

BENTON-FRANKLIN BEHAVIORAL HEALTH ADVISORY COMMITTEE

September 8, 2022

2:00 PM

Richland Community Center
500 Amon Park Drive
Richland, WA 99352

Agenda

- Call to Order
- Introduction of Members
- Approval of Agenda
- Approval of Minutes from 07/29/2022 meeting
- Public Comment
- Action Items:
 - Appointment of Officers
 - Appointment of 17th Voting Member
- Discussion Items:
 - Discussion on Request for Proposals for Recovery Center and Mobile Crisis Team provider
- Other Business
- Adjournment

Benton-Franklin Behavioral Health Advisory Committee
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Benton-Franklin Behavioral Health Advisory Committee

Meeting Minutes | July 29, 2022

Call to Order: 2:00 PM

Introduction of Members: All voting and non-voting members plus their representation/organization

Approval/Review of Agenda: No changes or questions

Public Comment: None

Discussion Items:

1. **Draft Bylaws:**

Brian Ace requested clarity on *Section 6 – Alternates* regarding participation of alternates and voting. Sheriff Croskrey suggested allowing both the member and alternate to participate in the meeting discussion but only have 1 vote. The intention is to have the same alternate in place for consistencies sake, but everyone understands that there may be the need to have a different alternate attend in case of absences. Any alternates would need to be from the same county, and preferably the same expertise area.

Sheriff Raymond moved to approve the bylaws as presented, with the appropriate changes made by County Administrators (Matt Rasmussen & Keith Johnson) as discussed, BJ Olsen seconded

2. **Selection of 17th voting member:**

The selection for the 17th voting member will be pulled from the existing applicants from the “Lived Experience” category from each County. A work group for selection/review of all applicants was established by the Committee for providing recommendation of the top three candidates (for a final committee vote). The work group shall include the following members: Sindi Saunders, Rebecca Grohs, Sheriff Croskrey, Carla Prock, Angie Manterola

3. **Regular Meetings & Appointment of Officers (added to agenda):**

A poll will be sent to all members regarding when to have the regular meetings (day/time) to include in the Bylaws. In addition, three officers will need to be appointed for the Committee but with the absence of multiple members at today’s meeting, the Committee opted to include officer selection/appointment to the next meeting.

4. **Discussion on Request for Proposals for Recovery Center and Mobile Crisis Team(s) provider(s):**

The Committee discussed that it would make sense to have the provider that will be operating the Recovery Center to be included in the selection and structuring of the mobile crisis teams.

A draft Request for Proposals (RFP) has been put together to solicit proposals from providers, which will be sent to committee members for review before release. Providers that submit proposals will have an opportunity to present to the Committee to ensure that the selected provider understands the needs and wants of the Committee and the greater community.

Sindi Saunders mentioned that there has been funding allocated for a Youth Mobile Crisis Team in our community, which is being contracted out right now but has not begun operation yet.

Matt Rasmussen recommended that the adult and youth services be separate, regardless of who the provider ends up being for either of those services. He also recommended that those providers remain separate so that if any one provider shuts down that all services don't become eliminated.

The draft RFP will be sent to the Committee members on Monday, August 1st for review, with comments due back to staff by the following Monday (August 8th). The intent would be for the final legal review and County Commission approval process to be completed by the end of August or early September for release of the RFP.

The committee discussed Mobile Crisis Teams and when to set up those teams, given that the Recovery Center (Crisis Response Center, CRC) is not yet functional. Mobile Crisis Teams don't necessarily require having a Designated Crisis Responder (DCR), which are required through the Health Care Authority (HCA). Those DCR services would have to be approved within the region they operate in.

The Committee inquired whether it would be reasonable to operate these Mobile Crisis Teams without the CRC, and without including Law Enforcement or EMS/Hospitals? Members also asked what the short-term solution will be for not having people in crisis have to be routed to jail or hospitals?

Sheriff Raymond recommended having the Mobile Crisis Teams be operational as quickly as possible, at least for trying to mitigate some of the issues that are happening. Matt Rasmussen offered to coordinate discussions with existing providers in the community to partner with the Mobile Crisis Teams so that people have somewhere to go, if needed, once contacted. The committee also discussed the issue that there are staffing shortages that contribute to the delays and struggle to get these programs established.

Michele Gerber recommended opening the Recovery Center in stages, working with the provider, to phase construction in a way to ensure that at least some services can be offered as soon as possible (even during on-going construction).

BJ Olsen recommended establishing a Memorandum of Agreement (MOA) with Comprehensive Healthcare to ensure that there is appropriate understanding and collaboration between that agency and the ultimate Recovery Center provider, which can be included in the RFP documentation.

