

# Benton-Franklin Behavioral Health Advisory Committee

Meeting Minutes | November 10, 2022

**Call to Order:** 2:00 PM

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

**Approval of October 13, 2022, Minutes:** John Roach moved to approve the October 13, 2022, Committee meeting minutes, Chad Michael seconded. Motion carried unanimously.

**Public Comment:** None.

**Discussion Items:**

**1. Use Restrictions at Old Kennewick General Hospital Facility: Matt Rasmussen, Benton County**

- a. Summary: (get summary from Matt – notes)
- b. Sindi Saunders requested clarification for if getting a medical clearance for a person seeking care at the Recovery Center would be considered a “medical service”
- c. Sheriff Raymond brought forth the potential need for emergency medical care
- d. Kim Lettrick asked whether medically supervised detox would be allowed – yes
- e. Joel Chavez questioned the locations for certain services and potential need for transport
- f. Further discussion was had regarding restrictions and limits (72 hours, 5 day legal hold, etc.)
- g. John Roach brought up the idea that then the leased facility would be the “landing point” or “entry point” for the one-stop-shop model for evaluation, etc.
- h. Further questions were brought up to clarify individuals’ needs depending on the services required
- i. John Roach asked whether a psychiatric MD or NP would be allowed within the restrictions at KGH (for medication management, case management, etc.)
- j. Matt Rasmussen clarified that Secure Withdrawl Management and Crisis Stabilization (emergent crisis services) be provided at the leased facility, with the KGH facility having the residential detox, voluntary treatment, etc. The leased facility is 22,000 square feet, so residential services aren’t ruled out at this point (it depends on the space needed for Crisis Stabilization and Secure Withdrawl Management)
- k. Kim Lettrick asked where the other facility is location – address is Bruneau Ave but is near Washington St in Kennewick, south of Columbia Drive
- l. Sheriff Raymond asked to see the facility being leased and expressed frustrations regarding location concerns he has. He thinks Franklin County and the Benton Franklin Behavioral Health Advisory Committee should have some sort of input in the decision-making for these facilities and their siting. Matt Rasmussen said a tour could be arranged of the facility if the Committee desired as such. Michele Gerber provided clarification that the Benton Franklin Recovery Coalition was part of the process.

**2. 988 Listening Session: Kim Lettrick, Benton County Emergency Services**

- a. There are 988 listening sessions available for people across Washington to discuss their experiences with call centers and 988 specifically. The majority of the stories discussed involved criminality – most callers shared experiences regarding domestic issues, violence, etc. and thinking that there is a direct tie to 911 from 988 (which there isn’t at this point).
- b. Wed, Nov 16 at 4 PM – There will be a listening session specifically for crisis call center staff responders and behavioral health providers. Additional information will be sent to the committee after meeting.
- c. Work sessions are being added, but no details are available at this point.

**3. Community Health Needs Assessment Steering Committee: Kelly Harnish, Benton-Franklin Health District**

- a. The Community Health Needs Assessment and the Community Health Improvement Plan is a 3 year process, which is now approved and available on the BFHD website

- b. Response is a large focus for the CHNA as well as prevention and prevention initiatives
- c. BFHD is requesting subject matter experts to join the steering committee to provide input
- d. The CHIP group meets every Monday at 11 AM via Zoom – Committee members are welcome to join

#### **4. Work Group Reports**

##### **a. Mental Health Workgroup: Sindi Saunders**

- i. The group has met twice, with a list of priorities developed by need and feasibility of setup quickly
  - 1. Field Responder Program
  - 2. Respite or Diversion beds
  - 3. Access to prescriber on an urgent basis
  - 4. Youth inpatient facility/Children’s Long-Term Inpatient Beds (CLIP)
  - 5. Adult evaluation and treatment center
  - 6. Day treatment services for both youth and adults
  - 7. Eating disorder treatment
  - 8. Partial hospitalization, intensive outpatient with medication management, dialectical behavioral therapy (DBT) program to fidelity, transitional housing
- ii. The first three (3) items in the priority list are ones that resources are available for now or reasonably able to be set up quickly
- iii. Shelby Beardslee brought up peer supports being necessary, even if volunteers, especially for veterans
- iv. Services for veterans or undocumented individuals need to be discussed as well
- v. One of the largest barriers for veterans is that their insurance coverage is poor

