

LIST OF ENDORSEMENTS FOR BEHAVIORAL HEALTH RECOVERY CENTER



Updated: 12/11/2020

Name	Position	Company	Location
Tom Adams	Family Therapist		Kennewick
Blanche Barajas	Mayor Pro Tem	City of Pasco	Pasco
Benton County Commissioners		Benton County	Benton County, WA
Matt Boehnke	Representative	8th legislative District, Washington	
Jason Bliss	Senior Outreach Coordinator	Oxford House of WA Alaska & Montana	Pasco
Sharon Brown	Senator	8th Legislative District, Washington	
Dr. Carlton Cadwell	President	Cadwell Laboratories & Owner Pacific Clinic	Kennewick
Joel Chavez	Regional Manager	Community Health Plan of Washington	Pasco
Norma Chavez	Director, Agricultural & Seasonal Workforce Services	Employment Security Department	Kennewick
Chiefs and Sheriffs of Benton & Franklin Counties		Police and Sheriff Departments	Benton and Franklin Counties

Name	Position	Company	Location
Drs. Jake & Jennifer Dean-Hill	Family Therapists		Richland
Tim Dickerson	Deputy Prosecutor	Franklin County	Franklin County
Jennifer Dorsett	Community Coordinator	Community Prevention & Wellness Initiative	Pasco & Prosser
Aric & Gina Ellison	Owners	Paramount Communications	Richland
Jennifer Felicitas	Executive Director	Impact Compassion Center	Kennewick
Dr. Brian Flynn	Associate Director, Rear Admiral (retired)	Health Services - Department of Psychiatry - Uniformed Services University of the Health Sciences	Bethesda MD
Dr. William Forsythe	Physician		Richland
Harry & Pat Garrison	Owners	Garrison Appliance	Kennewick
Jan Gerlitz	Serenity Group Leader	Bethel Church Growth & Healing Ministry	Richland
Grace Clinic			Kennewick
Dennis Hanson	Attorney	Rodriguez, Interiano, Hanson & Rodgers	Kennewick
Sara Harpster	Executive Director	Safe Harbor Support Center & Crisis Nursery	Kennewick
Jerry Hatcher	Sheriff	Benton County	Benton County
Randy Jameson	Attorney/Owner/Partner	Armstrong, Klym & Jameson	Kennewick

Name	Position	Company	Location
Emily Jones	Executive Director	Benton Franklin Counties Medical Society	
Dr. Brian Lawenda	Physician		Kennewick
Philip Lemley	Member	Richland City Council	Richland
Joe Lusignon	Officer; Deputy Director	Benton County Sheriff Office & Young Marines (retired)	Kennewick
Ben Majetich	Chief	West Richland Police Department	West Richland
Steve & Theresa Maki	Owners	T Enterprises Inc. Truck Driving School	Pasco
Steve Maiuri	Training Director	Hanford Atomic Metal Trades Council	Hanford Site
Andy Miller	Prosecutor	Benton County	Benton County
Dr. Kevin Ochoa	Physician		Ocean Beach, WA
Angie Pacheco	Executive Director	Domestic Violence Services of Benton & Franklin Counties	Kennewick
Andrew Porter	Executive Director	Union Gospel Mission	Pasco
Dave & LaVonne Praino	Owners	PS Media Inc.	Kennewick
Michael Rader	Vice President	Merrill Lynch Investment Managers	Kennewick
Jim Raymond	Sheriff	Franklin County	Franklin County
Matt Riesenweber	President	Cornerstone Wealth Strategies Inc.	Kennewick
Anthony Roa	Parole Officer	Washington Department of Corrections	Kennewick
Brian Roach	Attorney	Roach & Bishop	Pasco
Dr. Sandy Rock	Physician	Environmental Interpretive Consultations, LLC	Issaquah WA
Ken Roske	Chief	Pasco Police Department	Pasco
Beau Ruff	Attorney		Kennewick