5. Public Comment:

An attendee recommended explaining acronyms that are being utilized in the discussion, for the benefit of the community. Another attendee reminded the committee that many people who are in crisis are often not in any sort of relationship with law enforcement or the judicial system, and that the discussion could be perceived to be centered upon that arena. He implored the committee to consider the whole picture and to ensure that all needs are being discussed and met.

An attendee discussed with the committee that there is a whole community of volunteers locally that are willing to help however they can. Another attendee discussed the short-staffing issue and ensuring that care from any Mobile Crisis Team and Recovery Center that are established remain compassionate. Staffing shortages impact staff mental health, burnout, and staff discontent and lack of compassion.

An attendee representing construction recommended going through a Request for Information (RFI) process before going through an RFP, to ensure that any proposals received meet the expectations of care.

A different attendee had a question regarding the provider, specifically how long the provider would remain in service in the community, and would the provider have an umbrella for behavioral health, or would they be segregated by SUD and mental health?

The BFHD representative brought forward the idea that is a need for services for prevention, as well as treatment.

An attendee addressed the committee that there is a need in Franklin County for mental health court and veterans court (like what is in place in Benton County), as well as the Recovery Center being established. There is funding available through grants and other sources.

An attendee asked the committee what it would do for those receiving services that are uninsured. There has been discussion regarding utilizing some of the 0.1% tax dollars to ensure that those who cannot afford services are still able to receive help, and to ensure they don't have a financial barrier to receiving help. The attendee also recommended that the committee keep in mind that there is a large population of Spanish-speaking only that don't have the same level of services and support as other populations.

Brian Ace recommended including a bilingual component to the RFP staffing criteria/section.

An attendee spoke to an internship program starting in the state for SUD and peer support, as well as psychology internships and training. There are multiple programs starting in the community, including Pasco and Kennewick, that could provide support and outpatient services.

Joel Chavez agreed with the issue of bilingual staff shortages, and that there are some intensive outpatient services but there are no local inpatient services that are Spanish-speaking or bilingual. Kyle Sullivan recommended approaching the Workforce Development Council to partner on the workforce issues, especially in relation to the Spanish-speaking population. Rebecca Grohs recommended having a sub-group or a working group of the Committee to work specifically on the workforce issue.

An attendee mentioned that Heritage University has an SUD-P program for bachelor's degree

6. Other Business:

The Committee discussed the recent change in local leadership, and whether LifePoint would potentially revisit the 72-hour restriction on clients at the proposed Recovery Center site (located at the old Kennewick General Hospital – KGH – owned by LifePoint). There was continued discussion regarding that limit and the goals of the facility, whether it is located at one or two places. Committee members questioned whether that 72-hour restriction is only for primary mental health, but not SUD.

Others responded that some SUD services would be provided at KGH and that the intent is to have a no-wrong door facility, to not have to transport people between facilities (especially those that would be involuntary).

The committee asked Matt Rasmussen to reach out to LifePoint regarding the 72-hour restriction, which he agreed he would. He also mentioned that currently the intent is to have the Crisis Stabilization Unit and the Secure Withdrawal Management services provided at a leased facility (since they can't currently be held at the old KGH).

Sindi Saunders recommended to the Committee to consider contacting the Lourdes facility in Richland to potentially meet the immediate needs of the community, since Lourdes already has a Crisis Stabilization Unit and inpatient services – could we contact them, and potentially utilize some of our funds to utilize the resources we have locally (Lourdes) to address needs?

7. Adjournment: 3:25 PM

BHAC AGENDA ACTION SHEET

Meeting Date:	September 8, 2022	
Subject:	Election of Officers	
Presenter:	Matt Rasmussen	
Type of Agenda Item:	Type of Action Needed: <i>(Multiple boxes can be checked, if necessary)</i>	
<input type="checkbox"/> Action Item	<input type="checkbox"/> Discussion Only	<input type="checkbox"/> Pass Motion
<input type="checkbox"/> Discussion	<input type="checkbox"/> Decision / Direction	<input type="checkbox"/> Sign Letter / Document

Summary / Background Information

On July 29, 2022 the BHAC membership approved the proposed bylaws for the group subject to certain edits to be made. The Bylaws require that the BHAC appoint voting members to the offices of Chairman, Vice Chairman and Secretary.

Nominations must be made for each office. Voting members may nominate another member or my nominate themselves. If only one person is nominated then that person may be appointed to the officer role by a majority vote of the members present at the meeting. If more than one person is nominated for an officer position then voting will occur by blind ballot.

Members would serve in the officer role until the end of 2023.

Recommendation

Staff recommends that the BHAC members nominate and appoint members to each officer role at the September 8, 2022 meeting.

Suggested Motion

I move to appoint <INSERT NAME> as Chairman of the Benton Franklin Behavioral Health Advisory Committee for the term beginning September 8 and ending on the second Thursday in January, 2023.

