One of the reasons we retained Comprehensive as a part of our new name during our recent re-branding was to continue to reflect the breadth of our mission and our service array. Comprehensive Healthcare focuses on providing a very broad continuum of services so that we can not only meet the needs of individuals and families but those of the broader communities we serve. Just as we have long known that mental and physical health are very closely linked, we know that the health of individuals and families is linked to that of the community.

This issue of Pathways focuses on some of the “I didn’t know they did that” programs our organization offers. These include coordination with law enforcement to aide in the safety of our communities, residential services for a wide range of individual needs, community education programs to help prevent individual and community problems and support for responding to community disasters big and small.

These programs might surprise you. They are small gems that make our region stand out as they are often not found in other parts of our state and nation. The good news is that, due to support in our communities, a number of these programs are offered for free or for very low cost.

We have some amazing people delivering these unique programs. I hope you will think so too. If your interest is piqued feel free to reach out to us to find out more.
STATE Chooses Comprehensive
Jim Pinnell, Comprehensive Community Education Coordinator, is part of the CIT training team. He says it was easy for the state to select Comprehensive as the training agency for Eastern Washington. “Because we have Ed Thornbrugh and Ken Irwin,” said Pinnell. “Ed has over 10 years of experience with this training in many of the markets Comprehensive serves. And Ken is the former Sheriff of Yakima County. Ken’s reputation in law enforcement circles combined with Ed’s program experience and Comprehensive’s history of providing outreach services to communities throughout the region made us an easy choice to implement CIT training.”

Ken Irwin came to Comprehensive with over 40 years of law enforcement experience. He explains, “I was brought into a perfect situation. I knew first-hand about the challenges involved and how we could beef-up the curriculum to be even better. We added elements to inform cops how interaction between clinicians and officers should work.”

FOUR-PART TRAINING CURRICULUM
The training is broken down into four areas:

1. NAMI – National Alliance on Mental Illness
NAMI provides a volunteer presenter who has a history of mental illness or drug abuse. Officers hear first-hand from someone who lives with mental health or addiction issues. Hearing the whole story gives them a better perspective.

2. Basics
Officers receive de-escalation training - how to avoid escalation and de-escalate a situation safely. They are also trained in suicide recognition and intervention.

3. Interface
Officers learn how the mental health system interfaces with the criminal justice system. They learn about programs that are alternatives to jail.

4. Signs & Symptoms
This section teaches officers how to recognize mental illness. Improved awareness can trigger a different response from officers and a different use of resources.

Ken Irwin explains how CIT techniques benefit officers in a crisis situation. “Officers are taught to slow things down. It’s always an officer safety first mentality, but once that is achieved, maybe taking another 20 minutes will identify someone who actually needs health services. The officer can start that process, maybe keep the person out of jail and get them services that can help them long term.”

Jim Pinnell adds, “Everyone knows the mentally ill do not do well in jail. Plus, it’s expensive and disruptive to use jails for the mentally ill. So we talk about alternatives. In that regard, we are kind of ahead of the curve in our area.”

IMPROVING RELATIONSHIPS
“CIT is where we added to the training from the state,” says Irwin. “Officers and Designated Mental Health Professionals (DMHPs) are brought together to hear each other explain why they do what they do. The whole point is to understand each other better. Sometimes police hear from the people they actually call during a crisis.”

“It is one of the most valuable parts of the training,” adds Pinnell. “A conversation is encouraged between DMHPs and officers. At this point the education goes way beyond PowerPoint slides and gets to real world questions. It overcomes the ‘us versus them’ mentality.”