Name	Position	Company	Location
Dan & Sandy Sanders	Owners	CMS Builders LLC	Richland
Shawn Sant	Prosecutor	Franklin County	Franklin County
Michele Santo	Community Coordinator	Pasco Discovery Coalition	Pasco
Duane Schmoker	Director	Sterling Engineering & Consulting	Richland
Kristi Sharpe	Community Coordinator	Kennewick Key Connection Coalition	Kennewick
Marsha Stipes	Chairperson	TriCities Immigrant Coalition	Richland
Cheri Snowwhite	Community Relations	Amerigroup, Inc.	Richland
James Steele	Corrections & Custody Officer	Washington State Department of Corrections	Kennewick
Dr. Erik Stenehjerm	Adjunct Professor of Entrepreneurship	University of Washington; Owner, Tenn Tech LLC.	Seattle
Tara Symons	Coordinator	Therapeutic Courts	Benton County
Charles Torelli	Member	Kennewick City Council	Kennewick
Tri-City Herald Editorial Board	Tri-Cities newspaper	Tri-City Herald	Kennewick
Dr. Noel Vest	Research Fellow	Stanford University School of Medicine	Stanford CA
Randy Walli	Business Manager	Plumbers & Steamfitters Local 598	Pasco
Clifton Watson	Substance Use Disorder Professional	First Steps Counseling	Kennewick
Matthew West	Executive Director	Elijah Family Homes	Richland
Max & Janet White	Board Member	Benton Franklin Recovery Coalition	Kennewick
Brad Wilson, RN	Director, Regulatory Development & Integration	Tri-Cities Treatment Center	Richland
Dave Wilson	Executive Director	Merit Resources	Kennewick

Name	Position	Company	Location
Briana Zavicar	Community Coordinator	Coalition for a Healthy Benton City	Benton City

Benton-Franklin
5K Run for Recovery

*Stand up for Recovery!
Support Recovery!
Express the Joy of Recovery!
Celebrate Recovery Heroes!
Join Community Leaders!*

Sat, Sept 21, 2019
9:00 AM
Rd 54 & W Sylvester St, Pasco
Course – Wade Park to Moore Mansion



**Sponsorships Available: Platinum, Gold,
Silver, Bronze & In-Kind Donations**

Endorsed by:

- * Benton County Sheriff's Office
- * Benton County Prosecutor's Office
- * Benton County Fire District No. 4
- * Greater Columbia Behavioral Health
- * Teen Challenge Pacific Northwest
- * Bethel Church
- * Franklin County Sheriff's Office
- * Franklin County Prosecutor's Office
- * West Richland Police Department
- * Catholic Charities of Central Washington
- * Grace Clinic

Register at: Run4RecoveryTriCities

Sponsored by [Benton Franklin Recovery Coalition](http://BentonFranklinRecoveryCoalition) and Oxford House, Inc.



Addiction and Recovery in the Tri-Cities

Panelists



Dani Stenehjem
Grad student in
Addiction Studies
at EWU



Dr. Michele Gerber
President, Benton-
Franklin Recovery
Coalition



Dr. William Waters
Comprehensive
Healthcare

The Tri-Cities is the only metropolitan area in Washington State that has **NO** detoxification or inpatient addiction treatment facilities.

People needing help must linger on long waiting lists and then travel to services outside the area.

In this free, 1-hour webinar with Q&A, our panelists will discuss:

- The need for, and current status of, efforts to establish such services in Benton and Franklin Counties--to serve southeastern Washington and surroundings areas
- Personal and professional experiences with the disease of addiction
- Personal and public benefits of recovery
- What YOU can do about the addiction epidemic.

Tuesday
September 22, 2020
5 – 6 pm

Register [here](#) to
receive the Zoom link

*Especially for:
Those affected by
addiction, healthcare
service providers,
community leaders*

Questions?

Kirk Williamson

kfw@bfcha.org | 509-539-2036



FACEBOOK.COM/TRICITYHERALD • TWITTER.COM/TRICITYHERALD

EDITORIAL

Drug addiction is a disease. Let's treat it that way

BY THE TRI-CITY HERALD
EDITORIAL BOARD

The stigma surrounding drug addiction has to end.