I move to appoint <INSERT NAME> as Vice-Chairman of the Benton Franklin Behavioral Health Advisory Committee for the term beginning September 8 and ending on the second Thursday in January, 2023.

I move to appoint <INSERT NAME> as Secretary of the Benton Franklin Behavioral Health Advisory Committee for the term beginning September 8 and ending on the second Thursday in January, 2023.

BHAC AGENDA ACTION SHEET

Meeting Date:	September 8, 2022
Subject:	Appointment of 17 th Voting Member
Presenter:	Matt Rasmussen
Type of Agenda Item:	Type of Action Needed: <i>(Multiple boxes can be checked, if necessary)</i>
<input checked="" type="checkbox"/> Action Item <input type="checkbox"/> Discussion	<input type="checkbox"/> Discussion Only <input checked="" type="checkbox"/> Decision / Direction <input checked="" type="checkbox"/> Pass Motion <input type="checkbox"/> Sign Letter / Document

Summary / Background Information

The formation documents of the Benton Franklin Behavioral Health Advisory Committee provide that there will be 17 voting members. 16 of the voting members are selected and appointed by the two counties, the 17th member, a person with lived experience, is selected by the Committee and jointly appointed by the Counties.

At the July meeting the Committee agreed that the 17th voting member should be selected from the applications already on file for the persons with lived experience category. A working group of 5 voting members was formed to review the current applications and select the top three candidates for consideration by the full committee.

The working group met and reviewed the applications and has forwarded the following names for consideration:

- Kim Lettrick
- Maria Buxbaum
- Amy Rosen

The applications for these candidates are included with this packet. Personal information (name, phone number address) has been redacted.

Recommendation

Staff recommends that the Committee review the three candidates and select one name to forward to the Boards of Benton and Franklin County Commissioners for appointment.

Suggested Motion

I move to recommend that <INSERT NAME> be appointed to serve as the 17th voting member on the Benton-Franklin Behavioral Health Advisory Committee.

48. Amy Rosen

Updated at Mar 17, 2022

Submission Date

Mar 17, 2022

Preferred Contact Method

Phone

Name

Amy Rosen

Email

[REDACTED]

Phone Number

[REDACTED]

Address

[REDACTED]

Please indicate whether you are applying for consideration to be appointed by Benton County or Franklin Cou...

Benton County

Which position are you interested in?

Persons with Lived Experience

Why are you interested in being a member of the Benton Franklin Behavioral Health Advisory Committee?

I'm a person in recovery, 5 years in May. I work directly with addicts in the community by supporting them in changing their lives and overcoming barriers to recovery, homelessness and reunification with their children. I believe I would be an asset to the board because I have so much personal experience with mental health and addiction. I've gone to detox, inpatient, and outpatient facilities multiple times before finally getting clean and staying clean. I've worked with countless providers and I do believe that I know what works in assisting people into their recovery journey. I've ran quarterly stakeholder meetings within my own program the last 2 years and have experience collaborating with other professionals to come up with the best solution that will fit our community and success within the detox and inpatient facility.

I really appreciate being considered. Thank you for time.

Please list any relevant work or life experience that qualifies you for being a member of this committee.

-In May I will have 5 years in recovery

-Participation in Benton Franklin Recovery Coaliton. Collaborating with people on ideas to address addiction within the Community Meetings

-2 years of experience in Quarterly Stakeholders Meetings to work with professionals on how I can make my program more efficient and impactful.

-Attending NA meetings and helping addicts new in recovery and sponsoring women

Individuals applying for Expert/Practitioner in Mental Health or Expert/Practitioner in Substance Use Disorder ...

49. Kim Lettrick

Updated at Mar 16, 2022

Submission Date

Mar 16, 2022

Preferred Contact Method

Phone

Name

Kim Lettrick

Email

[REDACTED]

Phone Number

[REDACTED]

Address

[REDACTED]

Please indicate whether you are applying for consideration to be appointed by Benton County or Franklin Cou...

Benton County

Which position are you interested in?

Community Member / General Public Persons with Lived Experience

Why are you interested in being a member of the Benton Franklin Behavioral Health Advisory Committee?

Having worked for 911 for 34+ years I have seen first hand the need for local services that are not currently available to our community. I have felt the frustration of trying to find a good solution to the problem/concern being expressed to us.

Additionally, I have personal experience with close family members who struggle with behavioral health issues and/or substance use disorder.

I have felt the hopelessness of trying to obtain services for my family and want to be a part of the solution for our community.

Please list any relevant work or life experience that qualifies you for being a member of this committee.

From a professional perspective I manage the 911 Center (SECOMM). I have been employed in various positions at SECOMM including a dispatcher, supervisor, trainer, and now Communications Manager. I continue to occasionally answer 911 calls and have direct experience in taking reports of citizens experiencing these challenges. I have listened to those experiencing behavioral health or substance use related events along with witnesses and family, friends and responders. These types of events have far reaching effects in our community, of which most are unaware.

