



# APNA, CALIFORNIA CHAPTER ONLINE NETLETTER

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APNA, California Chapter NetLetter

## President's Message



### Happy New Year!

by Rita Haverkamp, MS, APRN, BC, CNS  
President, APNA California Chapter

I look forward to serving you this year as President of this active chapter of APNA. Ann Wilkinson has set high standards for this position. She is bright, articulate, and insightful as well as a great editor. Thank goodness she's still around as Immediate Past President to advise and help. I also have Kathy Johnson who is a fabulous addition to the Presidents' team as President Elect. As you know, Marlene has moved up to the National Board for APNA. Marlene will be a wonderful / hard working addition to the National Board and will keep California in the national spotlight.

My main goal for this year is to have the APNA/CA Chapter reach out even more to its members. We are planning meetings with your Area Representatives to help support them in their role. With stronger Area Representatives, we hope you will have more connection to the organization. Please look at the website to see who is your representative and let him/her know your interests for meetings and educational programs (offering to help would also be greatly appreciated).

Please plan to come to San Diego this year for our Chapter conference on May 5th and the APNA National sponsored Late Life pre-conference May 4th. Read more about this in the Netletter (on page 3) and watch for the upcoming flyer. We expect a dynamic program this year and remember that networking is a priceless experience.

Those of you who read my articles on the Department of Peace and Nonviolence in last year's Netletters know that this is an important issue for me. I am pleased to announce that the APNA Board of Directors did endorse the Department of Peace at the national conference. Information on this will go out to all APNA members across the country.

The purpose of the Department of Peace bill is to create a Cabinet level position in the U.S. Government. The Department's primary function will be to research, facilitate, and articulate nonviolent solutions to domestic and international conflict. The Department of Peace and

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## President's Message

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Nonviolence will create a cognitive/behavioral change in our culture through funding programs that teach nonviolence and make peace an organizing principle in our government. The APNA/California Chapter legislative committee will keep you informed of ways you can help to support this in the near future.

Involvement in APNA has expanded me as a person and as a psychiatric nurse. I am more aware of the crucial issues facing us and know that I can make a difference. Consider taking a small step this year to become more involved. We have three committees to consider in the APNA/California Chapter. The Legislative Committee tracks legislative issues of importance to psychiatric nurses and keeps members informed. The Nominating Committee chooses the slate of candidates for the next years election. The Advanced Practice Committee and the task force that is working on CNS furnishing legislation needs members to support the prescriptive authority initiative.

I hope you will feel free to contact me with issues, concerns and positive ideas for the organization. Please talk to other APNA members, officers, and area representatives throughout the year to communicate your needs and to offer assistance to further the needs of all psychiatric nurses.

Please feel free to contact me at  
[nitahaverkamp@mac.com](mailto:nitahaverkamp@mac.com)



## **CNS Prescription Authority Task Force Update**

By Kevin McGirr, RN,MS,MPH

Looking back on this year's advocacy work for prescriptive authority, it seems both frustrating and hopeful. As we anticipated, the road is curved and contains a few blocks. Even though our efforts have been led by psychiatric clinical nurse specialists, it appears that particularly in the wake of the Mental Health Services Act, we are experiencing a bit of a labor shortage. In some areas of the State, the demand for psychiatric nurse practitioners is unremitting and it appears to be a propitious time for psychiatric clinical specialists.

After some feedback from a colleague in the California Association for Nurse Practitioners, we realized that we needed to decide in earnest whether this was truly a CNS-wide effort. We have therefore met with representatives of the California Network of Clinical Nurse Specialists. The leadership of that organization had already endorsed our efforts but acknowledge that they are unclear as to the strength of that endorsement. With our input, the network will conduct a survey to assess all CNS interest in this issue. In addition to the above, we have been making contacts with Kaiser, AARP, NAMI, CMA, ANA/California, CNA, and legislative officers including Senator Cox (First Senate District) who of all the legislative contacts, has appeared to be the most interested in our proposal.

It does appear that our primary task at this point is to determine whether this will be an all CNS effort versus a psychiatric specialty effort.