People tend to put addicts in a different category than others who need medical help, and that attitude is contributing to the skyrocketing number of drug-related deaths in our community and our country.

Addiction is a disease, and it should be treated that way, says Michele Gerber, president of the newly formed Benton Franklin Recovery

Coalition.

If it was, then more addicts would get the help they need instead of being shunned. They wouldn't be left feeling helpless as they try to deal with their addiction alone, and families of drug users would be better able to find support as well.

Gerber and other members of the nonprofit are on a mission to get rid of the shame surrounding addiction, as well as connect community resources in such a way that addicts can get the help they need more easily and more quickly.

We think this is a much-needed action plan for the Tri-Cities, and we hope people who may have hardened opinions about drug use will keep an open mind and support the group's efforts.

The coalition started last June with just eight people meeting on Gerber's back porch. Now it has eighty members that include key leaders from law enforcement, the health care field and church ministries.

The retired Hanford site historian is turning her full attention to educating the community and getting

the group's core message out, which is that "addiction is a disease, not a disgrace."

Gerber is committed to making people more aware of this under-the-radar killer.

She and others from the organization met recently with the Tri-City Herald Editorial Board to explain the new nonprofit's mission, and their statistics show the problem are alarming — 72,000 Americans died directly from drug overdoses in 2017, and that even more people died of indirect addiction-related causes.

This number represents more deaths of Americans than from the Vietnam, Afghanistan and Iraq wars combined. In addition, it is estimated one American dies of drug addiction every 7.3 minutes.

And these numbers do not include alcohol and tobacco addiction. The misuse and addiction to opioids, prescription pain medicine and heroin is considered a national crisis by the U.S. Department of Health and Human Services.

Clearly, drug addiction is a devastating problem in our country.

Dr. Amy Person, the public health officer for the Mid-Columbia, is vice president of the new recovery coalition and said educating health care providers about substance abuse disorders is key to getting addicts help.

Many doctors and nurses don't understand how

to treat addicts for their drug use when they come in to the hospitals or medical clinics for other ailments, and that needs to change, coalition members said.

In addition, the group also would like to find more help for drug users once they are released from jail, as well as reopen a detox center in the Tri-Cities.

These are just a couple key ideas coalition board members brought to our attention, but there are many many more. Gerber has started something amazing, and we are impressed she has taken this major social problem head-on.

Benton County Sheriff Jerry Hatcher is on the coalition's board of directors, and he told us he believes the group's efforts could be the "gold standard in the nation."

We think so too.

GUEST OPINION

Tri-Cities needs a recovery center now more than ever



BY MICHELE S. GERBER

The Tri-City area has needed a comprehensive Bi-County Recovery Center for a long time. However, the need is now more crucial than ever.

COVID-19 has tried the emotional patience and frizzled the nerves of everyone, but nowhere near the way it has harmed those struggling with substance abuse and mental

health problems.

Community, healthy social contact, shared struggles and wisdom, and storytelling are at the heart of recovery from substance use disorder (SUD - addiction). People trying to gain or maintain recovery need people! For them, social contact is not a fun indulgence, it's an imperative. And meetings on Zoom or other electronic platforms just don't work as well.

We already know that COVID-19 has raised the rates of suicide in the Tri-Cities, as well as the rates of depression and relapse from SUD, according to local officials and treat-

ment agencies. Across the country, hotlines for emotional and mental distress are up 350-900 percent, according to the National Institute of Mental Health.

And things are about to get worse.

Behavioral health impacts follow disasters of all types with a lag time of 6-9 months post-initial outbreak, according to the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

As a result, the Washington State Department of Health estimates that 2-3 million Washingtonians will experience behavioral health symptoms over the

next 3-6 months, and half of those will develop a substance-related disorder! Suicides could increase by 103-412 people statewide.

A former high-ranking SAMHSA official captured this dark prognosis succinctly: "There is little question that the behavioral health footprint will be bigger than the acute medical footprint...and will last much longer...we are just seeing the tip of the iceberg."