I am a member of the Governor's HB1477 Subcommittee. My involvement on this committee is directly related to this work as the committees are meant to "inform the development of recommendations for an integrated behavioral health and crisis response and suicide prevention system in Washington."

I am also a member of Transform 911 (A University of Chicago Health Lab initiative to transform the nation's 911 emergency systems). Part of this work involves analyzing crisis response as it relates to behavioral health and substance use.

On a personal level (Lived Experience) I have several close family members who have both/either behavioral health diagnosis and/or substance use disorder. I have direct experience with struggling to obtain services locally to support their health and well being. These range from minor to sever symptoms and consequences. The desperation felt by those trying to become healthy and those trying to support them is personal to me.

Individuals applying for Expert/Practitioner in Mental Health or Expert/Practitioner in Substance Use Disorder ...

35. Maria Buxbaum

Updated at Mar 21, 2022

Submission Date

Mar 21, 2022

Preferred Contact Method

Email

Name

Maria Buxbaum

Email

Phone Number

Address

Please indicate whether you are applying for consideration to be appointed by Benton County or Franklin Cou...

Benton County

Which position are you interested in?

Persons with Lived Experience

Why are you interested in being a member of the Benton Franklin Behavioral Health Advisory Committee?

I would like to be a part of the Benton Franklin Health Advisory Committee to help create change and support for our community. Drugs were the reason for many of my childhood traumas. I have lived experience through my parents and siblings being in active and recovery addiction. I have broken generational poverty, trauma and experiences so that my children and extended family will never experience as much as I did as a victim of secondary drug use. I believe that if our community believes they have support from someone who looks like them, has lived in their shoes, they may be willing to seek help when they are ready for help.

Please list any relevant work or life experience that qualifies you for being a member of this committee.

I have spent many years working with at risk youth from San Francisco and Oakland's worse streets to our very own dangerous local streets here in Tri Cities. I have advocated and provided resources and support to many students who not only suffered from substance abuse but also mental health and developmental disabilities. Working with youth has given me some hope in their future because I am able to help do some preventative control per se. With resources, motivation and encouragement youth are more likely and more resilient to change and turn their lives around. As much as I enjoy working with youth I have come to the realization that sometimes they can not control or change their environments. Sometimes and often these youth live in homes that are infested with poverty, violence, drugs and low family systematic support. My dream is that every family can live a life free if the systematic challenges. That no family has to suffer from drugs, alcohol and mental health illness. That every family has a chance, or even a second chance at a beautiful life. I would love to use my lived experiences to help others in my community live a better and healthier life.

Individuals applying for Expert/Practitioner in Mental Health or Expert/Practitioner in Substance Use Disorder ...

BHAC AGENDA ACTION SHEET

Meeting Date:	September 8, 2022
Subject:	Behavioral Health Services Request for Proposals
Presenter:	Matt Rasmussen
Type of Agenda Item:	Type of Action Needed: <i>(Multiple boxes can be checked, if necessary)</i>
<input type="checkbox"/> Action Item <input checked="" type="checkbox"/> Discussion	<input type="checkbox"/> Discussion Only <input checked="" type="checkbox"/> Decision / Direction <input type="checkbox"/> Pass Motion <input type="checkbox"/> Sign Letter / Document

Summary / Background Information

The Counties have been working on preparing a request for proposals to obtain a service provider to operate the planned recovery center and operate mobile crisis response teams. The draft RFP was presented to the Committee during the July meeting and sent out for comments from Committee members. Several members provided comments, many of which have been incorporated into the document.

One member indicated that there already was a Mobile Crisis Response Team program active in the region. Greater Columbia Behavioral Health is required by the State of Washington to operate a MCRT. They meet this requirement through their contract with Comprehensive Healthcare. Comprehensive is under contract to provide an 11 person staff the operate the MCRT program.

GCBH is not opposed to the Counties operating their own program but cautioned that there would need to be a lot of coordination between the two. In particular, reporting of incidents that the teams respond to is critical to ensure funding from the State comes to our region. After some discussion we determined that it would be possible for the Counties to also contract with Comprehensive Healthcare to expand on the MCRT services already being provided. The Counties could review the current contract and see if there are additional services or improvements (such as the number of teams or reduced response times, etc) that are desired. If there are the Counties could negotiate a contract with Comprehensive to do that additional work and pay the difference in cost to obtain it.

The question before the Committee is: Should the Counties continue on with having their own Mobile Crisis Response Teams or should they work with Comprehensive to expand their current contract to get the services to the desired level?

Recommendation

Staff recommends that the Counties engage in discussion with Comprehensive Healthcare to expand on the MCRT program already being provided and remove that component from the proposed RFP.

Suggested Motion

None required, looking for consensus only.