 Mental Health Work Group and the work they have been doing to encourage Governor Gregoire and others in the legislature to incorporate funds into the 2009 budget to address mental health issues. The three top objectives are:

- Restore and expand involuntary treatment inpatient bed capacity
- Continue and expand the General Assistance Unemployable (GAU) mental health benefit pilot
- Increase Regional Support Network (RSN) funding to treat high-risk, uninsured, non-Medicaid adults

Additionally, the Work Group has requested immediate attention to reverse the recent closure of the ward at Western State Hospital and to cancel the closure of the other two wards scheduled for the closing months of this biennium.

More over, the question remains how can mental health services be made more readily available to those in need. Otherwise the patients will largely end up in the County-funded criminal judicial system and inappropriately in jail rather than treatment.

Carol VanBuren of Sunrise shared they have operated for years without enough funds. These recent cuts in the proposed budget are more than anticipated. Looking at grants and other methods of funding to keep the very beneficial drop in center open, as those funds were cut in the budget. Individual therapy services will be one of the first areas to be closed. And, of course, the homelessness is a huge issue.

Eason Anderson shared the shortage of both voluntary and involuntary beds is so crucial there are patients with geripsyche issues in beds at Providence that are not medically ill, but there are no facilities to place them.

Lauren shared when the VGH Senior Behavioral Health Unit was failing and was facing closure, it was the VGH Executive Team and Board that brainstormed to find ways to keep 14 beds open and available to provide mental health services in this area.

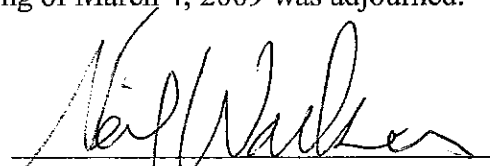
Next Steps

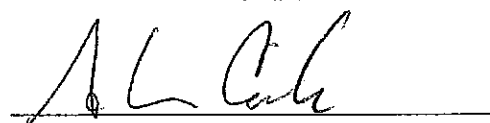
Mark indicated the next steps would be to invite Stevens Hospital, County officials, Compass Health, SeaMar, this group and Sharon Salyer to meet and share much of this with Ms. Salyer, who is very interested in discussing this topic in preparation for an article she's working on. Identifying 3 – 4 focal points for the press to get the message out could be quite beneficial. Possibly also pursue Editorial Board of the Everett Herald.

**ADJOURNMENT**

With no other business to address, at 7:25 PM, with the motion of Commissioner Cabe and a second from Commissioner Dinkla, the special meeting of March 4, 2009 was adjourned.

Attest:

  
Chair

  
Commissioner

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Commissioner