#### **5. Evaluation and Treatment vs. Residential Treatment Facility Licenses: Dan Overton, WA Dept of Health**

- a. Dan Overton from WA Department of Health provided clarification regarding different facility licenses and the types of services that can be provided under an agency at a specific facility
- b. Get summary of RTF vs E&T from Dan/Kyle
- c. Residential Crisis Stabilization Program (for youth) – new, being rolled out by Health Care Authority
  - i. does not require “medical necessity”
- d. Kim Lettrick asked whether the Crisis Receiving Center and the Crisis Stabilization Unit could be located in the same facility – Dan said yes, those can be at the same place
- e. Dan mentioned dual licensing for secure withdrawal management and evaluation and treatment
- f. Sindi Saunders asked what is the wait time for licenses for E&Ts? Dan said from conception to doors open is probably about a year, but it depends on a lot of factors

#### **6. Work Group Reports (continued)**

##### **a. Substance Use Disorder Workgroup: Becky Grohs**

- i. The group has met once since the last meeting and discussed the groups’ purpose and moving the Recovery Center forward, and less on community-wide programming
- ii. The group had some questions regarding the RFP process and review of submissions – whether there would be SUD experts to look at the RFPs
- iii. Matt Rasmussen responded that it is ultimately the decision of the Committee on how the review process is conducted – whether it will be full committee, a smaller group, etc.
- iv. Sindi Saunders stated that the facilities-related decisions are pretty clear cut due to requirements from the State, but that the care and type of care provided is more the question for RFP review
- v. RFPs are due December 9 – we already have three (3) that have indicated interest in applying
- vi. Sheriff Raymond asked to have the applicants all present to the full group

- vii. Chief Gear asked about whether a scoring criteria was provided in the RFP – there wasn't a criteria included in the RFP, but it's up to the committee how that looks
  - viii. Matt Rasmussen suggested having presentations in-person and that if the committee does wish to have a scoring criteria that it provide that to applicants prior to the presentations
  - b. Facilities Workgroup: No meeting has occurred yet
  - c. Workforce Development Workgroup: John Roach
    - i. Group has met once with a representative who works closely with healthcare organizations and the colleges and universities in Washington State
    - ii. He urged the group to sign up for the Washington Sentinel Network
    - iii. He offered to reach out to CBC to determine the status of their Behavioral Health programs
    - iv. The main need is to fill roles at our facilities and how to partner to get them filled
    - v. BJ Olson offered to reach out to Comprehensive Health for sample staffing models to determine how many new professionals would be needed to staff our facilities – we don't want to take from existing providers and handicap them
    - vi. Kyle Sullivan mentioned that the whole system is short staffed, so workforce development would apply to the community and region as a whole
  - d. Communications Workgroup: John Roach
    - i. The committee has not yet met, but there are concerns about future negative public perceptions and miscommunication
    - ii. John Roach asked about whether it would be reasonable for this group to have a Facebook group or page to communicate with the public and with each other
    - iii. BJ Olson recommended the Communications Workgroup meet with the County staff to determine the appropriate ways to get information to the public and community
7. Questionnaire/Evaluation Criteria Development: Sindi Saunders, Tom Croskrey, Joel Chavez
- a. Sindi Saunders moved, Tom Croskrey seconded to have Sindi Saunders, Tom Croskrey, and Joel Chavez prepare potential evaluation criteria and questions for future RFP presentations before the committee. Motion carried.

**Public Comment:**

- 1. None

**Other Business:**

- 1. Sindi Saunders updated the Committee – Aristo has received a grant
- 2. Michele Gerber asked when the County plans to award the contract for the provider for the Recovery Center. Matt Rasmussen said that it ultimately comes down to the committee's process for reviewing as well as how long it takes to negotiate a contract, licensure, etc. Matt stated that the hope would be to have the contract awarded prior to end of first quarter 2023.
- 3. Joel Chavez asked about recent funds awarded to the counties and cities for opioid settlement and what those dollars could be used for, and if they could be used for these programs. Matt Rasmussen stated that the counties and cities have been in discussion with how to utilize those funds, which are paid out over a term of 17 years.
- 4. Michele Gerber asked about architecture and engineering, and whether there are some construction items that can be started now.
- 5. Shyanne Palmus reminded the committee of the public event next Thursday, November 17, 2022 at 11 AM to commemorate

**Adjourned:** 3:38 PM