

FRONTIER BEHAVIORAL HEALTH

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COMMUNITY NEWS
MAGAZINE



FUR THERAPY

Gentle pups are welcome visitors at inpatient units



Mission

To provide clinically and culturally appropriate behavioral healthcare and related services to people of all ages in collaboration with community partners.

Vision

We provide behavioral healthcare services which are fundamental to an integrated healthcare system and which positively impact the lives of those we serve and contribute to the health, safety, and quality of life in our communities.

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If you would like to receive a PDF version of this magazine, please email csavalli@fbhwa.org.

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M E S S A G E F R O M C E O

J E F F T H O M A S



Shortly after each edition of the FBH News Magazine comes out, our editorial board convenes to brainstorm ideas for the next issue. At that time, I also identify a

potential focus for my next CEO column.

When our group met in early July, the topic for my column in this October issue seemed like a natural one: provide an update on the transition of FBH's operations back to "normal" (whatever that might be) as we moved forward from the throes of the COVID-19 pandemic and headed down the homestretch. As with many organizations, we had made a commitment to return many of our staff who had been working remotely during the pandemic back onsite, and to resume – with significant safety precautions in place – providing routine outpatient services at our various locations.

Not long after that, however, things began to shift. By mid-August that shift had begun to dramatically accelerate. With the onset of the Delta Variant and the slowing of vaccination rates in most states across the country, the number of new infections had begun to soar at an alarming rate. According to one recent report, the number of new COVID cases reported in the U.S. on a single day in mid-September was 176,000, compared to an average of just 10,000 per day in June; and the number of new cases on Labor Day 2021 was 300 percent of those reported on Labor Day a year earlier. So, not only were things not getting better – they were getting much worse!

In response to this development, Gov. Inslee – following the lead of President Biden on the federal level – issued a vaccination proclamation requiring that all state employees, as well as

workers in healthcare settings, be vaccinated unless approved for an exemption. Not long after that, the masking mandate in Washington that had previously been lifted was reinstated.

With these shifts, our circumstances at FBH, as with everyone else's, were impacted significantly. In one of our weekly executive leadership/COVID incident response team meetings, I harkened back to something we had discussed early in the pandemic: that dealing with COVID would be a marathon, not a sprint. Continuing with that analogy, we talked about the fact that just as we (meaning not just our team, but our entire agency, those we serve and, for that matter, the entire country and perhaps world) felt we were nearing the "finish line" of the pandemic – utterly exhausted from the race but beginning to find the renewed energy and optimism that comes from seeing a light at the end of the tunnel – the finish line was moved. And to make matters worse, the finish line was not just moved, where it resided was not even defined.

The psychological impact of this on people has, of course, varied. Anger, resentment, bitterness, despondency, hopelessness, resignation, emotional exhaustion. And much more.

For those of us in the role of service provider; for parents, teachers or others whose job it is to lead, support and encourage others, it has required that we take a deep breath (or, more likely, many deep breaths). It has required that we retrench, try to figure out a way to deal with the array of emotions each of us is experiencing, and to somehow find a way to move forward in a positive fashion. It has required that we dig deep and find it within ourselves to display the level of resilience that we frequently ask of those we serve and support as they face the challenges life throws at them.

Among the many truths associated with this formidable task is that this is something that cannot be done alone. More so than ever, we are

reliant on one another and need to find ways to support each other. To transcend whatever anger and resentment one may feel toward others for personal decisions they have made or not made that have contributed to the turnabout in the pandemic. To find hope and to instill hope. And to pull each other up and encourage one another.

This path will not be an easy one, but it is the necessary one. Others are relying on us, as we rely on one another, to continue to be thoughtful in our decision making and vigilant in our efforts. And to also be patient with one another and considerate in our interactions with others, recognizing that the frustration we all feel can easily get in the way of this.

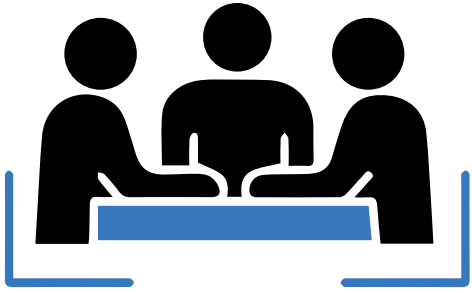
As we find ourselves in the midst of this protracted process with the COVID pandemic, I continue to be amazed by the fortitude and dedication of our hard-working staff here at FBH as they continue to provide – and support – critical services to members of our community. I am likewise continually impressed by the commitment and perseverance of our community partners as we work together through this difficult period.

To all of you, I offer my most sincere admiration and appreciation for the role you play in the important work we are doing together in the face of these incredibly challenging circumstances. ○

**Help for today.
Hope for tomorrow.**



Board of Directors PROFILES IN LEADERSHIP



Frontier Behavioral Health is governed by a volunteer board of directors committed to reducing the stigma of mental illness and increasing access to care for the region's most at-risk citizens. Collectively, the board has decades of experience serving the community as physicians, first responders, educators, attorneys, financial professionals, and mental health advocates.

To commemorate the 10th anniversary of FBH's founding, we present a *Profiles in Leadership* series to individually honor the contributions of each board member.

Maria Hernandez Peck

Board member since 1992

Maria Hernandez Peck has been a dedicated advocate for seniors since she was recruited to join the board of Frontier Behavioral Health's predecessor agency in 1992. In the years since, she has been recognized locally and nationally for her contributions to mental health and aging issues.

"Maria Peck is highly respected nationally by professionals working in aging and mental health. She is looked to by many for her expertise and success in providing services to diverse populations," said Anita Rosen, a retired professor at George Mason University, who nominated Peck in 2018 for the American Society on Aging's Mental Health and Aging Award.

Peck was asked to join the board of Spokane Mental Health in 1992 after submitting a grant to the National Institute of Mental Health to place social work students in the agency's Elder Services program. (Spokane Mental Health merged with Family Service Spokane in 2011 to become FBH).

"I've been a lifelong advocate of not only the Elder Services program, but of all issues related to aging," said Peck, who also serves on the board of Aging & Long Term Care of Eastern Washington as well as the local advisory board to the state's long-term care ombudsman. "I think programming for elder persons is very needed and I worry about those who are isolated and unable to connect with services, whether that's at FBH or other agencies."

Peck, a native of Cuba, started her career as a social worker at an alternative high school in Juneau, Alaska, and worked with youth in Florida,

Kentucky and Wisconsin. When it was time to write the dissertation for her University of Denver doctorate, her mother suggested she focus her research on elder issues where she might be able to make a lasting impact. She interviewed 60 families for her 'Long-Term Care for Elderly Cubans in Miami' paper and immediately "fell in love with the field of aging."

While director of Eastern Washington University's Center for Studies in Aging, Peck developed and directed an interdisciplinary education program, taught classes and directed research. In 2005 she organized a Mini-White House Conference on Aging for Eastern Washington and has been a delegate to the national conference three times.

She continues to serve on FBH's board because she believes the agency provides critical services to people in need. "It's not a bad thing to access those services," Peck said. "If people have difficulty, they should get help. Mental illness not only impacts the person who is experiencing it but the members of their family."

Happily, the stigma of mental illness has lessened over the years, Peck said, and the system of care is able to do so much more for people in crisis than when she first joined the board. "There is also much more collaboration between agencies now."

When she isn't advocating for seniors and at-risk populations, Peck is in the show ring with her Affenpinscher named Alexander Sugar Bear. Peck has loved the breed – affectionately called Monkey Dogs – for 20 years and has won "eight or nine championships over the years." ◉

Education

Stress vs. anxiety

Stress is a feeling you get when faced with a challenge. Everyone is under some form of stress. In small doses, stress can be good for you because it makes you more alert and gives you a burst of energy. But too much stress in too short a time can be harmful.