Unfortunately, we in the Tri-Cities are not in a good position to deal with the SUD and mental health deluge that is predicted.

We are the only major metropolitan area in the state that has no detoxification or residential/inpatient treatment facility for SUD.

Spokane, Yakima and even Wenatchee have resources that we do not, as do the cities of western

Washington. This situation exists at the same time the Tri-Cities prides itself on being a medical center of excellence for the entire region. This condition is shameful, and we need to fix it.

A comprehensive Bi-County Recovery Center would benefit businesses, hospitals, police and sheriff agencies, families, taxpayers and addicted people themselves. Allowing our people to suffer from a terrible disease while they have nowhere to go except places with waiting lists far from home is no cause for community pride. All of us, as well as our large hospitals and other institutions, should be working as quickly as possible to correct this situation.

Michele S. Gerber retired from the Hanford Site and is now President of the Benton Franklin Recovery Coalition.

Tri-City Forum

OPINION

GUEST OPINION

Why we need to understand addiction in the Tri-Cities



BY MICHELE GERBER

Quite simply, we in Benton and Franklin Counties need to understand the disease of addiction so we can come together and develop solutions that work.

First, we need to know that addiction is a real, physical disease. It is an equal-opportunity brain

disease that can strike people whether they seek out psychoactive drugs or develop the disease from prescribed medications.

Genetic predisposition plays a large role in whether a person goes from casual, short-term use into the chasm of addiction, or can stop use with little or no discomfort. Body type, previous traumas, numbers of neurons and strength of neurotransmitters in the brain, and many other factors play a role.

Science now can show us this disease on brain scans and measure the



strength of electro-chemical signals in the brain. Yet, throughout history, addiction has been seen as a choice, and a poor one at that. Stopping drug use, it has been said, is as easy as deciding and doing.

If "just saying no" were the answer, we wouldn't

be experiencing the largest disease epidemic in U.S. history.

We wouldn't be losing an American to addiction every 7.3 minutes, and more Americans per year to this disease than car crashes and gun deaths combined.

We wouldn't be seeing at least two Tri-Citians every month die as a direct result of addiction, and greater numbers die from addiction-related causes such as abscesses, pancreatitis, liver failure and suicide. Yet, we are seeing these things and more.

If you go

When: 11:30 a.m., Thursday, July 25

Where: Shilo Inn, 50 Comstock St., Richland

Cost: \$25 for Badger Club members, \$30 for nonmembers, \$35 day of the event. Registration is required.

RSVP: Call 628-6011 or go to cbbc.clubexpress.com

COMMENTARY

Minimal help through minimum wages



BY JAY AMBROSE
Tribune News Service

If you're thinking of raising the federal minimum wage to \$15 an hour, you need maximum compassion, and liberals don't have it. Promises of more

FROM PAGE 1C
RECOVERY

miss overdoses, means we must do something different. Ignoring, incarcerating, shaming, lecturing, shunning, pleading, and punishing have not worked.

Addicted people need help. They need medicine, safe places to recover, time, acceptance, and rest.

We, in Benton and Franklin Counties, are smart, resourceful, and

generous. We need to provide detoxification centers, an inpatient treatment center, and a diversion center where non-violent offenders found with tiny amounts of drugs can go for treatment instead of arrest.

Join Michele Gerber, Ph.D., Becky Grohs, R.N., and Benton County Sheriff

Jerry Hatcher at the Badger Club on July 25 for a discussion of what we can do together! Badger Club members will be able to put their questions directly to the speakers.

Dr. Michele S. Gerber is president of the Benton Franklin Recovery Coalition.

Boys, "Dead Man's Curve" by Jan and Dean, "Little Red Corvette" by Prince, "Drive My Car" by a famous group that was originally named The Silver Beetles. The music highlighted the erotic and dangerous fascination with the automobile's emergence in everyday life, particularly when offering freedom and

to see her exiting the Bug and praise her resilience. I'd like to ask how she has kept driving it for so many years. She must have many stories about staying true to this machine. And it would give me a chance to reminisce about my own Beetle.

