Alliance Evaluation and Treatment Facility

Hello, I would like to tell you about my experience working as a Registered Nurse for the Alliance Evaluation and Treatment Facility, administered through North East Washington Counseling Services, hereafter referred to as NEWACS. But first, I would like to say that everyone I know acknowledges the fact that behavioral health and addiction services are needed. We all know someone struggling with their mental health, and we have compassion and love for them. But, we may have differing views on what is actually effective and beneficial for both the person struggling, and for our local communities. My reason for writing is to inform you about what I have witnessed firsthand.

I began my employment with the Evaluation and Treatment Center (E&T) in January of 2017, about 6 months after its initial opening. This treatment facility is a 16 bed 'locked' facility. This means that clients cannot leave the facility on their own volition. The "Crisis House", also administered through NEWACS, is a separate facility. It is sometimes used as a Step-Down facility for the E&T. I did not work there, and so my comments are directly related to the E&T. During my nearly 7 years of employment as a Registered Nurse at the E&T, I carried out the duties of a Charge Nurse and an Admissions Nurse.

As an Admissions Nurse, I facilitated admissions to the unit from a wide range of sources. Mainly, our admissions were from emergency rooms across the state, where the patients were 'detained' which means they were legally held by the State for various mental health conditions. Occasionally, our local ER, or Sheriff would receive someone in a mental health crisis, and after detaining them, we would admit them into the E&T. We gave local patients first priority, but I must tell you that the majority of patients came from outside of our local area of Stevens, Ferry, and Pend Oreille counties. We never had all 16 beds filled exclusively with local patients while I was there. Spokane clients provided the bulk of our admissions, with occasional clients from as far away as Clark, Yakima, Walla Walla, Okanogan, and Asotin counties, to name a few. The criterion for admission included: The patient must have a psychiatric diagnosis, they must have been out of restraints for at least 24 hours and be willing to take medications, they must be medically stable, and they must have a means to pay, which was almost exclusively through Medicaid. There was no requirement for patients to be from our local tri-county area. If we were at capacity and received a request to admit a local client – they were transported elsewhere. We did not keep 1 or 2 beds open and available for "locals only". In fact, there were occasions where I was encouraged to "fill the beds" with marginally appropriate patients because of the unwritten understanding that we needed 12 or more clients at any given time to cover the operating costs of the facility. So, to say that we need additional facilities of this nature is untrue. We have more than enough acute care mental health beds to cover our local area, and then some, in my opinion.

I would also like to share my experience regarding staffing. As a charge nurse, it was my responsibility to ensure that we had adequate staff for day to day functions at the E&T. We had trouble meeting this objective regularly. To address a staff shortage, we would sometimes employ the help of ancillary office staff, in addition to having technicians and nurses 'cover' the duties of absent members of the team. This happened when on-call staff wasn't available, full time employees did not want to work overtime, or we just plain didn't have enough nurses or technicians to cover a shift. I am also including the "sharing" of personnel to cover absences at the Crisis House and vice versa. There were occasions where

we needed to "cap" or hold admissions during times of inadequate staffing, and/or when we had very high acuity on the unit. Several of our full time registered nurses lived in Spokane and traveled daily. We even had 1 RN who traveled from Montana for her shifts, and returned home during her off days. I understand that Mt Carmel hospital frequently employs traveling staff also. So, to plan for, and then build, more behavioral health facilities (as is being proposed) without accounting for the lack of qualified people to staff them, is irresponsible.

Another glaring problem with facilities of this nature is the need for security. For various reasons, people struggling with homelessness, mental health issues, and addiction problems present an additional risk for crime. We had no dedicated security personnel at the E&T. The normal response to someone getting agitated or aggressive was to use staff to talk to and redirect the patient. When de-escalation techniques were ineffective, staff was expected to physically intervene to keep themselves and other patients safe. This included removal of the patient from the general population, and/or physical restraint. Many times on night shift, the staff was comprised of 2 older women nurses and 2-3 younger women technicians. You can imagine the need for security when you have the possibility of 1 or more agitated, angry, and potentially violent patients pacing the halls at night. Police support was called upon when the situation was clearly unmanageable. There have been injuries to both staff and patients - ranging from bruises, scratches, and bites, to head concussions. I can tell you that safety issues were a big concern for me and my staff during my time at the E&T, and I voiced my concern repeatedly.

In Summary; I believe that the State is attempting to disperse the homeless and mentally ill population from the large metropolitan areas to our small cities and towns. Our small cities and towns are being deceived and rushed into compliance by State directives, outside legal counsel, and large sums of Grant money. In fact, Inslee openly states that they are intentionally redistributing the care and financial burden of patients currently in Eastern and Western State hospitals to smaller, community-based facilities. (Washington State Department of Commerce, October 15, 2020) Crime and safety issues do follow this population group, and our commissioners and officials need to recognize and plan for the safety and well being of the surrounding communities. A Moratorium is needed to address these concerns and many others. I implore my city and county official to examine the cost verses benefits analysis for every proposed facility, to examine the facts, to hear the concerns of your constituents, and to create ordinances that protect and serve our local community. Beware of potential "bait and switch" proposals, like what appears to have happened in Chewelah. And lastly, I encourage you to be discerning. There are many voices out there - some of them are driven by money, and some of them are serving a larger political agenda or their own self interests.

Sincerely,

Kathleen Stone RN

November 3, 2024

"So then, be careful how you walk, not as unwise people but as wise" Eph. 5:15.

First, I want to say that everyone here is concerned about those struggling with mental health issues, drug and alcohol addictions, and the homeless. We all care about our communities, kids, and property. No one is on a "side". There are many opinions on how to best help others, while not enabling or encouraging them in destructive behaviors. So going forth, please be aware that having a different opinion does not mean that you are heartless, a fear monger, or any other name that is thrown at you in an attempt to silence you.

As a precinct committee officer for Meyers Falls district 1, I encourage you to vote. If you are not registered to vote, there is still time. We have voter registration forms in the back. You can also register online. These need to be received by October 28. You can also register in person right up until Election Day.