Anxiety disorders, on the other hand, are the most common of all mental health disorders – affecting about 20 percent of the population at any given time. Anxiety disorders are a group of mental illnesses that cause people to feel excessively frightened, distressed or uneasy during situations in which most people would not experience these same feelings. Individuals should seek professional help if they experience generalized anxiety disorder, panic disorder, phobias, and obsessive-compulsive disorder.

Stress is something we can manage on our own.

Stress happens when we feel like we do not have the tools to manage all the demands in our lives. Stress can be short term or long term. Missing the bus or arguing with a spouse can cause short-term stress. Staying home to practice social distancing can cause long-term stress.

Stress can be either physical or psychological. A physical influence may be an injury, virus, extreme temperature change or exhaustion. A psychological influence is a threat to security, self-

esteem, and way of life.

Stress is a factor in many medical disorders including hypertension, migraine headaches, ulcers, colitis, lower back tension, muscle spasms, rheumatism, and arthritis, which is why it is important to learn how to manage it.

Here are some coping strategies:

Develop a new attitude

- Become a problem solver
- Be flexible
- Get organized
- Set limits

Relax

- Take deep breaths
- Stretch
- Massage tense muscles
- Take time to do something enjoyable

Take care of your body

- Get enough sleep
- Eat right
- Get moving
- Avoid unhealthy habits

Connect with others

- Share your stress to learn from others
- Help others
- Seek professional help if needed



Pet therapists

'Patients just light up when they see them'

By Carla T. Savalli



Keri Lee, a peer support specialist at Frontier Behavioral Health's Foothills Evaluation and Treatment facility, gets a furry hug from Marshall, a Goldenoodle who is being trained as a service dog by Spokane's Unleashed Academy. Eventually, Marshall will go to Florida to live with an owner who has panic attacks.

It has been said that dogs speak, but only to those who know how to listen.

When a young woman named Alice was having a psychogenic nonepileptic seizure on the floor of Foothills Evaluation and Treatment facility this summer, a fluffy eight-month-old Poodle mix named Bridgie sensed her distress. While nurses kept a protective watch, Bridgie's handler instructed the dog to lay her body on top of Alice like a weighted blanket to keep her calm until the episode passed. Within a few seconds, Alice opened her eyes and gently petted Bridgie as if they were old friends.

"There's a reason humans and dogs hang out together," said Dr. John Helsell, associate medical director for Frontier Behavioral Health's psychiatric inpatient units where Alice was recently a patient. "The dog was a completely non-threatening, comforting presence that gave her affection without judgment. It's a non-traditional but powerful therapeutic tool."

Once a week, Bridgie and other dogs from Spokane's Unleashed Academy visit FBH's inpatient units as a community service. The dogs also visit local nursing homes, drug treatment facilities, and women's and children's shelters.

"It's a fun opportunity for people to either talk about a dog they've had in the past or for us to answer questions," said Katie Williams, chief operating officer of Unleashed, one of the

largest providers of certified service dogs in the United States. "We really just come and make the dog available to whomever wants to enjoy the activity. It's not with the intention on our part to be a specific treatment; if that's something that happens behind the scenes, that's fine."

FBH's decision to invite therapy dogs to the inpatient units reflects reforms under way statewide to the behavioral healthcare system. Gov. Jay Inslee's plan to move non-forensic mental health patients out of psychiatric hospitals and into community settings means that Evaluation and Treatment facilities like those at FBH that historically offered short-term acute treatment are now accepting some patients on 90- and 180-day civil commitments.

Longer-term treatment differs significantly from acute care, which led FBH to explore ways to add enrichment opportunities such as music, art or animal therapy to promote patient recovery.

"The governor's plan started an internal discussion for us on how we could make the inpatient units more palatable for patients who could be spending up to six months with us," said FBH Chief Medical Officer Dr. Donald Christman. "Our Director of Nursing Vivian McGee and Dr. Helsell reviewed a list of enrichment ideas put together by the state Health Care Authority and keyed in on therapy dogs."

"Bringing pets to hospitals, nursing homes and

Service Dogs Versus Therapy Dogs

Service dogs are trained to perform specific tasks on behalf of their owners. They receive rigorous, task-oriented training aimed specifically at helping their owners cope with disabilities or limitations. There are laws set forth by the Americans With Disabilities Act that allow service dogs to accompany their owners in public places.

Therapy dogs are sometimes called "comfort dogs." They support a person's mental health by providing attention and comfort. Their sweet demeanors and unconditional love may also have a therapeutic benefit to those who face difficult health challenges. Unlike service dogs, however, anyone can enjoy a therapy dog.

Therapy dogs are not covered by the ADA. As a result, they don't have the same privileges for accompanying their owners in restricted public places unless special permission is provided ahead of time. The therapy pet must be invited to the premises to provide some positive comfort therapy. The biggest concern, particularly in hospitals, is safety and sanitation. Most hospitals and other facilities that use pet therapy have stringent rules to ensure that the animals are clean, vaccinated, well-trained and screened for appropriate behavior.

SOURCES: UCLA Health, Mayo Clinic

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Animal-Assisted Therapy

Pet therapy is a broad term that includes animal-assisted therapy and other animal-assisted activities. Animal-assisted therapy is a growing field that uses dogs or other animals to help people recover from or better cope with health problems such as heart disease, cancer and mental health disorders.

Research shows that just petting an animal releases an automatic relaxation response by promoting the release of serotonin, prolactin and oxytocin – all hormones that can play a part in elevating moods. Pet therapy also:

- Lowers anxiety
- Provides comfort
- Reduces loneliness
- Increases mental stimulation
- Provides an escape or happy distraction
- Acts as a catalyst in the therapy process

In terms of physical health, animal-assisted therapy lowers blood pressure, improves overall cardiovascular health, slows breathing in those who are anxious, and diminishes overall physical pain.

SOURCES: Mayo Clinic, UCLA Health

group homes has been done for years and years,” Christman said. “Patients just light up when they see them.”

Bridgie and the other dogs trained by Unleashed Academy are service dogs – certified under the Americans With Disabilities Act (ADA) to perform specific tasks for their owners who need help with physical or developmental limitations. Service dogs are working animals, not pets. They perform critical tasks such as retrieving medications, detecting the onset of seizures, providing deep pressure therapy, or crowd blocking in public settings. They are permitted to accompany people with disabilities in all areas where members of the public are allowed.

Dogs whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA, but they are often found in therapeutic settings.

Bridgie happened to be at the right place at the

right time when Alice had her non-epileptic seizure, because the dog is trained to lay on top of her owner like a warm protective blanket.

“All of our dogs are dual trained for therapy and service,” Williams said. “The difference is that therapy dogs serve many. Their training is focused on temperament. They are there to be enjoyed, rather than to work. A service dog serves one person for a reason.”

Research shows that just petting an animal releases ‘feel good’ hormones that elevate mood. In medical settings, animals have been found to lower blood pressure, improve cardiovascular health, diminish overall physical pain, and reduce the need for medication.

There is also increasing evidence that therapeutic animals improve overall quality of life for people with mental illness.

In 2020, Canadian researchers at an urban mental health and addiction hospital concluded that therapy dogs are a “low-tech intervention” that can be used effectively to engage hard-to-reach populations with serious mental illnesses.

“Somewhat unexpectedly,” the researchers wrote, “we found that therapy dogs buffer the power and communication gaps between researchers and patients hospitalized with complex and serious mental illness.”