Hooke is a philosophy professor at Stevenson University.

SEE RECOVERY, 3C

Tri-City Forum

OPINION

GUEST OPINION

Recovery month highlights Tri-Cities need



BY MICHELE GERBER

September was established as National Recovery Month by the federal government in 1989, to raise public awareness about the disease of addiction and the reality of recovery. This year, the Benton Franklin Recovery Coalition is posting signs, reader boards, media spots, local Recovery Stories, and special presentations highlighting the possibilities and benefits of recovery from addiction (Substance Use Disorder) in our communities.

The Coalition is working with partners to spread knowledge, feature people who have recovered and become productive, tax-paying members of society, and advocate for a comprehensive Recovery Center for our communities. The Tri-Cities is the only major metropolitan area in the state without detoxification and inpatient treatment facilities, yet Tri-Citians are on waiting lists for these services throughout the Northwest.

Having a local Recovery Center will reduce repeat visits to hospital emergency departments, help reduce crime and lower the strain on jails. By providing timely treatment to addicted persons, it will allow families to participate in treatment, keep treatment dollars in the Tri-Cities, and provide a key asset for employers in the region.

Science has shown conclusively that addiction is a brain disease, with susceptibility caused mostly by genetic and biochemical factors. It's an equal opportunity disease affecting all races, sexes, and socio-economic groups. Contrary to popular beliefs, most addicted people come from middle-class homes and were not raised in dysfunction.

Addiction is an especially cruel disease, because it changes people into almost unrecognizable versions of themselves. In active addiction, people do not behave well! They often don't listen well or follow through, don't make logical choices or exercise good judgment, and they live according to priorities that don't make sense to the rest of us. For them, the priority is drug-seeking, as a physical imperative, and they pursue that priority at the expense of all else.

People in this phase of the disease cannot be "scared straight," and can't be threatened or punished into not having the disease of addiction. They need treatment!! As long as treatment is not provided, they are more

FROM PAGE 1B

MONTH

likely than not to continue to commit petty crimes, and be disruptive and a burden to society.

In 2019, the number of deaths directly attributed to addiction rose to 70,980, or 194 people per day! Now, due to the isolation and despair of the corona virus, 2020 numbers are on track to rise 12 percent higher. If true, that will mean 217 Americans dead per day this year - a number equal to the death toll from the September 11, 2001 terrorist attacks happening every 13 days!

The good news is that addiction can be treated successfully, people do recover, and we need to reclaim those people in our community. Today, an estimated 22 million Americans are living in recovery from addiction - nearly 30 percent more than the number of people living in recovery from cancer. Not everyone will recover from addiction. However, for those who do, the joy and renewal to families and individuals, and the restoration of effective members to communities, can buckle our knees with pride.

Let's unite to establish a comprehensive Bi-County Recovery Center in the Tri-Cities. Contact our elected representatives at every level and insist that they dedicate public funds to this incredibly important cause. The costs of treatment far outweigh the costs of doing nothing.

Dr. Michele S. Gerber retired from the Hanford Site and is President of the Benton Franklin Recovery Coalition. Learn more by visiting <http://www.509recovery.org/>.

SEE MONTH, 3B

TRI-CITIES RECOVERY CENTER YOUTUBE VIDEO

<https://youtu.be/OLog8ugDVTE>



[VIEW THE FULL PLAN HERE](#)



BENTON & FRANKLIN COUNTIES

COMMUNITY HEALTH IMPROVEMENT PLAN



2020

PRIORITY NEED THREE: BEHAVIORAL HEALTH CHALLENGES

Behavioral health is the term used to refer to issues once classified as "mental health." Over time, it has been expanded to encompass more areas of care including addiction, behaviors, and habits that affect overall well-being. Behavioral health challenges was identified as one of the most important unmet health-related needs in the community. Local health status indicators, as well community input from the Stakeholder Interviews and Listening Sessions, support this as a definite issue. The two goals under this health priority include upstream, prevention efforts as well as crisis intervention activities related to mental health, suicide, and substance use disorder. There is also some overlap with the access to care goal since many local behavioral health challenges stem from inadequate access to needed resources and services, or other system barriers that address behavioral health issues.

