

# BENTON-FRANKLIN BEHAVIORAL HEALTH ADVISORY COMMITTEE

Meeting Minutes | September 14, 2023

Call to Order: [2:05 PM]

**Introduction of Members:** All voting and non-voting members introduced themselves.

**Approval of Minutes from August 10, 2023:** The committee members all reviewed the August 10, 2023 committee meeting minutes. Chad Michael moved to approve the minutes pending a change on Page 3 regarding the RFP; it should read "other ancillary duties will be available". Unclear who seconded. Minutes were approved.

**Public Comment:**

None.

**Discussion Items:**

## 1. Sobering Center Proposal Presentations

**LOURDES** – Mauricio Gomez, Enelida Navarrete

- a. Handout given to committee.
- b. King County – diversion center (sobering center w/name change)
  - i. They are able to share their operation set up and recommendations
  - ii. Recommendation by King County:
    1. Mattresses on floor instead of recliners
      - a. Recliners can pose a risk for employees, safety concern
        - i. Needles being stuffed into the sides of the recliners
      - b. Elevated mattresses can pose a fall risk for clients
      - c. Mattresses on floor would be safer
- c. It will be a 24/7 location, with a length of stay of 4-23hrs
- d. Keep it as low barrier as possible, but still be safe and provide quality care
- e. If client is outside of scope, they will look at other options for them
- f. **Primary Goal:** safe place for client, provide support, connect them to services needed
- g. Licensing: DOH – Branch Site License
  - i. Doesn't require a whole lot comparative to Residential Facility License
  - ii. Less requirements = quicker to open
- h. Staffing: Mental Health Professional (MHP), Substance Use Professional - Supervisor
  - i. Peer Recovery Specialists with living experience
  - ii. Mental Health aides/counselors (12hr shifts, .9FTE) 3 days on, 4 days off
  - iii. Fridays are typically busier and can add staffing that day
  - iv. Depending on location - Margaret St/Lourdes/Jail
    1. May add a third staff member, for the ability to walk someone next door
    2. If at KGH location, fire department nearby as well.
- i. Supplements/Integrates: collaborative, provide services, not something that can be done alone.
  - i. Partnerships for the program are listed on handout.
  - ii. Open-Door for other providers
    1. Community effort

- j. Issues: lack of funding to those who are un-insured or under-insured
  - i. How do we assist them if they are really needing the help, but fall under this category
  - ii. Someone who is intoxicated, needing higher level of withdrawal management – would fall back to the ED
    - 1. Needing a medical detox, inpatient, or SUD
      - a. Having to send them outside of the region
  - iii. Walk-in with mental health issues – they could send to the local mental health facilities.
- k. **Questions/Comments:**
  - i. Mike Gonzalez – Supportive of getting this facility running in Pasco
  - ii. C. Michael – Duplication of services may need to be looked into. Medical screening?
 

**Response:** They do have a medical screen they would follow and will work with their medical director on that. Both Mauricio and Enelida have background and experience in this area as well.
  - iii. C. Michael – Transport to the hospitals and capacity. Alternative method?
 

**Response:** Understands they will need to collaborate with more agencies.
  - iv. Gordon Cable – Invision to take folks with certain disorders/suicidal/etc.?
 

**Response:** In Mauricio’s experience, suicidal usually needs some place to sleep. If client meets criteria to move to different level of care, it will be assessed.
  - v. G. Cable – Medication verification / administration:
 

**Response:** Working with the pharmacy at the medical center. Double check what the DOH will allow them to do.
  - vi. G. Cable – If client goes to a detox facility and receives medication there, will the sobering center be able to accept them back and discharge with supportive services?
 

**Response:** Need to look at the criteria before the client comes in to see what the withdrawal management risk is. They could possibly connect them to the inpatient unit. Client leaves recovery center -> ER -> they may not be able to bring them back but would look for alternatives to possible transfer them to the inpatient unit at Lourdes. Comprehensive in Yakima an option as well.
  - vii. G. Cable – Able to do basic vitals?
 