**The taskforce appreciates your support and we will keep you updated.**

## Hold this Date!

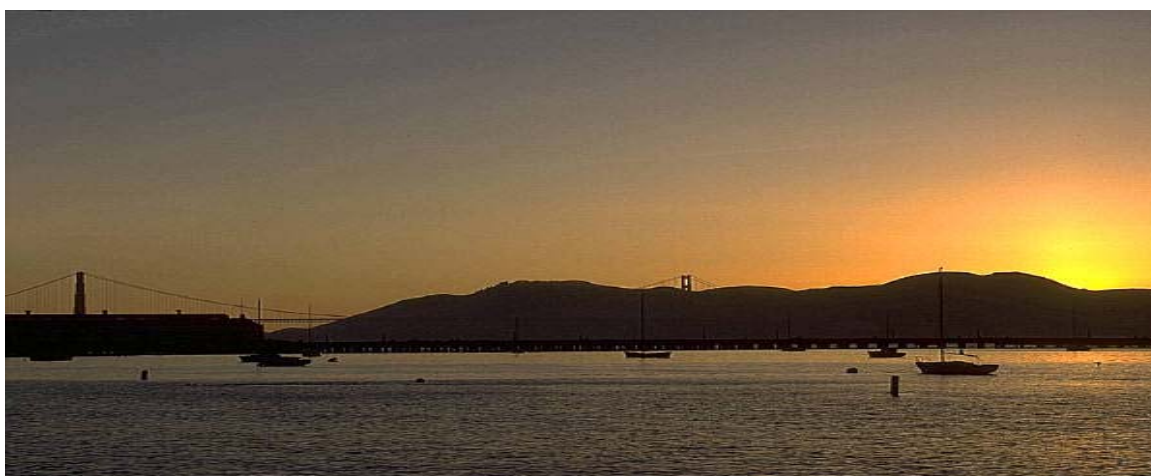
### 2nd Annual APNA California Chapter Conference Coming to San Diego!

The California State Chapter Conference will be held in San Diego at Scripps Mercy Hospital, May 5, 2007. We have selected a range of abstracts which we believe will be of interest to psychiatric nurses from all areas of practice and which are in keeping with the conference theme of "Therapeutic Interventions Across the Continuum of Care." There will be a keynote address on the topic titled "CAUTION: HUMOR MAY BE HAZARDOUS TO YOUR ILLNESS" and 4 individual presentations. A panel discussion will conclude the program.

APNA is also very pleased to be able to provide a "pre-conference" titled "A Nursing Challenge: Late Life Psychiatric Disorders." Ortho McNeil-Janssen Scientific Affairs, LLC has provided a generous grant in support of this May 4, 2007 day-long conference. Two well known experts in late life psychiatric nursing, Mary Ann Boyd, RN PhD, DNS BC, APN Professor & Acting Associate Dean Southern Illinois University Edwardsville and Georgia L. Stevens, PhD, RN, APRN, BC, Geropsychiatric Clinical Nurse Specialist, P.A. L. Associates: Partners in Aging and Long-Term Caregiving Washington DC will be the featured speakers. It is important to note however, that the APNA May 4th, Late Life Conference, still will be in San Diego, but will be held somewhere different than the California Chapter May 5th Conference held at Scripps Mercy Hospital. We expect to have venue information for the pre-conference finalized within a week.

Please consult the APNA, California Chapter website for more information in February. In the mean time, we hope you will help us spread the word for what promises to be two very exciting educational opportunities! In addition, we are looking forward to networking with fellow Psychiatric Nurses' throughout the region.

Kathy Johnson  
Shelley Johnson  
Conference Co-Chairs



## Two APNA / California Chapter Members Honored at the 2006 National APNA Conference in Long Beach



California Chapter Members along with Executive Director Nick Croce Jr. attending the Awards Luncheon at the 2006 National Conference in Long Beach

We had a very successful National Conference in Long Beach this year. It was well attended with 832 participants! There were 9 pre-conference workshops, 6 half day and 3 full day including the NP Prep course. There was one Keynote Address and three very interesting and informative Symposia (1 Breakfast and 2 Lunch). In addition, 9 two-hour courses, 19 one hour paper presentations, and 11 half hour brief reports were well attended. Grayce Sills gave an inspirational speech during the awards luncheon about leadership and stated that understanding systems, communication and having vision were key to success. Finally, four Janssen Scholars from California were named at the award luncheon; Loralie Woods, Shannan Stephenson, Emily Berger and Darci Davis.