“Patients with depression, schizophrenia and dementia in particular often lack the motivation to complete everyday tasks,” the researchers reported. “In our study, the therapy dogs helped counteract the tendency of patients with mental illness to self-isolate.”

The dogs also made it easier for the study’s participants to find common ground with and relate to the researchers, which humanized the overall hospital experience.

While therapy dogs and service dogs are well established in medical settings, there is very little data to support the use of what are commonly called “emotional support animals.”

In fact, Google searches of the term tend



Oscar, a Bernese Mountain Dog crossed with a Poodle, will eventually join a family on the west side of the state with special needs children. He is being trained to use his body as a barrier between his owners and other people and to interrupt emotionally disabling behaviors.

to aggregate stories about misunderstood exotic or unusual animal ‘helpers’ who often get kicked out of public spaces, like the emotional support peacock who was ushered off a United Airlines flight.

“The sad thing is that it would have been within the realm of psychiatry to say, ‘there’s no evidence of emotional support animals making a difference,’ but the field hasn’t taken a stand on the issue,” said Dr. Christman. “We don’t have the evidence to show that it is medically helpful to take your living teddy bear to the grocery store, but someday we might.”

Earlier this year, researchers from the University of Toledo published what they say is the first empirical evidence that emotional support animals can provide quantifiable benefits to individuals with serious mental illness who experience depression, anxiety and loneliness.

Led by social work professor Dr. Janet Hoy-Gerlach, participants in the study were paired with a shelter dog or cat through the Hope and Recovery Pet Program in Toledo, Ohio. All the participants were referred to the study by their mental health providers.

The researchers regularly tested participants for changes in a trio of biomarkers related to

In Their Own Words

Canadian researchers at an urban psychiatric hospital found that patients with serious mental illness were more motivated to participate in their own treatment when certified therapy dogs were present. Here’s how the dogs made them feel:

- “They make you feel loved ... When this dog licked my hand, it’s wow.”
- “You just want to feel regular, because the pets do not make you feel as if you’re a patient. They treat you different ... like a human being.”
- “If you don’t speak to anyone, you don’t socialize, you don’t go anywhere, by interacting with an animal you become more open to doing things with other people because you have the trust factor. You feel more comfortable interacting with another person through pet therapy. It will help you open up.”
- “For me, I would say it’s comforting ... because they don’t speak, and I find I’m communicating with them on a different level. It’s different in a good way ... They’re usually very friendly and you enjoy being with them, which is nice, and you feel a sense of connection.”
- “The dog is opening everybody’s heart up.”

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Unleashed Academy

Founded by Mary Davies, Unleashed Academy is based in Spokane but places trained service dogs with owners throughout the United States. They also train puppies from premium breeders across the country and rehabilitate “naughty dogs.”

Because many of their clients have underlying health issues, they offer only Poodles or Poodle mixes (Goldendoodles, Bernedoodles, Newfypoos and Labradoodles) which are more hypoallergenic than other breeds.

Service dogs are not covered by insurance in Washington so the cost of buying and training a dog is 100 percent client funded. There are many nonprofit organizations that raise, train and offer service animals free of charge or at reduced costs including Freedom Guide Dogs, Canine Companions for Independence, and International Association of Assistance Dog Partners. An ADA-certified service dog can cost more than \$30,000 to acquire and train.

During training, Unleashed Academy dogs live with their Spokane-area handlers, who are certified canine behaviorists, before joining their permanent owners. To date, Unleashed Academy has placed trained dogs in 48 states.



During a recent visit to Frontier Behavioral Health's inpatient units, 8-month-old Bridgie was able to comfort a patient by laying on top of her like a weighted blanket until her nonepileptic seizure passed.

stress and bonding, and administered surveys about their depression, anxiety and loneliness before and after the study.

At the conclusion of the study, they found a statistically significant decrease in participants' symptoms as measured by standardized scales.

They also found higher amounts of the bonding hormone oxytocin and lower amounts of the stress hormone cortisol after the participants spent 10 minutes with their animals.

“We have seen a significant increase in social isolation because of COVID-19, particularly among

those most vulnerable to its effects,” Hoy-Gerlach told [medicalxpress.com](#). “While our research was initiated before the pandemic, the findings couldn’t be more applicable. Now more than ever, we need to be thinking about leveraging every resource at our disposal.”

“The narrative of emotional support animal fraud has unfortunately gained traction in the media and public eye,” she continued, “and that obscures the very real ways in which emotional support animals can benefit people. The human-animal bond is an underutilized resource for both human and animal well-being.”

In the case of Alice, whose nonepileptic seizures are an unconscious reaction to past trauma, having a trained dog present clearly minimized her distress. A week later, another dog named Marshall visited the unit and Alice did not have a seizure. Instead, she cuddled Marshall – an 8-month-old Poodle crossed with a Bernese Mountain Dog.

“I would like to have my own service dog,” Alice said. “I have seizures and Tourette Syndrome and the dog calms me down.”

When Marshall’s handler told her that service dogs can be trained to interrupt unwanted behaviors, Alice’s eyes widened: “So there’s a dog for me?”

Living with and training dogs is a full-time job; most of Unleashed Academy’s handlers – called canine behaviorists – have as many as five or six dogs at a time as well as personal pets. In some cases, training can take up to a year, so it is bittersweet when it is time to say goodbye.

“It’s hard because you do get attached,” said handler Ashley Senf, who visited FBH’s Stabilization unit in late August with a black and white Bernadoodle named Hogan. “It’s also rewarding because they are going someplace where they can fulfill their training and help someone else.”

Senf has five dogs in training and two personal pets at home. All of them are special, but she would love to have a dog like Hogan as part of her family. “He’s a good boy. He’s very loving,”

Pets and Mental Health

Much has been written about the effects of COVID-19 on our relationships and personal well-being. Months of isolation and anxiety have taken a toll on people of all ages and led to a spike in demand for mental healthcare.

But humans are not alone. Studies show that mental distress in animals can manifest as anxiety, fear, or even violent behavior. So, while our pets helped us cope during the pandemic, it is also possible our needs stressed them out.

Researchers in Spain, Israel and the United Kingdom conducted online surveys of pet owners in their countries during the pandemic and found that overall pets have provided comfort. But the research also revealed that some pets are exhibiting signs of stress including excessive barking, fear of loud or sudden noises, and anxiety when left home alone.

Board certified veterinary behaviorists (who number less than 100 in the United States) do not equate behavioral health issues in animals with humans, but it is a growing field of study. While we tend to think of mental health disorders as part of the human condition, there is growing evidence that many animals suffer similar issues.

“Every animal with a mind has the capacity to lose hold of it from time to time,” said Laurel Braitman, author of *Animal Madness: How Anxious Dogs, Compulsive Parrots, and Elephants in Recovery Help Us Understand Ourselves*.

“There is plenty of abnormal behavior in the animal world, captive, domestic, and wild, and plenty of evidence of recovery; you simply need to know where and how to find it.”

Senf said, as she placed him in the lap of a female patient. Hogan took to the woman immediately. His soulful eyes and gentle kisses made her giggle and smile even as she pulled away from his face.

“No kisses,” she said softly. “Just sit here.” As she slowly rocked Hogan in her lap, he draped his head over her shoulder, and they sat in silence for several minutes.

“Dogs are truly one of God’s creatures,” said Williams. “They just seem to understand things that we can never know.” ◉

FBH joins housing partnership with \$6.8 million grant

By Carla T. Savalli

A federal District Court judge has awarded Frontier Behavioral Health a \$6.8 million grant to provide housing and behavioral healthcare resources to eligible at-risk adults in partnership with Pioneer Human Services and Catholic Charities Eastern Washington (CCEW).