TRAINING TAKEAWAYS
When asked what they consider most valuable CIT trainings

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<thead>
<tr>
<th>Year</th>
<th>Law Enforcement Personnel</th>
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<tbody>
<tr>
<td>2015</td>
<td>Yakima 215, Walla Walla 100, Grand Total 315</td>
</tr>
<tr>
<td>2016</td>
<td>Goldendale 22, White Salmon 30, Kennewick 86, Grandview 41, Toppenish 30, Pasco 167, Ellensburg 87, Okanogan 45, Pomeroy 52, Grand Total 563</td>
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CIT Trainings

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<tr>
<th>State</th>
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<tr>
<td>Yakima</td>
<td>215</td>
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<tr>
<td>Walla Walla</td>
<td>100</td>
</tr>
<tr>
<td>Grand Total</td>
<td>315</td>
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Sgt. Dave Cortez, Yakima Police Department

CIT training has helped me understand better what I’m dealing with sometimes. It’s taught me how to slow things down and sort out whether or not to call in mental health help.
about CIT training, Irwin and Pinnell echo each other. “It creates tremendous relationship building between providers, like Comprehensive, and police – that has to be good for the community,” says Pinnell. “As a former cop and administrator for 42 years, this program heightens awareness and understanding,” offers Irwin. “And the outcome is better service for our communities. This training has been described by many officers as some of the best they’ve ever had. Because it has applications not only in their job, but in their day-to-day lives.”

WHAT’S NEXT?
Comprehensive has trained 868 law enforcement personnel in less than a year. The next step is a 40-hour training hosted by the Yakima Police Department. This will be a true team training that allows more scenario simulations, more interaction with psychiatrists and hospital personnel, and more one-on-one with those in treatment.

Meet Dr. Frank Garner
Comprehensive Healthcare Medical Director

The typical American story is you grow up, go to school, work 30 – 40 years and retire to enjoy the fruits of your labor, right? Not so much for Comprehensive Healthcare Medical Director, Dr. Frank Garner. After doing all the above, he was restless. So, when a friend suggested that he contact Jack Maris, a Vice-President at Comprehensive, about an opening as Chief of Psychiatry for Two Rivers Landing (Comprehensive’s youth evaluation & treatment facility) he made the call, followed by a visit, ending with a job offer – which he took, willingly.

Not long after, when the Medical Director position opened at Comprehensive, he was invited once again to step in, and he agreed with the expectation that this would be “only for a few months.” That was a year ago.

Today Dr. Garner wears several different hats at Comprehensive Healthcare. As Medical Director he supervises everyone who writes a prescription. He helps out with the nurses as Director of Nursing (that will change soon, he says) and does work on many different committees to streamline and coordinate areas of care. “We have a great group of providers here,” says Garner. “Without them I couldn’t do this, people are happy, like their jobs and they’re fun to work with.”

Growing Up
Frank Garner was born and raised in a small farming community in southern Idaho. The family was poor and Frank knew early on that higher education was going to be his ticket out. He did undergraduate studies at Albertson College double majoring in music and science. A partial hearing loss in one ear ruled out music and made science the focus. Medical school followed at what is now, Drexel University in Philadelphia. For someone whose first airplane flight happened at age 21, seeing real poverty and drug addiction first hand was a serious culture shock.

Course Correction
His initial attraction was to pediatrics. By the time he reached his junior year, he realized that “how people reacted to their illness was the most interesting part of medicine to me”. That’s when it hit him, “Oh no, it’s going to be psychiatry.” Actually it was a wonderful realization because "from the time I was a kid, people have found it easy to talk to me about what's going on with them," Frank says.

He did his Residency at the University of Utah
Medical School, followed by a year-long stint with the Veteran's Administration in outpatient services. The LDS Hospital in Salt Lake reached out and asked him to direct a new inpatient adolescent program when he was just 30 years old. In 1985 Dr. Garner started a private practice in Corvallis, Oregon where they stayed until his son was well into high school. Then they went north to Longview, WA in 1998 to finish his career and Dr. Garner officially retired in 2009, or so he thought.

Retirement Just Not Right

“The thing about retirement for me was, I missed the stimulation, I missed the challenge and mostly the working with people – I love working with people,” he explains. “So, when I learned about the job at Comprehensive, the timing was perfect. And the visit to Yakima sealed it. I liked the staff and Jack so much. I found the cultural diversity of the population interesting. I liked the trauma conscious philosophy. I found Comprehensive leadership to be visionary and forward thinking. Honestly, under Rick Weaver’s guidance this agency had become a first class medical facility. I mean, what was not to like?”