Two California APNA members were honored at the Awards Luncheon; Dr. Linda Chafetz for the APNA Award for Research and Ann Bispo, MSN, RN, CNS for the APNA Award for Excellence in Practice-APRN-PMH. Dr. Chafetz has been the Principle Investigator of "Clinical Trial of Wellness Training for the Mentally Ill", a 4 year study funded by the National Institute of Health and the National Institute of Nursing Research. The study investigated the effects of active health promotion in caring for the severely chronically mentally ill person and has broad implications for the delivery of care for the Chronically Mentally Ill. Her findings from the study are currently are integrated into UCSF's Community Mental Health curriculum. Ann Bispo has been involved in Psychiatric nurse for 22 years and is a CNS in-patient substance abuse setting at a community hospital. With the assistance from her colleagues, she modified the Alcohol Withdrawal Scale which was found to successfully decrease the number of critical incidents involving detox patients, decreased length of stay, cost, and individualized care. Using Motivational Interviewing as her theoretical framework, she has been widely successful in influencing chemically dependent patients and their families to seek help. We are proud to have two psychiatric nurse "leaders" from California honored at the national conference this year!

We hope that during the chapter meeting, you were able to network and meet new friends and possibly find a mentor or two. Thank-you to all of the California Chapter members who volunteered and made the 2006 conference extra special and inviting to the APNA members across the country and abroad. A special thanks to Suzane Wilbur who was the conference planning chair.

# Best Practice Award Abstract for the Best Treatment of Schizophrenia in an Outpatient Program

## Psychiatric Urgent Community Care in Los Angeles: Utilizing Evidence-Based Practices for Treating People who are Disabled by Severe and Persistent Mental Illness

By Carol Giannini, RN, MPH and Marcia Neiswander, MN, ANP

### INTRODUCTION

In Los Angeles, California, there are four County psychiatric emergency rooms (PES) serving people who are disabled by severe and persistent mental illness. It is estimated that 50 to 60% of these individuals are also impacted by behavioral disorders associated with substance abuse. These behavioral disorders are usually the primary reason for the client's need for emergency care. The problems associated with co-occurring substance use disorders lead to a person's inability to utilize traditional outpatient psychiatric services. The result is the client's repeated visits to the psychiatric emergency rooms for acute crisis services and repeated hospitalizations. In the existing system of care in Los Angeles, individuals who frequently use psychiatric emergency rooms are discharged into the community after each emergency episode, without the follow up care that they need in order to manage their illnesses and improve their lives. The current system is costly in terms of dollars, but, more importantly, it is ineffective in assisting individuals to alter their behavior in order to have a better life.

The Department of Mental Health of Los Angeles County embarked on a solution to the dual problems of high cost and ineffective care by developing a plan for a psychiatric urgent care program that would have a community outreach and follow-up component. The Urgent and Community Care Program (UCC) was developed to serve people who are high utilizers of psychiatric emergency rooms. The UCC is located at the Augustus F. Hawkins Mental Health Center in Willowbrook, a suburb of Los Angeles. The UCC plan focuses on providing intensive crisis services in an outpatient setting, aggressive community services after discharge, and a Wellness Center for individuals who progress toward self-help and recovery. The aggressive community services piece of this plan is viewed as the bridge between crisis care and ongoing outpatient treatment.

Intensive crisis services at the UCC include a mental health assessment performed by trained nursing staff, nurse practitioners and psychiatrists, substance abuse assessment and placement by substance abuse counselors, placement in temporary housing by case managers, and referral to on-going outpatient mental health services by UCC staff. Evidence based practices in the treatment of major mental disorders and substance abuse have also been integrated into the plan. In addition to mental health assessments and crisis intervention, physical health assessments are provided by a Nurse Practitioner, and medication support services are provided by the psychiatrist, the nurse practitioner, and/or the staff nurse.

The UCC provides not only intensive crisis care but also provides the missing piece of intensive follow-up care. After discharge, the UCC follow-up team provides intensive case follow-up in order to assure a client's connection to ongoing outpatient services. This team can follow a client in the community for 6 to 9 months, since it may take that long to engage the client in treatment at an outpatient clinic.

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## Best Practice Award Abstract for the best treatment of Schizophrenia in an Outpatient Program - 2006 APNA National Conference

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### PHILOSOPHY

The philosophical underpinnings of the UCC are three-fold: harm reduction, psychosocial rehabilitation, and recovery. For people with mental illness and co-occurring substance abuse problems, treatment at the UCC will be based on harm reduction, that is, the individual's capacity to alter his/her substance abuse and thereby change the behaviors that disrupt his/her ability to function in the community. Psychosocial rehabilitation theory holds that everyone has the capacity to grow, and in people with mental illness, this capacity is underutilized. Recovery philosophy applies to mental illness as well as to substance abuse, and we believe that individual recovery is possible with the supports offered by the UCC and its community team: consistency of care, in-vivo support for every domain of a person's life, and access to services, both in the UCC and in the community, 24 hours a day, 7 days a week.