The grant will fund capital and operating costs for a new 24-unit apartment complex with onsite support services operated by CCEW, and 10 single-room occupancy (SRO) units or family-sized rooms provided by Pioneer.

As the lead entity and recipient of the grant, FBH will be responsible for identifying people who are eligible for the units and helping them access services.

The grant is funded through the 2018 settlement agreement of *Trueblood vs. Department of Social and Health Services (DSHS)*, which made

more than \$80 million in contempt fines available statewide to finance programs for people who have been involved in the criminal justice system, have a history of mental health or substance use disorders, and are unstably housed or homeless.

“This grant will help fill a significant gap in meeting the needs of those we serve,” said FBH Chief Executive Officer Jeff Thomas. “We are very fortunate to be able to partner with CCEW and Pioneer who have such tremendous expertise in providing housing resources for our community’s most vulnerable citizens.”

Affordable housing is considered one of the most effective ways to prevent recidivism in the criminal justice system. Recent DSHS surveys of people served by Trueblood programs found that 46 percent identified housing as the most helpful diversion service. Sixty-three percent ranked housing in the top three along with case management and medication management, both of which FBH provides as part of outpatient services.

“We know from our history of serving this population under our various Trueblood contracts that individuals with serious mental illness are overrepresented in jails and hospitals and often face long waits for court-ordered competency evaluations,” said FBH Chief Operating Officer Jan Tokumoto. “We entered into these agreements with Pioneer and CCEW in an effort to meet a basic need for housing among this population which is particularly at risk for negative outcomes.”

The grant proposal approved by Federal Judge Marsha Pechman calls for Pioneer to make available

TRUEBLOOD CLASS: Who is Being Helped?

Plaintiffs in the *Trueblood vs. Department of Social and Health Services* settlement are referred to as class members and defined as individuals who are now waiting or have a history of waiting in jail for either court-ordered in-jail evaluation of competency to stand trial, or court-ordered admission for inpatient evaluation or restoration services. They may be charged with misdemeanors or felonies and have one or more of the following conditions that may impact their competency to stand trial:

- Mental health and/or substance use disorders
- Intellectual and developmental disabilities
- Traumatic brain injuries
- Other cognitive impairments due to age, injury or disease.

State fiscal year percent change in number of court orders where client is waiting in jail for inpatient evaluation and competency restoration services		
State Fiscal Year	Number of In-Jail Orders	Percent Change
SFY 2013	978	N/A
SFY 2014	1,070	9%
SFY 2015	996	-7%
SFY 2016	1,249	25%
SFY 2017	1,660	33%
SFY 2018	1,670	1%
SFY 2019	1,831	10%
SFY 2020	1,563	-15%
SFY 2021	1,749	12%

Over the past seven fiscal years, inpatient evaluations and competency restoration services have increased 87 percent. Further, there was a 25 percent increase in inpatient referrals in the course of a single fiscal year, from 2015 to 2016, and another 33 percent increase from fiscal year 2016 to 2017. The table above provides number of referrals statewide and the annual percentage change from fiscal year 2013 through fiscal year 2020.

Data Notes:

- 1) Counts do not include individuals waiting in the community (released from jail on personal recognizance).
- 2) Counts prior to 2018 may include non-competency evaluation referrals due to limitations of ESH data system.
- 3) The table reflects jail status at the date the order was signed or the beginning of an in-jail status change.

SOURCE: Washington State Department of Social and Health Services

10 SRO units or family-sized rooms at Pathway House downtown and an onsite case manager to help residents obtain treatment and other resources by November of this year. The budget includes the cost of 10 rooms at \$500 per room, salary for a case manager, and the cost of office space to be used by FBH outpatient clinicians, prescribers and Trueblood staff for in-person or telehealth services.

FBH currently rents one room from Pioneer to divert individuals who qualify for Trueblood programs (called Trueblood Class Members) from incarceration or expedite their release from jail. FBH also provides intake assessments for outpatient services that can be completed in jail so that upon release an individual has mental health services in place.

“We are so grateful to be a part of this grant

and to have the opportunity to provide permanent supportive housing services for at-risk adults,” Pioneer CEO Karen Lee said. “Partnering with Frontier Behavioral Health and Catholic Charities Eastern Washington, we will work together to assess each resident’s individual needs and ensure they get the support they need to guide them along the path toward living healthy and productive lives.”

Catholic Charities, the second grant partner, will build 24 studio and one-bedroom units as part of a larger affordable housing community on the grounds of the Holy Names campus near Spokane Falls Community College. When the Trueblood units are available in 2022, CCEW case managers will be onsite to help residents access therapy, transportation, legal assistance and other services. Tenants will have access to a community facility and courtyard.

Catholic Charities’ portfolio includes more than 1,400 housing units throughout Eastern Washington dedicated to vulnerable populations. CCEW operates 250 units of permanent supportive housing for people with high needs including mental illness, substance use disorders, physical disabilities, and chronic homelessness, as well as four shelters that provide low-barrier, emergency housing.

“This housing will provide more than just a place to live for its residents. Through our partnership with Frontier Behavioral Health, it will provide a supportive, safe environment for residents to transform their lives,” said Jonathan Mallahan, vice president of housing at CCEW.

Filed in 2014, *Trueblood vs. DSHS* challenged unconstitutional delays in competency evaluation and restoration services for people detained in

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Pioneer Human Service's Phoenix House on East Hartson provides transitional housing (up to six months) for individuals with behavioral health disorders while they work to obtain permanent housing. In addition, Pioneer operates the Carlyle and Pathways, and two Residential Re-entry Centers for justice-involved individuals.

PARTNERS

Frontier Behavioral Health is a mission-driven 501(c)3 nonprofit organization and the largest provider of behavioral healthcare in Eastern Washington, serving more than 7,000 adults and youth each month – about 5,000 of whom are enrolled in outpatient programs. FBH is the lead provider of crisis response services in the region and operates two 16-bed inpatient Evaluation and Treatment facilities and a 16-bed Stabilization unit. www.fbhwa.org

Pioneer Human Services is a nonprofit social enterprise that provides justice-involved individuals an array of treatment, housing and employment services to help people transition into healthy, productive lives. Pioneer currently operates 50 programs across Washington including 9 in Spokane. www.pioneerhumanservices.org

Catholic Charities Eastern Washington serves the most vulnerable individuals and families throughout Eastern Washington by providing emergency and transitional shelter, housing, senior services, immigration legal services, early learning education, counseling and other stabilizing and advocacy programs. www.cceasternwa.org

jails. As part of the settlement agreement, the state must provide competency evaluations within 14 days and competency restoration services within seven days of court orders. Failure to meet the deadlines results in contempt fines, which the court disperses in the form of grants for diversion programs like the housing partnership.

“Through partnerships with many local communities across the state, we’ve been able to make progress in transforming care for individuals who intersect with the criminal justice system in Washington,”



Schweitzer Haven is a 50-unit permanent supportive housing project owned and operated by Catholic Charities Eastern Washington. Onsite services include case management, access to primary healthcare, substance use and behavioral healthcare providers, and peer support. The building is located near Frontier Behavioral Health’s main downtown campus.

said DSHS Secretary Cheryl Strange. “We need to keep moving and help support those communities to make lasting changes for a better system of care in terms of both quality and timely access.”

Eastern Washington is the only region in the state in which one provider – FBH – has all of the Trueblood contracts, which are designed to leverage the services of multiple agencies and systems of care to prevent overuse of intensive resources such as state psychiatric hospitals, emergency rooms and jails.

