

BENTON-FRANKLIN BEHAVIORAL HEALTH ADVISORY COMMITTEE

Meeting Minutes | January 11, 2024

Call to Order: 2:00 PM

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

Voting Members: Joel Chavez, Kim Lettrick, Chad Michael, Erin Petty, BJ Olson, John Roach, Dalina Hoffman, Sindi Saunders, Kevin Crowley, Jason Bliss, Jim Raymond, Mat Clarke

Non-Voting Members: Michele Gerber, Matt Rasmussen, Carla Prock, Ryan Washburn, Kyle Sullivan, George Block, Mike Gonzalez

Virtual: Erika Barton, Kelly Harnish, Cmdr Harmon, Brian Ace

Approval of Minutes from December 14, 2023: The committee members all reviewed the December 14, 2023 committee meeting minutes. Jason Bliss moved to approve the minutes as presented. Chad Michael seconded. Minutes were approved.

Public Comment: No public comments.

Discussion Items:

1. Recovery Center Updates – M. Rasmussen

- a. Validation phase wraps up in Mid-March
- b. Will see preliminary deliverables in about 30-days
- c. Rough order of magnitude estimate
 - i. Could be up to \$28.5 million dollars (high estimate) for the first four phases
 1. Phases:
 - a. Crisis Relief
 - b. Crisis Stabilization
 - c. Secure Withdrawal Management
 - d. Residential Treatment
 - ii. Current funding availability is at \$21.3 million
 - iii. Will be reaching out to the State lobbyists and Federal legislatures for additional funds
 - iv. If costs are less than funds available, betterments to the project can be done with those additional funds.
 - d. **Question:** C. Prock – is the \$21.3 including settlement dollars or just the tax dollars?
 - i. Just the grants that the County has and the \$5 million from the County Arpa fund.
 - ii. Does not include any of the other dollars
 1. Would like to save that money for operational costs
 - e. **Question:** J. Bliss – how much do we have gathered from the 1/10th?
 - i. Will be discussed in the Financial Report discussion item.

- f. **Comment:** J. Raymond – talking with Judge Orozco, she has work crews from her drug courts and is looking for work for them to do. Directed her to get in contact with Michele Gerber.
 - i. Worth exploring the idea of having the work crew at the KGH building to help.

2. Behavioral Health Funding Report – M. Rasmussen

- a. Financial Report was distributed to committee members.
- b. Currently at a shortage of (\$7.2) million.
- c. **Comment:** C. Michael – already agreed on a detox center cost and field responders, we don't have costs for those yet, but will need to be factored into these as well.
 - i. Once known, those costs will probably be coming out of the monthly revenues
- d. The need for capital dollars, if needed from our fund, would not be until mid-2025
 - i. Additional revenue would be in there by then.
- e. Will bring back a financial report on a quarterly basis – First month of each quarter

3. Addition of “partners” into various subcommittees – B. Ace

- a. Open item for conversation
 - i. Main context was around Comprehensive
 - 1. With them doing the work on this project, should we be adding them in on subcommittees as well
- b. BJ Olson
 - i. came up in the community relations sub-committee
 - ii. People who have interest or expertise, participating in subcommittees
- c. C. Prock
 - i. Consensus on initial idea – it would be acceptable to get subject matter experts and other people who have vested interested
 - ii. How ethical is it to potentially have people who may be seeking funding in the future, to also be on the planning/advice giving side of the larger project.
- d. M. Gerber
 - i. Possible to make a statement that they could be on it as long as they will not seek funding for x number of months.
- e. B. Ace
 - i. Will be challenging to figure out the conflict-of-interest vs having voices at the table who can bring expertise and experience
- f. M. Rasmussen
 - i. Not uncommon to engage with contractors as the contracts develop
 - ii. Make note early-on that no advantage will be given
 - iii. A lot of value to add those people who have that expertise
 - iv. Address each one on a case-by-case basis
- g. C. Prock
 - i. Conversation is not exclusive to subcommittees
- h. M. Rasmussen
 - i. Conflict of interest language in the bylaws
 - ii. Not decision makers within the committee
- i. J. Raymond
 - i. Re-inserting the original Recovery Coalition players
 - ii. **Question:** is Brian saying to reach back out to people for their expertise
 - 1. It can be navigated around, ask the right questions, be cautious.

- 2. Wouldn't be an issue for the Recovery Coalition as they don't want any public money
- j. C. Michael and J. Roach
 - i. Agree with the case-by-case basis for evaluation of conflict of interest.
- k. BJ Olson
 - i. **If any subcommittee wants to add any advisory members, let the full committee know.**

4. Workforce Committee Update – J. Roach

- a. Conversation with Doug Hughes (Dean of Health Sciences – CBC)
 - i. Prospect of reinitiating their substance use disorder professional certification program
 - ii. They are already well down the path (in the last month) of bringing the program back.
 - 1. Intention of it being activated this fall
 - 2. Target: 12-16 students
 - iii. He doesn't feel necessary for private investment side (bootstraps)
 - 1. Things sitting on shelf from old program
 - 2. Able to make this a pathway in their existing Health Sciences degree
 - iv. Curriculum was built and reviewed (passed with flying colors) for the first tier review for accreditation
 - 1. Already sent to the state for review, second step
 - v. Interested in collaborating with the committee for a good communications plan
 - 1. Help make the public aware of the program
 - 2. Those who could adjunct for some of the courses would be a big help (and a paid gig)
 - vi. Happy to come talk to the committee
 - vii. Still have outstanding conversations about nurse rotations, etc. but there was no major movement on those.

5. Community Relations Committee

a. G. Vaagen:

- KONA radio – Wednesday mornings timeslot held by the County, possible TV interviews
- i. Would like the committee to be more active in telling the narrative instead of being reactive.
 - ii. Looking at early March or end of April at the very earliest.
 - iii. Not as intimidating as it sounds, it is very conversational.
 - iv. Discuss the behavioral health needs in general, not just recovery center

b. C. Prock:

Formalized mission statement

- i. Bylaws – currently not very well plain language
- ii. Not easy to have an “elevator pitch” with the current language
- iii. Whether having mission/vision/values, or pulling out language from the Bylaws
 - 1. Have it consistent so members can use that, have it be conversational.
- iv. BJ is writing the draft this week.
 - 1. Will bring something back next week.

Public Comment: No public comments.

Other Business: No other business.

Adjourned: 2:29 PM