### RESEARCH BASE

In the US, the number of residents housed in state mental hospitals has declined sharply from 550,000 in the 1950s to less than 90,000 in the 1990s. Experts agree that the most effective method of dealing with this population is to provide ongoing assistance through programs based on the ACT model or the Evidence-Based Practices (EBPs) Project model. Both of these models include assertive community treatment, intensive medication management, individualized treatment plans, psychosocial education of client and family and skills training. Most reviewers agree that programs adhering to these components are more likely to reduce hospital admissions, increase housing stability, reduce symptoms and improve quality of life. The EBP model has added integrated dual diagnosis treatment as one of its practice areas.

Since the 1980s, the most common co-occurring disorder among clients with a severe mental disorder has been a substance use disorder. Studies indicate that traditional substance abuse treatment approaches like 12-step groups have demonstrated disappointing results in the treatment of the dually diagnosed client. Research has indicated that the best practices in the treatment of behavioral disorders related to a substance abuse disorder include understanding stages of change, motivational interviewing, incorporating harm reduction techniques, cognitive and behavioral skills counseling, social support and rehabilitation. Dual diagnosis treatment programs have been shown to be effective but need a staff that has been clinically trained in the treatment of the dually diagnosed client and organizational and financial support from their agency.

### ROLES AND FUNCTIONS OF PSYCHIATRIC NURSES

Nurses are integrated into every aspect of the UCC program, and thus fulfill a variety of roles. They serve as team supervisors, coordinating 24 hour coverage by all disciplines - nurses, psychiatrists, social workers, psychologists, case workers and community workers - so that each person served in the UCC has the benefit of assessment and treatment by a multidisciplinary team, around the clock.

There is a Nurse Practitioner who provides physical health assessments in addition to mental health assessments. Since people served in the UCC have the most serious forms of mental illness and substance abuse, they are more likely to have undiagnosed physical health problems such as diabetes, hypertension, heart disease, even cancer. The Nurse Practitioner also provides clinical super-

## Best Practice Award Abstract for the best treatment of Schizophrenia in an Outpatient Program - 2006 APNA National Conference

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vision to the nurses and paraprofessionals on the team, and provides health education to clients and their families.

Staff nurses in the UCC are fully integrated into the multidisciplinary team and, after specialized training in state of the art interventions such as motivational interviewing and client engagement, they fulfill the role of primary providers of assessment and treatment. Staff nurses may provide medication administration and support in the community if the client cannot come to the program for such services.

### MAJOR STRENGTHS AND EVIDENCE-BASED OUTCOMES

Strengths of the UCC include a multidisciplinary approach to care, intensive training of staff in evidence based practices in the treatment of co-occurring disorders, and dedicated staff committed to bringing state of the art services to an underserved community.

Client outcomes that are measured include reduced time spent in psychiatric emergency and inpatient settings by identified clients who typically obtain all of their mental health services in crisis settings. We also expect to see changes in clients' substance abuse behaviors and increased time spent living and working in the community. Program outcomes include serving 2000 clients per year, clients that might otherwise have been seen in overcrowded psychiatric emergency rooms.

#### Areas of Challenge and Opportunity for the Future

The primary challenge of the UCC program will be to achieve expected client as well as program outcomes. Additional urgent care programs are being established in Los Angeles County due to preliminary success of this UCC with respect to client outcomes.

A second challenge faced by this UCC is that of developing policies and procedures that form a framework for Countywide policy and procedures, since more urgent care programs are being developed, hopefully one for each of the four psychiatric rooms. Establishing trustful working relationships with staff of psychiatric emergency rooms requires clear and realistic written documents that can be understood and followed by everyone. Input from all of the stakeholders will make the policies and procedures meaningful.

Careful data collection in the UCC is a challenge because it is everyone's responsibility, not just that of individuals assigned to the research arm of the UCC. Staff needs to learn to prioritize data collection activities as highly as other documentation. Careful, timely documentation is mandatory and is monitored and evaluated daily by nurses who are experienced in quality management. Documentation training is on-going so that required information is in the client's medical record.

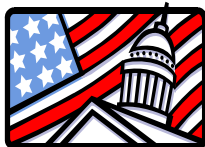
The opportunity to relieve overcrowding in Los Angeles County psychiatric emergency rooms, and to reduce hospitalization rates of high utilizers of these emergency rooms is real and timely with the development of psychiatric urgent care programs. Integrating community services and crisis services under one umbrella further represents an opportunity to elevate consistency of care to a new level.