FBH received its first Trueblood grant in 2019 to develop a co-responder Community Diversion Unit (CDU) with the Spokane Police Department. The CDU pairs officers with mental health professionals to redirect individuals with symptoms of mental illness or substance use disorder away from hospitals and jails and toward community-based resources.

Since the first grant, the co-responder program has expanded to include Spokane County Sheriff’s deputies.

In addition to the co-responder teams, FBH has contracts to provide:

- **Outpatient Competency Restoration** services to individuals who have been charged with misdemeanor and non-violent felony crimes and have been court ordered for restoration. Classes focus on courtroom knowledge and understanding, symptom management, relaxation and coping skills, effective communication with attorneys and other court personnel, and supplemental treatment modules as needed. Since July 2020, eight individuals have been enrolled in the program: three were found competent to stand trial; one was found not competent; three had criminal charges dismissed, and one had a conditional release revoked.

Continued from page 17

- **Forensic Housing and Recovery through Peer Services (FHARPS)** to help Trueblood Class Members obtain or retain permanent supportive housing. Since receiving the contract in March 2020, 119 people have been enrolled in services and 299 have been referred to other community providers as appropriate.
- **Forensic Projects for Assistance in Transition from Homelessness (FPATH)** to help Trueblood Class Members identify, locate and access community resources such as medical care, mental health treatment, and housing. Since March 2020, 262 people have been referred to community services and 106 housing vouchers have been issued for between one and 14 days.
- **Mobile Crisis Response** assessment and intervention services aimed at keeping at-risk individuals in the community with proper supports rather than in hospitals or jails. Since August 2020, the rapid response team has had contact with more than a thousand individuals.

For the latest grant, FBH will use its familiarity with Trueblood populations and its well-

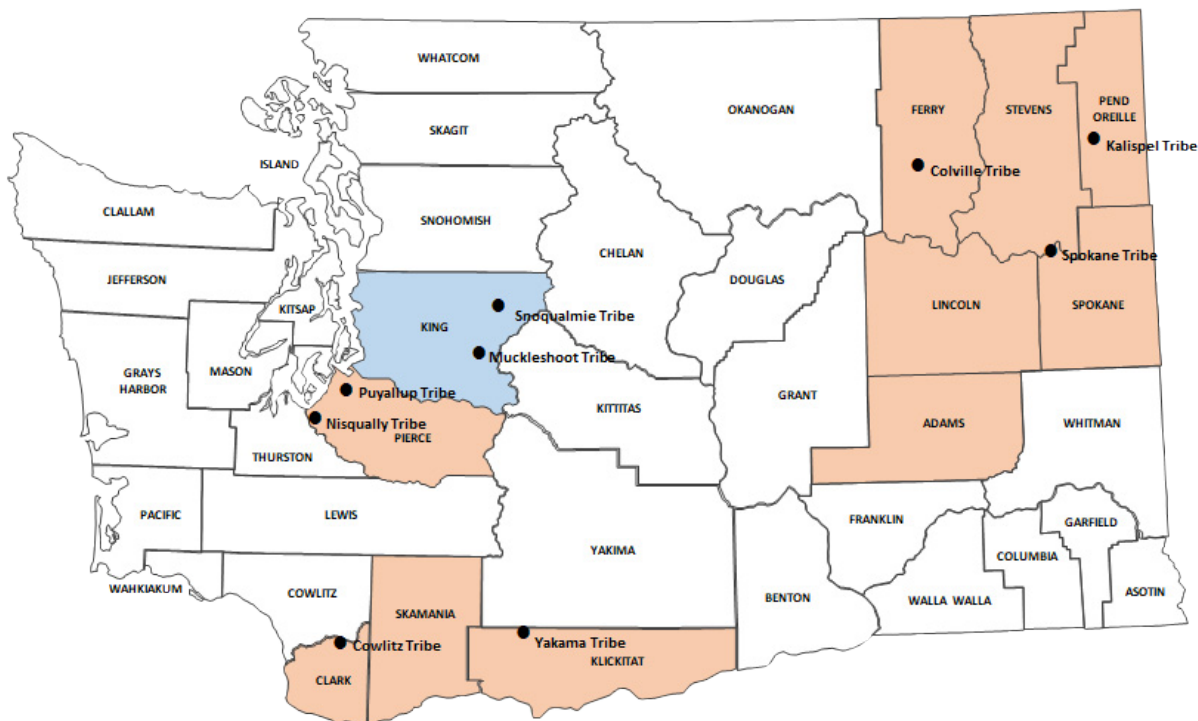
established partnerships with other providers such as Community Court, Spokane Regional Health District, Providence, Multi-Care, CHAS, and law enforcement agencies to access resources and create referral pathways on behalf of Pioneer and CCEW tenants.

In addition, tenants will have access to FBH’s Mobile Crisis Unit, Crisis Response Services, and Mobile Community Assertive Treatment (MCAT) team for 24/7 intervention and stabilization services.

FBH has been a long-time proponent of diverting individuals from institutional settings and the housing grant reflect the importance of that approach, Thomas said: “These efforts are about providing the right care at the right time so individuals can live meaningful lives in their communities.”

Each of FBH’s Trueblood grants have been funded under Phase 1 of the settlement agreement, which ended June 30 and covered Adams, Clark, Ferry, Klickitat, Lincoln, Pend Oreille, Pierce, Skamania, Spokane and Stevens counties.

Work began on July 1 to implement Phase 2 programs in King County. ◉



Under the Trueblood Contempt Settlement Agreement, programs and services are being phased in throughout the state on the following schedule: Pierce, Southwest and Spokane regions (July 1, 2019-June 30, 2021); King County (July 1, 2021-June 30, 2023), and other regions (July 1, 2023-June 30, 2025).

Perfect match: FBH partners with Providence to train psychiatry residents

By Carla T. Savalli

Frontier Behavioral Health is helping train the next generation of psychiatrists through a partnership with Providence Sacred Heart Medical Center.

Nine future psychiatrists are currently completing their clinical rotations at FBH as part of their residency and fellowship programs. Seven are seeing clients in the Child and Family program, one is working with the Intensive Dialectical Behavioral Therapy (IDBT) program, and one is at the inpatient units.

The accredited training programs serve a dual purpose for the agency: the opportunity to mentor new psychiatrists today and influence treatment practices for tomorrow.

“Being a training site amplifies our services,” said FBH Chief Medical Officer Dr. Donald Christman. “Whereas an FBH doctor can see two patients in an hour, they can supervise multiple residents and fellows who are also seeing patients. It broadens the number of people we can treat.”

“These residents and fellows could also potentially be FBH employees one day, so we have a chance to groom the next generation.”

FBH has been a rotation site for the Psychiatry Residency Spokane program since 2015 and the Child and Adolescent Psychiatry Fellowship since July of this year. The agency’s role as a training partner dates to 1993, however, when the University of Washington operated a local residency program. At that time, residents spent their first two years of training in Seattle and their final two years in Spokane, where all outpatient training was offered through FBH. The UW-Spokane program closed in 2013.

Since 2015, FBH has partnered with Providence to provide residents core training in inpatient and child and adolescent psychiatry, and elective training in areas such as crisis response services and IDBT.

What Is a Psychiatrist?

The American Psychiatric Association (APA) defines psychiatry as a branch of medicine focused on the diagnosis, treatment and prevention of mental, emotional and behavioral disorders. A psychiatrist is a medical doctor who specializes in the diagnosis, treatment and prevention of mental health illness, including substance use disorders.

A psychiatrist has earned a medical degree (either M.D. or D.O.) in addition to completing a four-year-residency program in psychiatry and additional specialized fellowship training as applicable. They are board certified by the American Board of Psychiatry and Neurology and must be re-certified by written and oral examination every 10 years.