Medical System Evolution

If you want a rise out of Dr. Garner, ask him about the future of healthcare and Comprehensive’s role in it. “Medicine has chopped itself into small entities with a lot of disconnects in the system,” he says. “Comprehensive and other leaders in the healthcare system are moving toward a more integrated approach – a more consultative role rather than just on-site services. That involves outreach. We are now educating and reaching out to schools, primary care offices and medical schools. It means looking at healthcare as healthcare rather than sick care. Healthcare is about keeping people out of the river, not just treating them after we pull them out. We are evolving towards a more holistic approach, dealing with health as it relates to physical, mental and spiritual life. I see us and the whole healthcare system moving in that direction,” he explains.

On the Personal Side

When asked what keeps him going, Dr. Garner replies, “Medicine requires a person to be a life-long learner, an eternal student,” he says. “Probably the best things I have learned have come from my patients. They bring their experiences, interests and intellect to you. If you have a ballerina as a patient you will learn all about ballet. They are just fascinating.”

Ask what keeps him busy outside the office and he rattles off a comprehensive list of interests and family activities. “I have three boys and four grandkids,” he offers proudly, “they are my first priority. I’ll ski if I can do it with my kids. I still like to take the grandkids fishing. On my own, I have always loved music, I still play piano and attend live theatre as much as I can. I love working in my yard, I like photography, I don’t like exercise but I do like the results. I learned carpentry from my father – so I like rebuilding and refinishing furniture.”

But even a recounting of personal interests doesn’t stray far from his vocation. “Keeping up is really important,” he explains. “I need to read. I am intrigued by physiology and the nutritional aspects of medicine – cultural changes could prevent so many of the issues we see.”

All about Attitude

For Dr. Garner, it all boils down to optimism. “I believe attitudes make a huge difference in how things turn out. I try to be positive with staff and clients. How you go about addressing challenges is at least as important as what you do.”

“I am so lucky, so fortunate to have opportunities occur for me. People have been so generous to me – I was just a poor kid picking potatoes in Jerome, Idaho and all these opportunities came my way.”

Comprehensive Healthcare provides Critical Incident Stress Debriefings. These are group discussions led by a trained facilitator about a potentially traumatic or troubling incident. Accidental death or suicide at work or school are examples of incidents addressed by our facilitators.

Strong Families is a parent training program offered at no charge to parents and other caregivers with children aged 3 to 18. For more info contact strongfam@comphc.org or call 509-575-4084.

Children Cope with Divorce. It helps parents understand the impacts of divorce from the perspective of children and offers skills to help children cope.
Shawna Stoneking is Comprehensive Healthcare’s Director of Residential Services and Richard Caverson is a Comprehensive Case Manager. We sat down with both of them to get an overview of Comprehensive’s residential programs.

Q. It might surprise people to learn that Comprehensive Healthcare operates residential programs. Can you describe the scope of services offered in residential care?

A. Shawna: Comprehensive Residential Services consist of six programs, all different from one another, Crossroads, Stepping Stone, Pathways, Gleed Orchard Manor, Veterans Initiative Program and the Supported Living Program.

Q. Taking them one at a time, what happens at Crossroads?

A. Shawna: Crossroads is a 16-bed facility in Yakima. This is where we identify an appropriate level of care going forward. Crossroads sees the most challenging psychiatric symptoms. These are people coming straight out of Eastern Psychiatric Hospital. So we have a larger and more seasoned staff working there. It is our hub for individuals coming out of a psychiatric hospital level of care. Crossroads sees the most unclean, unstable and unsafe people – in crisis - these people need extra care, support and comfort live here. Typically this is an older population not able to live on their own – in the 40 to 70 year age range. Gleed Orchard Manor may be the last stop before a nursing home level of care.

Q. How does Stepping Stone differ?

A. Shawna: Stepping Stone is at the other end of the care continuum. It is a 12-bed facility located in Yakima where increased independence is offered for individuals. We work on developing skills for independent living – like basic household cleaning, personal hygiene, shopping and using the bus system.