“Everyone has the capacity to grow”

## Monterey Bay Area Update

The California Chapter, Monterey Bay area group held two dinner meetings this fall. Our first meeting was held October 24 at The Whole Enchilada restaurant. Sponsored by Astra Zeneca, this meeting featured Wilma Wong, PharmD speaking on "The Burden of Akathesia." Our second meeting was held at Monterey Peninsula College, and Allison Tan of Wyeth Pharmaceuticals sponsored our meal. APNA member Carrie Ritsema, RN, NP spoke on "Working with Latino Clients." We were very pleased to welcome APNA, California Chapter's Immediate Past President Ann Wilkinson to this meeting.

Planning for 2007 area meetings are in the works. There will be a roundtable/networking meeting at the end of January (exact date to be determined), sponsored by Eli Lilly. GlaxoSmithKline has offered to do a larger dinner meeting at a Santa Cruz area restaurant in March, with details forthcoming. One of our goals for 2007 is to alternate the locations of our meetings



## Legislative Committee News

By Catherine Osborn, RN, MSN, BC  
Legislative Committee Chair

APNA National is currently in the process of updating their Legislative Lookout link, but we are not at a loss for legislative issues to watch.

- HR 676 (CONYERS) - **Healthcare For All Americans**, is a bill designed to create a national health insurance program. The plan would use the current Medicare program and expand it so that all U.S. residents would have access to health care services regardless of their employment, income, or health care status.
- H.R. 1402, the **Paul Wellstone Mental Health Equitable Treatment Act**, commonly known as the mental health parity bill, would require private group health insurance plans to cover mental health services under the same terms and conditions as general medical services.
- **The Standard Occupational Classification System (SOC)**, part of the Bureau of Labor, is currently revising its categories to provide separate coverage for APRNs. The group has already recognized NPs, CNMs and CRNAs but has not made a decision about CNSs. Now is the opportunity to comment on the need to include CNSs as a category in the system. Please visit [www.bls.gov/soc/home.htm](http://www.bls.gov/soc/home.htm) to make your comments.

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It is very easy to demonstrate your support of these or other bills you may be monitoring by contacting your Representative or Senators and letting them know these are issues of importance to you. The following links will take you to a site, which helps you identify your representative or senator and with a click you can send them a message.

- (Representatives), <http://www.house.gov/writerep/>
- CA Senators are Barbara Boxer and Diane Feinstein. [http://www.senate.gov/general/contact\\_information/senators\\_cfm.cfm?State=CA](http://www.senate.gov/general/contact_information/senators_cfm.cfm?State=CA)
- For other topics, the following link may be helpful <http://thomas.loc.gov/>

### Closer to home:

The California Hospital Association put on several one-day seminars about 5150 laws. Several Legislative Committee members attended the seminars and in summation, they felt the seminar was helpful in explaining why some of the differences in interpretation occur. It was reported this is due partly to vagueness of the laws. The original purpose of the laws was different from how they are applied now, and needs have changed with the advent of new medications, changes in the focus of treatment from inpatient to outpatient and the decrease of available treatment facilities. After an in-depth review of what each element of the law meant, attendees were left with a sense of hope for needed change. As CHA presenters reported, they will be pushing for legislative changes to the 5150 laws.

In the mean time, they encouraged facilities to report problematic transfers of 5150 patients to the Health and Human Services Region XI, <http://www.hhs.gov/region9/index.html> as well as EMTALA violations. Their take on the problem was that patients are being refused treatment due to their inability to pay, which is an issue covered under EMTALA regulations. In an unofficial survey at the end of one seminar, many attendees reported they did not see the inability to pay issue as the most prominent problem, but instead felt that lack of beds, both inpatient and out-patient, was at the root of the problem.

If you are interested on working on our Legislative Committee or have any feedback or questions for us, please contact Committee Chair Cathy Osborn at [Cathyzok@aol.com](mailto:Cathyzok@aol.com)

If there is anyway you would like to be in the CNS Prescriptive Privileging task force, please contact Kevin McGirr at (415) 922-9538 or [ptownn@sbcglobal.net](mailto:ptownn@sbcglobal.net).



**Do you have a friend you have been encouraging to join APNA?  
Would a special rate of 15 months for the 12 month price entice  
them to join? (new members only).**

Contact Rita Haverkamp for details at [ritahaverkamp@mac.com](mailto:ritahaverkamp@mac.com)

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Contact your  
Representative  
today!

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