Psychiatrists practice in a variety of settings including community health centers like Frontier Behavioral Health, clinics, private practices, general and psychiatric hospitals, prisons, military settings and university medical centers. Certification is offered in the following psychiatric specialties:

- Child and adolescent psychiatry
- Geriatric psychiatry
- Forensic (legal) psychiatry
- Addiction psychiatry
- Pain medicine
- Psychosomatic (mind and body) medicine
- Psych/Family Medicine
- Pediatrics/Psychiatry
- Psychiatry/Neurology

SOURCE: American Psychiatric Association

Continued from page19



Dr. John Helsell, left, and second-year resident Dr. Michael Kinney, review a patient chart at the Calispel Evaluation and Treatment facility. "I really love teaching," said Helsell, who has already mentored several Providence psychiatry residents. "I'm always learning every day, but at the same time I really enjoy helping younger physicians with their clinical career development."

Both Providence programs have a reputation for clinical excellence and are designed to meet the specific needs of local and regional communities as well as address healthcare disparities throughout the state, said director Tanya Keeble.

"We are a clinical training program. If you want to have a research career, don't come to Spokane. You want to go to a major academic institution like the University of Washington (which operates the largest residency program in the U.S.)," Keeble said. "We're focused on training general psychiatrists to practice in any setting, who are able to go into any community and make changes that impact the patient and system quickly."

In addition to FBH, the programs' other rotation sites are Eastern State Hospital, Mann-Grandstaff VA Medical Center and Gonzaga University.

More than half of all residents tend to remain in the communities where they complete their postgraduate training, which makes Spokane's residency programs important to the future of the local healthcare system, Keeble said.

Since 2015, 50 percent of residents in the Providence programs took their first jobs in Spokane. The same was true under the UW-operated program: 50 percent of residents stayed in Spokane County and 80 percent stayed in Washington state.

"Over the past five years, psychiatry as a specialty has grown 5 percent each year in terms of students applying," Keeble said. In fact, the specialty has become so competitive that 700 medical school graduates applied for Spokane residency positions and only four were accepted for the 2020-21 academic year.

Nationwide, 1,537 U.S. senior medical school

graduates matched into psychiatry residencies – up from 1,473 in 2020, according to the American Psychiatric Association (APA).

“Psychiatry is clearly becoming more popular with medical school graduates and that is certainly welcome news given the enormous unmet psychiatric need today, especially in the wake of the COVID-19 pandemic,” said APA Director of Education Tristan Gorrindo. “Medical students today recognize psychiatry as the medical specialty that integrates mind, brain, and body.”

The concept that mental health and physical health are related has become so ingrained that it is a common theme in the personal statements medical school graduates submit with their applications for residency, according to Michael Travis, M.D., president of the American Association of Directors of Psychiatric Residency Training.

“I think it represents a recognition that

psychiatry is both a holistic and a lifetime specialty. We have opportunities to coordinate all parts of our patients’ care and do this across our patients’ life span,” said Travis.

For her part, Keeble said she has heard that psychiatry is popular because “It’s the last remaining place where you get to spend time with patients.”

The term ‘residency’ dates to the late 1800s, when medical school graduates used to reside in the hospitals where they received supervised training.

Today, residents live throughout their local communities, taking advantage of recreational activities and amenities like locals, not tourists. Still, most of their time is spent working and learning.

Dr. Cedar Neary, one of two first-year child and adolescent fellows at FBH, was drawn to psychiatry early in medical school.

“I knew in my second year at the University

Workforce Shortage

While psychiatric residencies are on the increase, there is still a significant shortage of working psychiatrists, which the nation’s leading physician search and consulting firm Merritt Hawkins links to several factors including an increased demand for services and uneven geographic distribution.

“The current supply of psychiatrists in the U.S. is not in balance with the growing demand for psychiatric services. There are currently approximately 30,451 psychiatrists in active patient care in the U.S., of whom 59 percent are 55 years of age or older, and a wave of retirements in the specialty is imminent.”

Moreover, the psychiatric workforce is unevenly distributed geographically, according to the search firm: “Seventy-seven percent of counties are underserved, and 55 percent of states have a ‘serious shortage’ of child and adolescent psychiatry.” And even where there are adequate ratios of psychiatrists in urban and suburban areas, there is still a shortage of psychiatrists who work in inpatient and outpatient facilities compared with cash-only private practice.”

The University of Michigan Behavioral Health Workforce Research Center estimates that the shortage of psychiatrists will worsen by 2025, particularly as demand for services increases in the subspecialties of child and adolescent psychiatry, geriatric psychiatry, and addiction psychiatry.

To correct the maldistribution of psychiatric providers, the center’s researchers recommend:

- Developing/bolstering programs that recruit/incentivize providers to practice in underserved areas,
- Strengthening ties between psychiatric residency programs and rural practice sites to encourage new psychiatrists to later practice in those sites, and
- Removing barriers that prevent telepsychiatry services in rural areas.

SOURCES: Merritt Hawkins, University of Michigan Behavioral Health Workforce Research Center

Continued from page 21

of Washington that I wanted to do psychiatry. It's so much more comprehensive than just the medical aspect of medicine. Working with children and adolescents gives me a chance to intervene early in a situation before problems fester."

Yet, it can be heartbreaking work: "In my time here, I've seen a lot of psychosocial stressors and unstable home situations that also put stress on parents and other family members."

For Dr. Hazel Brogdon, the other first-year fellow, the seed for psychiatry was also planted early, when she worked in suicide prevention at the Alaska Native Tribal Health Consortium prior to medical school.

"I had an amazing opportunity to work with a native elder and traditional healer, Dr. Rita Blumenstein, who told me that I would be a 'mental, spiritual, and physical healer.' She said, 'It might not make sense now, but it will later.'

"As I completed my clinical rotations in medical school, this message resonated with me as I completed my psychiatry rotation as it was our job to look at patients holistically."

Brogdon said she is specializing in child and adolescent psychiatry because she enjoys working with youth and their families. "We get more time in psychiatry to know our patients and their stories. We also have the opportunity to be a stable support figure in their lives, which can mean a lot to someone who hasn't had a bit of stability in their life."

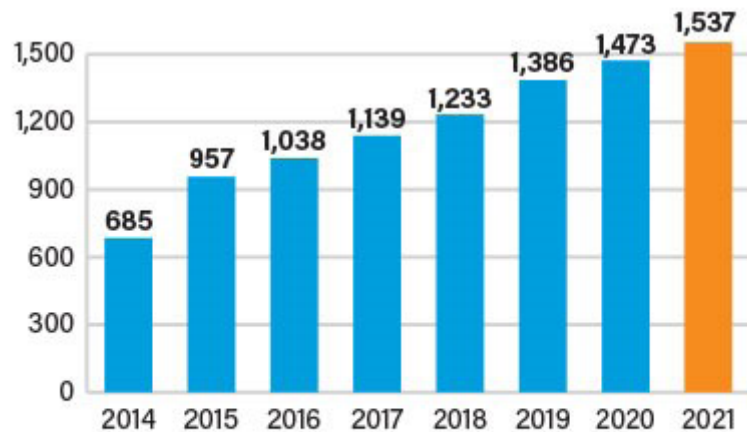
Brogdon and Neary are supervised at FBH by Drs. Katie Kist and Ned Atwood, who are board certified child and adolescent psychiatrists.

Both Kist and Atwood said they felt a special calling to work with youth early on in their careers, and both also feel a special responsibility as educators.

