

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