**Response:** Yes
  - viii. G. Cable – Any limits to Blood Alcohol Level (BAL) or would it be case by case?
 

**Response:** Limits will need to be set. The higher the BAL, the higher risk.
  - ix. G. Cable – How they came up with that number of beds (20)? What previous barriers were there to give the sub-acute detox a capacity of 12?
 

**Response:** Main barrier previously was insurance. Difference here is that it would be open to everybody. Conversation with King County, they had ENTs in the vicinity in training, 15:1 ratio. With the addition of the peer counselor and aides, it gives the ability for a larger number of beds (20).
  - x. Carla Prock – Location: Do you see barriers if establishing services early on in Pasco and then relocating once the campus in Kennewick gets set up?
 

**Response:** It would be a challenge, not ideal, but not out of the question. Possibly a need to duplicate services. Wouldn’t be a lack of services to offer. Their goal is to serve the community.
  - xi. Kevin Crowley – Is there a reasoning for utilizing PD or EMS for transport?
 

**Response:** They wouldn’t unless a 911 call is needed. Add a third person and security to the busy shifts to be able to transport persons in need. Mauricio mentions that it could save money in the long run for them to have their own car. In the past, they had an agreement with RadCab.
  - xii. K. Crowley – Most people needing to go to the ED or the other recovery center resources?
 

**Response:** Very rare that somebody coming into the detox facility needed that higher level of care for medical, in Enelida’s experience.

- xiii. Joel Chavez – King County’s name change to a diversion center, change in services?  
**Response:** Just the name of the facility was changed to make it clearer for the community. Services remained the same.
- xiv. J. Chavez – What kind of funding did they (King County) use for their diversion center?  
**Response:** Funded 100% by the County
- xv. J. Chavez – Thinking of the use here, will be less than King County; would you look at a per diem rate per bed filled? Or rate for all 20 beds regardless?  
**Response:** To make this feasible and have this program available year-round, having it funded 100% by this tax money is ideal. As lump sum/invoice tithe per month to cover operating costs. Otherwise, we will be back in the same position we are currently in; no detox, no staffing. Community need is growing faster than services available.
- xvi. J. Chavez – If funded, and using the Margaret location, what would be the time frame?  
**Response:** As soon as the DOH gives licensing, inspections are done, requirements met; 4 or 5 months.
- xvii. Michele Gerber – Low-barrier definition?  
**Response:** Not have so many different things blocking the service for the patient to come in. By having 100% funding by the county, one of the biggest barriers of payment (dealing with insurances) can be avoided and clients will be able to have access to these services. Also, can help speed up how long ambulance/PD is tied up at the facility when coming with a client. Ideally want to be able to let them leave within 10 minutes.
- xviii. M. Gerber – Location; Any room at LCC? Have you explored any other possible locations?  
**Response:** No space at LCC. No ideal place in downtown Richland. Looked at Margaret Street because of the location/radius of the emergency room/jail. It’s a campus that Lourdes already has and is available. Open to suggestions and any other areas. Also need to check on whether the location is open to this kind of service being present.

I. **UNITED FAMILY CENTER –**  
i. No Presenter Present

2. **Crisis Field Response RFP (update)** – C. Michael

- a. Hard copy handed out.
- b. Walkthrough, hitting some of the highlights.
  - i. Written as if Benton and Franklin Counties are together, with the hope that it is a shared resource between the Counties. Can be changed if that’s not the intent.
    - 1. Yellow highlights – wordage with that mindset of a shared resource
  - ii. Carla Prock - Education qualification: As it reads, it looks as though both roles are preferred to have the same education level.  
**Response:** – Not the intent. Can make the distinction if needing to be changed
  - iii. Let Chad know if something was missed and needs to be updated.
  - iv. With the “service, reporting requirements,” they tried to identify a number of things to record to take a look at how valuable is this service in our community.
    - 1. If anyone has suggestions, please take into mind:
      - a. How easy is the data going to be to collect?
      - b. What would be done with this information?
  - v. Doesn’t anticipate that the team will be busy all the time.
    - 1. Could help with collateral duties at the facility.
- c. No action necessarily needed today, other than review/edits by the committee.