"Teaching was a big reason I came to FBH," Atwood said. "It keeps me on my toes and forces me to be reflective about what I'm doing and why. It prompts me to be a better psychiatrist. If

Another Year of Good News For Psychiatry

The number of U.S. allopathic and osteopathic seniors choosing to enter psychiatry rose to 1,537 this year (1,205 allopathic; 332 osteopathic), joined by 367 international medical graduates and other applicants. Psychiatry's numbers have been climbing steadily for over a decade.



Source: National Resident Matching Program, 2021

we want to have any sort of ground to stand on in being considered a community leader, then involvement in teaching is part of that. Residency is how we shape what psychiatry will look like in the next decade."

Kist said she decided to pursue psychiatry during her surgical rotation: "I realized there were people who might have been in a better place if their mental health issues had been addressed and that got me thinking. Child psychiatry is also about working with families, so you need to align with both but explain things at two different levels. There's much more social involvement in this field."

Whereas child and adolescent psychiatry in outpatient settings is focused on longer-term treatment, inpatient psychiatry is centered on short-term acute care for people in crisis.

For the next month, Dr. Michael Kinney will be a junior attending to Dr. Helsell at FBH's inpatient units. Kinney, a second-year resident who went to medical school at the University of Washington,

will have significant responsibility for the assessment, diagnosis, and treatment of general psychiatric patients who need to regain stability before returning to their communities.

Initially, Kinney thought he would practice emergency medicine until he encountered patients with mental health and substance use disorders, many of whom seemed marginalized by the healthcare system.

“They were not being cared for in the way that I would want to be cared for, so that was the call to action for me in terms of practicing psychiatry,” Kinney said. He is also drawn to what he and Dr. Helsell call the “illness narrative” – the life story of a patient, which is critical to understanding mental illness.

“The polar opposite of that would be in surgical rounding where the doctor wakes you up, asks if you’re in pain or having trouble with your bowel movements and then is out the door,” Kinney said. “Psychiatry is about understanding the whole person.”

Helsell, previously the child and adolescent attending for the inpatient units at Kootenai Health in Coeur d’Alene, said he considers residency the “last great apprenticeship.”

“We don’t really learn from books but from other humans,” he said. “Residency is about figuring out your specialty within a specific branch of medicine. It’s about getting an opportunity to see a variety of complex patients outside the academic setting.”

“There are not a lot of psychiatry residencies available in the U.S., so this is a meaningful opportunity,” Helsell continued. “Residents get a chance to practice more independently and to take responsibility for the care of their patients.”

Although the Spokane residency programs are sponsored by

Providence, they are also affiliated with the University of Washington and Washington State University medical schools, which means all faculty have adjunct teaching status and the ability to access medical libraries and current research, which benefits both residents and potential FBH hires.

“Having a local residency program benefits FBH because it improves the ability to recruit professionals and it creates an academic culture which enhances patient care,” Keeble said. “It’s been an incredibly collaborative relationship with FBH. Our residents get to work with a diverse set of psychiatrists which will benefit them in their careers.” ◉

A Physician by Any Other Name

- **Medical student.** A medical student is a college graduate with a minimum of a four-year degree in a science-related field who is studying and learning for four more years to earn a medical degree. Medical students study the art and science of medicine in the classroom while receiving experience in hospitals and clinics providing patient care. They are closely supervised by residents and attending physicians.
- **Resident.** A resident is a physician who has completed medical school, has a degree in medicine and is receiving further training in a chosen specialized medical field. Residents practice medicine under the supervision of fully credentialed attending physicians. They can practice in a hospital or a clinic. An “intern” is a physician in their first year of residency after graduating from medical school. Medical school graduates submit applications through the National Resident Matching Program (also called The Match), a process that matches them to open postgraduate residency programs.
- **Fellow.** A fellow is a physician who is undergoing advanced sub-specialty training and has already completed residency training and medical school. Fellows are fully accredited and can serve as attending physicians in the general medical field in which they were primarily trained while training in a subspecialty area.
- **Attending.** An attending physician has completed medical school and all residency training and is board certified or eligible in their specialty. Attendings supervise all the care delivered by a medical team.

SOURCE. Albany Medical College

In the NEWS

Health Home program expands

Frontier Behavioral Health is one of several providers participating in a statewide pilot project to connect rural residents with Health Home care coordination services virtually.

The six-month pilot will target individuals receiving Medicaid services through Molina and who are challenged by chronic health conditions, lack of local resources, and long-distance travel. Care coordinators will connect with them telephonically or via Zoom to provide comprehensive care management; individual and family support services; referrals to other providers; transitional planning from hospitals and inpatient settings, and assistance with developing personalized Health Action Plans.

FBH has offered in-person Health Home care coordination services to adults and youth in Spokane County since 2014 but has not expanded into rural areas due to logistical challenges, said Chief Administrative Officer Kelli Miller.

“Our coordinators conduct in-person home visits once a month with each client. They also spend a fair amount of time on the phone with physicians, insurers and other providers, which makes it difficult to travel long distances,” Miller said.

“But with this pilot project, we have the opportunity to leverage technology to serve more people. What we learned during COVID-19 restrictions is that it doesn’t necessarily take someone sitting next to you to provide help, but someone who understands systems of care and who is able to remove the barriers that keep you from achieving your health goals.”

FBH care coordinator Alana Nelson, who has been with the agency since November

2016, volunteered for the pilot and will work virtually with clients in Adams, Kittitas and Lincoln counties.

Washington is one of 21 states and the District of Columbia to offer a Medicaid Health Home program, which is designed to reduce overall healthcare costs among high-need populations with multiple chronic conditions including asthma, diabetes, heart disease and obesity. Although programs vary by state, almost all Health Home programs include individuals with mental illness or substance use disorders.

FBH currently provides care coordination services for the following state Medicaid plans: Molina, Amerigroup and Community Health Plan of Washington.

FBH to offer onsite blood draws

Providence Sacred Heart Medical Center will begin providing mobile blood draws for lab work starting this month at Frontier Behavioral Health’s Mary Higgins location.

FBH clients receiving outpatient medication management services will be able to have their blood drawn onsite Monday through Friday at their convenience or after meeting with their prescriber.

“Onsite laboratory testing reduces logistical barriers for our patients, and it will likely improve their compliance with lab testing,” said FBH Chief Medical Officer Dr. Donald Christman. “Improved compliance puts the treatment team in a better position to identify issues earlier, which often involves referring patients to necessary medical evaluation and treatment.”

In behavioral healthcare settings, lab work is typically ordered to screen for general medical conditions, to establish baseline health data before prescribing medication, and to monitor potential side effects.

Providence has been providing onsite blood draws at FBH’s inpatient units three days a week since July.

State funds second PACT team

Frontier Behavioral Health will establish a second PACT team for high-risk individuals with funding approved by the state Legislature.

PACT – Program for Assertive Community Treatment – delivers the highest level of care an

individual can receive in an outpatient setting. Often called a ‘hospital without walls,’ the program offers around-the-clock outreach and medication delivery to clients in their homes. To be eligible, clients must have a diagnosis of schizophrenia, schizoaffective disorder or bipolar disorder with psychosis – all considered severe mental illnesses that are episodic in nature.

FBH already operates one PACT team, which is housed on North Foothills Drive. The second PACT team will be located in the west wing of FBH’s East Sprague building.

Evidence-based PACT services are considered a cost-effective way to reduce hospital admissions, emergency room visits, and incarceration for people with serious mental illness. Treatment teams typically consist of a psychiatric prescriber, registered nurses, master’s level clinicians, substance use disorder professionals, vocational and housing experts, and peer support specialists.

There are currently 14 PACT teams in the state: 10 full teams and four half teams that serve about 1,200 individuals statewide, according to the Health Care Authority. Based on research data from the University of Washington, there are possibly 3,400 people in the state who could benefit from PACT services.

