

BENTON-FRANKLIN BEHAVIORAL HEALTH ADVISORY COMMITTEE

Meeting Minutes | November 9, 2023

Call to Order: 2:00 PM

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

Approval of Minutes from October 12, 2023: The committee members all reviewed the October 12, 2023 committee meeting minutes. Jason Bliss moved to approve the minutes as presented. Becky Grohs seconded. Minutes were approved.

Public Comment: No public comments.

Discussion Items:

1. Workforce Subcommittee – J. Roach

- a. Series of conversations with various members of the community
 - i. Focused on staffing of all the services once they are in place
- b. Question posed: What are we doing to re-start the chemical dependency/AA program at CBC
 - i. Program was discontinued years ago
 - ii. Putting the cart before the horse to look into that topic
 1. Need to figure out what the needs are based on our own facilities' staffing plans
 2. What certifications might be needed as we can see it thus far
 3. Public/Private partnership that might be required
 4. Long-term stewardship kind of vision
- c. The workforce subcommittee requests some time to meet with Comprehensive to get a rough outline of the staffing plan so they can target their efforts before taking any further steps.
- d. Staffing is a universal concern, not specifically Comprehensive expressing concern
 - i. Virtually every agency has a waiting list for outpatient services (3-6 months)
 - ii. Sometimes clients can be triaged and got in sooner, not always the case
 - iii. Concerned about pulling from existing providers to staff this
 - iv. Starting a new program or restarting a dormant one would be a long-term stewardship vision
- e. Would it make sense to possibly survey the local providers about the needs in terms of workforce development?
 - i. Could help get a bigger picture
 - ii. Access to statewide data already
 1. Useful to survey our own community
- f. Need to figure out:
 - i. Positions that the facility will be staffed with
 - ii. What are the titles of those employees
 - iii. What training will be required
 - iv. Can then figure out what resources we have in the community
- g. Goal is to predominantly staff with bachelor's level or below (Comprehensive)
 - i. Peers, High School, AA, Bachelors

- ii. Knows there is a national workforce shortage around nurses
- h. Regardless of the direction we go in, we should be thinking about how we participate in the marketing and outreach of that.
 - i. Historically, Community and State colleges do a poor job at this
 - ii. PR perspective early on will be useful
 - 1. Demand won't be generated just by getting a program in place
 - 2. Can't count on the educational institutions to drive the demand
- i. CBC interested in potentially having a clinical rotation – for exposure
 - i. Internships, practicums, provides great opportunities to meet that need.
 - ii. Helps provide training, generate interest, potentially leads to employment.

2. Communications Subcommittee – follow up

- a. Last meeting – was asked to revisit the mission/vision language
- b. Would be to more clearly define the scale and scope of the committees' work
 - i. More PR than actually developing a new statement
 - ii. Commissioners will need to be involved with an substantive changes
- c. Committee members: Michele Gerber, John Roach, Carla Prock, Glenn Vaagen
- d. Would fall right into the marketing and outreach idea previously mentioned
- e. Jason Bliss, Matt Rasmussen had a meeting with a couple doctors associated with WSU
 - i. Had interest and would like to be involved in some way
 - 1. Workforce development, apprenticeships
 - 2. Research work, methods, data collection
 - a. Would all be valuable to have
 - ii. Another partnership to develop in the education community

Motion: Jason Bliss moved to encourage the communication subcommittee to meet and bring back a report to the next meeting. Kim Lettrick, seconded.

Clarification from earlier: Outside of making a motion, John will **not** be punished if he meets with Comprehensive as a member of the Workforce Subcommittee.

- f. **Question:** As committees get more active, should more members be?
 - i. Concern that these groups exist in isolation, a vacuum of info could be created
 - ii. Would like the long-term partner to be more involved with the committees.
 - iii. Ad-Hoc member would be encouraged
 - iv. In order to make a recommendation to include partners, it would need to be a motion.
 - 1. Come back next meeting with clear language.
 - 2. Common to see industry partners participate in committees, not necessarily as voting members.

3. Recovery Center Updates – M. Rasmussen

- a. Working with design-build team; programming phase
 - i. Back and forth with Comprehensive and architect talking about needs
 - 1. Narrowing down specifics
 - 2. Getting close to conceptual layout
 - ii. Call today with HealthCare Authority – who is responsible for determining whether or not this facility will be classified as an Institute for Mental Disease (IMD)
 - 1. IMD trigger points (Medicare/Medicaid)
 - a. 16 beds max

- i. Mental health and substance use are classified the same
 - b. Have to be able to demonstrate the facilities can operate completely independently from each other.
 - c. If triggered;
 - i. Would not qualify for Federal Medicare/Medicaid funds at all
 - ii. Most of the grants we have through the Department of Commerce, specifically require to **not** be an IMD. The state then has to pay the costs.
 - 2. Challenges with current thought process of how it all fits, according to the call today
 - 3. Will go back to Comprehensive to discuss on how to separate certain things
 - iii. Crisis relief (23-hr) – considered an outpatient service, so those beds doesn't count
 - iv. CSU – SWMS: Good case since they are two separate facility types.
 - 1. Still will want to see good separation.
 - v. HCA will give us guidance, but they ultimately have to make the determination
 - vi. **Question:** Is the issue from so much going into one building?
 - 1. Not just physical location, could be miles apart
 - 2. Needs to be operated completely independently
 - a. Payroll, Staff, Administration, Chief Medical Officer
 - vii. **Question:** From a legal perspective, who is the lawyer to help interpret the statutes
 - 1. County Attorney, will need to partner with him now
 - viii. Federal Regulation, trickles down to the State
 - 1. Others states that are operating similar facilities may just be having the State pay for the services.
 - 2. Can reach out to those facilities
 - ix. A lot of states have applied for a Federal IMD waiver
 - 1. WA currently has one, but not clear how long that will last or if it will be continued.
 - x. Grant is requiring this, or the funds will not come in (Capital Grants)
 - xi. Theoretically, could build and operate under that waiver until it expires and is enforced.
 - xii. Model in Lynwood, could reach out to them.
- b. Spoke with Mike Gonzalez about the Field Responders contract
 - i. To be managed by Benton County with Franklin County being a subscriber to it.
- c. Sobering Center
 - i. M. Gonzalez – working on a resolution, hopefully on agenda this coming week
 - ii. M. Rasmussen would first look at Franklin County's agreement with Lourdes and then an agreement would be worked on between the two Counties.

Public Comment: No public comments.

Other Business:

Alyssa Pearce and Judge Orosco – Franklin County mental health and recovery court introduction

M. Gerber – Holding a fundraiser breakfast on February 29th, Hapo Center. All proceeds will go to buy things for the recovery center. More information can be found online; Facebook, Coalition website, etc.

M. Gerber – New book published, "Witness to Addiction". A call to action, what the average person can do.

Adjourned: [2:36 PM]