A. Richard: There is an expectation for Stepping Stone individuals to engage in the community. They do volunteer work, get involved in Sunrise Club (an activity and social center operated by Comprehensive) or attend classes in the community. We also try to prepare folks to earn a food handler’s card so they can participate in the kitchen.

A. Shawna: The expectation at Stepping Stone is that a resident will stay somewhere between six months and two years.

Q. Where does Pathways fit in the system?

A. Shawna: Pathways is a 16-bed facility in Yakima. It specializes in co-occurring treatment for mental health and substance use disorders.

A. Richard: Individuals can either come from an outpatient referral source or another Comprehensive facility.

A. Shawna: Pathways offers three phases of care – each phase can vary in length depending on the individual.

But ideally, each phase runs about 30 days. There is stabilization, education (for SUDs & mental illness) and community re-entry (re-engaging with natural supports).

Q. Gleed Orchard Manor is a little larger facility isn’t it? Who receives care at Gleed?

A. Shawna: Yes, Gleed Orchard Manor is a larger, 29-bed facility located in Gleed. This is a longer term residential setting. Individuals who need extra care, support and comfort live here. Typically this is an older population not able to live on their own – in the 40 to 70 year age range. Gleed Orchard Manor may be the last stop before a nursing home level of care.

Q. Veterans Initiative Program sounds different from the others, is it?

A. Shawna: Veterans Initiative Program is a 9-bed facility in Yakima. This is a shared project with the Veteran’s Administration to reduce homelessness for vets. The focus here is on maintaining sobriety, obtaining financial resources and developing personal goals that will help them be stable after transitioning into independent housing. There is a defined stay of two years. And most individuals are referred to us from the VA.

Q. Describe the Supported Living program. Is that a stand-alone facility?

A. Shawna: No, the Supported Living Program is made up of studio, one bedroom and two bedroom apartments. It operates on two tracks: short term – with a goal of transitioning to full independence in about six months. And long term – with a typical transition timeline of about two years.

A. Richard: This is independent living with a team of support staff available to help out. Comprehensive’s Supported Living Team is really exceptional. They’re young, energetic and very client centered. They are always looking for ways to make things better for residents.

A. Shawna: This program includes crisis emergency apartments to handle timing issues of transition from one facility to independent living, or, if someone is in an unstable or unsafe environment - in crisis - these apartments can be used.

Q. That is a very broad continuum of residential care. What does Comprehensive bring to Residential Care that makes it special, in your opinion?

A. Richard: Everyone in this line of work at Comprehensive wants to do the best we can for each individual. You do this because you like helping people. I’ve been here 23 years because I enjoy helping people – that’s my niche. The simplest things mean a lot – like seeing someone learn to cook a meal without burning it. Just that can be a very big deal!

A. Shawna: Richard said it. Comprehensive is truly focused on individualized care. It’s unique. It’s all geared to improving quality of life – whether that’s successfully boiling water or reconnecting with family. We are always looking for ways to improve each individual’s quality of life.

Through the Eyes of Family

Tom is step-father to a Stepping Stone resident.

“Our daughter wanted to be on her own but she just wasn’t able to make it. Stepping Stone is a godsend for all of us. She gets really good care. They help her keep track of and get to all of her appointments – medical, social security and such. She even does some part time work. Having her at Stepping Stone gives us peace of mind. The people there are real caring. And it’s a safe place with good security. Her mother and I feel good about her being at Stepping Stone.”
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220 W. 4th Avenue - 98926
(509) 925-9861

Cle Elum Center
402 1st Street - 98922
(509) 674-2340

Sunnyside Center
1319 Saul Road - 98944
(509) 837-2089

Pasco Center
2715 Saint Andrews Loop, Suite C - 99301
(509) 412-1051

Goldendale Center
112 W. Main Street - 98620
(509) 773-5801

Walla Walla Center
1520 Kelly Place, Suite 234 - 99362
(509) 522-4000

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(509) 493-3400

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