To bridge the gap, the Legislature appropriated additional dollars to increase capacity, part of Gov. Jay Inslee’s plan to serve people with mental health issues in their communities rather than state psychiatric hospitals.

FASST program adds clinicians

Frontier Behavioral Health is adding four clinicians to its FASST program in the Central Valley School District to meet increased demand for onsite services and resources.

FASST (Families and Schools Succeeding Together) clinicians provide mental health services to students, K-12, and their families in each of the district’s schools. Services include individual counseling, assessments and referrals, anger management and social skills training, crisis intervention, parent support, and family counseling.

The new clinicians will join six existing FASST clinicians who split their time between CV and the East Valley School District.

FBH will also have a presence in the newly completed Central Valley Student and Family Engagement Center, a community hub that serves the social, emotional, academic, medical, mental health and nutritional needs of students and families in the district.

The engagement center and FBH’s expansion of the FASST program reflect an increasing need for onsite services for youth and their families in the CV district, said FBH outpatient clinical director Suzie Johnson. “The district currently has Boys and Girls Club and social services at its SAFE center. They are hoping to provide additional services such as a technology center, healthcare resources, parenting classes and clothing and food banks.”

FASST services, which are funded in part by Spokane County United Way, are provided at school sites during the school day and, at times, after school hours, Johnson said. Without FASST operating in the schools, many students would be unable to access mental health services, leaving them in jeopardy of dropping out or struggling with depression, anxiety, trauma and other disruptive conditions.

Services in both the CV and East Valley districts can be accessed by contacting each building’s principal, school counselors or FASST clinicians.

Overdoses kill record number

More than 93,000 people died of a drug overdose in the U.S. last year – a record number that reflects a rise of nearly 30 percent from 2019, according to the Centers for Disease Control and Prevention. Officials said the increase was driven by the lethal prevalence of fentanyl as well as pandemic-related stressors and problems in accessing care.

The data is provisional as states are still reporting their tallies to the CDC’s National Center for Health Statistics.

Ten states are predicted to have at least a 40 percent rise in drug overdose deaths from the previous 12-month span, according to CDC data: Vermont, Kentucky, South Carolina, West Virginia, Louisiana, California, Tennessee, Nebraska, Arkansas and Virginia.

Drug overdoses accounted for roughly one-quarter as many deaths as COVID-19 did in 2020. ●

Psychiatry Insights

DR. CHRISTMAN

Donald Christman, M.D., is Chief Medical Officer for Frontier Behavioral Health and Clinical Instructor at University of Washington, School of Medicine, Department of Psychiatry and Behavioral Sciences. Dr. Christman completed medical school at Georgetown University School of Medicine and psychiatry residency training at University of Texas Health Science Center at San Antonio. He is board-certified by the American Board of Psychiatry and Neurology in General Psychiatry.



Although opioid misuse and overdoses garner much more media attention, benzodiazepines (BZDs) remain a substantial risk to both personal and public health.

BZDs are classified by the Drug Enforcement Administration as Schedule IV controlled substances, indicating a lower potential for abuse and dependence compared to opioids. However, in September 2020, the Federal Drug Administration required a warning to be added to all BZD labels to “address the serious risks of abuse, addiction, physical dependence, and withdrawal reactions.”¹

Some well-known BZDs are Xanax, Valium, Klonopin, and Ativan. Possibly less well known is the infamous date-rape drug Rohypnol (“Roofies”). While illegal in the United States, Rohypnol is legally prescribed in Mexico, Japan, and other countries.

While BZDs can be very clinically useful as a class of medications that can reduce anxiety, mitigate insomnia, abort seizures, provide anesthesia, cure catatonia, manage alcohol withdrawal, and cause muscle relaxation, the risks might not always justify the benefits of the prescription.

Even when taken as prescribed, BZDs can increase the risk of fatal and non-fatal motor vehicle accidents² as well as suicide attempts and

suicides.³ BZDs are associated with falls leading to bone fractures in older adults.² Routine BZD use in patients of any age can result in physical dependence, which carries the risk of seizures in the setting of abrupt cessation of use.

BZDs are contraindicated (should not be used) for PTSD because they can worsen the clinical course of the illness. Other more common consequences of BZDs are drowsiness, lack of muscle control, dizziness, fatigue, depression, memory impairment, slurred speech, cognitive dysfunction and confusion, mood swings, and sexual dysfunction.

Finally, when prescribed during pregnancy, BZDs are associated with spontaneous abortions and low birth weight and can cause toxicity and withdrawal symptoms in newborns.⁴

The aforementioned risks of BZDs are only amplified when they are misused, something that approximately 6 million Americans do.⁵ It is possible that BZD misuse is on the rise since “benzodiazepine-related overdose deaths increased by more than 400 percent from 1996 to 2013...and emergency department visits for benzodiazepines increased by more than 300 percent from 2004 to 2011.”⁵ Newly released data from the CDC paints a similar picture with a nearly 43 percent increase in BZD deaths from April-June 2019 to April-June 2020.⁸

Despite BZDs being contraindicated in patients

on opioids, the “proportion of people with an opioid analgesic prescription who were also prescribed a benzodiazepine increased 41 percent from 2002 to 2014.”⁵ It is thought that “the use and misuse of benzodiazepines has contributed substantially to the current opioid overdose epidemic, with benzodiazepines involved in nearly 30 percent of opioid overdose deaths in 2015.”⁵ This is troubling news at a time when the Centers for Disease Control and Prevention has reported “an acceleration of overdose deaths during the pandemic,” with “the highest number of overdose deaths ever recorded in a 12-month period” from June 2019 to May 2020, i.e., 81,000 opioid overdose deaths.⁶

Since they can have significant benefits, but very real risks, you may be asking, ‘So what do we do about BZDs in 2021?’ Here are my thoughts:

Patients:

- If you are not on a BZD and it is offered to you by a provider, have a very thorough discussion of the risks, benefits, side effects, and alternatives for treatment. Don’t be afraid to get a second opinion. If you do decide to start a BZD, consider thinking of it like having a cast for a fracture – a temporary measure only. You can also develop a plan with your provider for discontinuation of the BZD before you even start taking it.
- If you are on a BZD and are starting to have second thoughts, don’t stop it abruptly. Consult with your prescriber about the risks and benefits of safely tapering off.

Providers:

- I think the conclusions from a 2018 review

article put it best:

“Overwhelming evidence for or against the use of BZDs is lacking for most psychiatric disorders. What is known is the potential for rapid anxiolysis and sedation with these medications, thorough long-term, outcome-based studies are needed. The potential for abuse and addiction is high with BZDs and should be a consideration each time they are prescribed.”

“Due to the lack of evidence of efficacy and presence of evidence of many risks, BZD prescription is only recommended in severe, disabling anxiety or insomnia. Until questions about long-term BZD use are satisfactorily addressed, the wise prescriber will limit his prescriptions in number to patients who are severely anxious or insomniac; in dosage to the lowest effective; and in duration to a few weeks rather than months or years.”

“Long-term BZD use has no efficacy and significant harm. The risk/benefit ratio of these drugs becomes less favorable or even adverse as treatment becomes prolonged: Efficacy wanes and risks accumulate.”

“Risks include dependence, withdrawal, chronic subtle toxicity and the interference with the underlying psychopathology.”

“Their greatest asset is also their greatest liability: Drugs that work immediately tend to be addictive. Without strong evidence of efficacy and with significant evidence of risks, a variety of evidence-based treatments should be considered prior to initiating BZD trials.”⁷ ○

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24/7 Regional Crisis Line: 1.877.266.1818 | fbhwa.org