- i. Preferable if comments could be returned prior to the next meeting, so changes to the RFP can be made, and a Final Draft could be presented at the meeting.
- ii. Comments should be sent directly to Chad so he can get a finalized RFP for next committee meeting.
- d. **Questions/Comments:**
  - i. Rebecca Grohs – A non “Comprehensive” agency could win this RFP, but then our expectation would be that in their down-time they would work at the recovery center under Comprehensive. Is that an issue?  
**Response:** We would need to talk to Comprehensive if that would be an issue. An agreement of sorts would need to be made.
  - ii. R. Grohs – Is there an intended budget for this project?  
**Response:** We don’t. Realistically, looking for those that are putting together a proposal to the RFP to put together a preliminary anticipated budget. Then based on that, making recommendations to the Commissioners about the budget. Can be found in category C of the “Required Content”.

### 3. **Election of officers** – BJ Olson

- a. Bylaws require an election of officers to be done at this meeting.  
 Current people serving in positions:
  - i. Chairperson – BJ Olson
  - ii. Vice Chairperson – Jason Bliss
  - iii. Secretary – Erin Petty
- b. Recommendation, according to the bylaws, is that the officers serve for one year and then give the opportunity for other committee members to serve, but there is no rule on term limits.

**MOTION:** Chad Michael makes a motion to keep BJ Olson as Chairperson for a second term. Kim Lettrick seconded and upon vote, motion carried.

**MOTION:** Kim Lettrick makes a motion to keep Jason Bliss as Vice Chairperson for a second term. Rebecca Grohs seconded and upon vote, motion carried.

**MOTION:** Gordon Cable makes a motion to keep Erin Petty as Secretary for a second term. Rebecca Grohs seconded and upon vote, motion carried.

### 4. **Discussion on Sobering Center Decisions**

- a. C. Michael - There are a number of questions to ask; Two facilities vs. one facility? All in an agreement what the services are?
- b. R. Grohs – Waiting for the next meeting seems ineffective, suggests an interim meeting or zoom call.
- c. J. Chavez – Suggests that the appropriate sub-committee meet and bring back a recommendation.
- d. C. Prock – Is there anything we need more from the applicants? Or do we just need guidance on how to make a recommendation to the Commissioners?  
**Response:** Agreed there is not much more information needed from the applicants. More so this group needs to talk and come up with a recommendation. If the sub-group has additional questions, they can reach out to the applicants in the interim.

**MOTION:** Rebecca Grohs makes a motion that the SUD sub-group evaluates the proposal presented today and bring forth their recommendation to the committee (anybody else interested in participating can join that group for this evaluation). Angie Manterola seconded. No vote was taken.

- e. BJ Olson – Suggest that the sub-group discuss holding fast to the one stop vs having other locations. Important conversation to address and bring back to the committee.

- f. C. Prock – Agrees and also suggests that the sub-group discusses a timeline. Are we willing to wait or do we need to interim with an agreement to transition.
- g. C. Michael – Suggests the sub-group also thinks about if the KGH/Trios building be done in phases and separated?
- h. M. Gerber – County Commissioners will vote on the 19<sup>th</sup> to issue their contract, with a notice to proceed September 27<sup>th</sup> and have indicated they hope to have a phased approach.
- i. BJ Olson – Would Lourdes be willing to move? (Question directed at presenters)

**Response:** Deferred to the CEO, but they would be open to discussion. No immediate answer, but they will discuss as a team.

#### **5. Recovery Center Facilities Branding – M. Gerber**

- a. Logo, Graphics
- b. Mission and Vision Statement
- c. Branding, having a name, even having slogans will have a big impact on fundraising
  - i. Asks that the County allocate a budget to develop some branding materials.

**MOTION:** Chad Michael makes a motion that the advisory committee is recommending that the Commissioners locate a firm that can start to work with branding and slogans for the Recovery Center. Gordon Cable seconded and upon vote, motion carried.

- d. BJ will contact the County representatives regarding this motion.

#### **Public Comment:**

None.

#### **Other Business:**

1. **Michele Gerber** - Run for Recovery; this Saturday at 9am, Wade Park in Pasco
2. **Carla Prock** – Lynx Healthcare; the pain management facilities in both Kennewick and Spokane have closed down. Please keep ears and eyes open for resources and concerns.

**Adjourned:** [3:17pm]