Initial Planned Activities

The steering committee identified two overarching goals related to behavioral health challenges, one that focuses more on prevention and crisis intervention efforts, and one that focuses on the system level issues that create barriers when seeking help for behavioral health concerns. Some of the initial planned activities include:

- Complete a comprehensive behavioral health needs assessment (to also include substance use disorder treatment providers)
- Support and promote community resilience messaging campaigns
- Train local providers in Mental Health First Aid
- Establish a Mental Health Navigator position to train K-12 staff and connect schools with mental health resources
- Promote and support additional means restriction events throughout the community (ex: lock box give-a-ways, medicine take back days, etc.)
- Implement the Columbia Protocol in emergency departments, hospitals, and clinics to identify risk and decrease suicides
- Support community efforts to establish a comprehensive recovery center with detox facility



[VIEW THE FULL PLAN HERE](#)

COMMUNITY HEALTH IMPROVEMENT PLAN 2020 - 2022

Kadlec Regional Medical Center



To provide feedback about this CHIP or obtain
a printed copy free of charge, please email
Karen.Hayes@kadlec.org.



from the following population and sector categories: behavioral health, homelessness, health care, seniors, Hispanic/Latinx people, domestic and sexual violence, first responders, substance abuse, pre-K-12th grade education, post-secondary education, LGBTQ identifying people, refugees, and persons living with a disability. The sessions were typically recorded with participant permission, and one or two note takers captured participant responses.

In an effort to include input from as many community partners as possible, the steering committee opted to disseminate the stakeholder survey from the stakeholder interview packet. An electronic copy was distributed via email distribution lists from BFHD, hospital partners, and BFCHA. Paper surveys were also completed by members of 20 coalitions, boards, and community partner agencies. Over 200 survey responses were received, analyzed and included in the community input data.

Identification and Selection of Significant Health Needs

The CHNA steering committee recognizes the value in having community members and community stakeholders participate in the CHNA process and share their perspectives. As the people who live and work in the counties, they have first-hand knowledge of the needs and strengths of their community. To gather community input, listening sessions were conducted with community members and community stakeholders were interviewed and surveyed.

Ten listening sessions were completed with a total of 96 community members. Participants shared their vision for a healthy community, the health-related needs of the community, and the assets that currently help the community be healthy.

Surveys were completed by 256 stakeholders. They were asked to identify their top five health-related community needs. Stakeholders prioritized one health-related need substantially above the others: behavioral health challenges, including mental health and substance use disorder. Two additional needs were given high priority and tied for importance: access to behavioral health services and homelessness/housing instability. These top three needs mirror those of the stakeholders who were interviewed.

The steering committee completed 16 community stakeholder interviews, including 40 stakeholders who are people invested in the well-being of the community with first-hand knowledge of community needs and strengths. Stakeholders were asked to rank unmet health-related community needs. For those needs, stakeholders shared which populations are most affected, gaps in community services to address the needs, and barriers to services.

Community Health Needs Prioritized

The collaborative partners identified the following three priority health needs:

PRIORITY 1: BEHAVIORAL HEALTH CHALLENGES

Behavioral health challenges include mental health, suicide, and substance use disorders. Groups identified as being especially affected are people experiencing homelessness, youth, older adults, veterans, and those who identify as LGBTQ.

COMMUNITY HEALTH IMPROVEMENT PLAN

Summary of Community Health Improvement Planning Process

The prioritization process included evaluating Local Health Status Indicators, considering change over time, comparison to target numbers outlined by *Healthy People 2020*, and the severity of the difference between state and local numbers. Approximately 70 data points were categorized into nine topic areas: obesity, physical health, mental health and suicide, substance abuse, homelessness and poverty, aging issues, community violence and safety, access to health care, and sexual and reproductive health.

A community partner compression prioritization session was held with over 50 representatives from community partners and agencies. Participants included representation from health care networks, local clinics, public health, first responders, behavioral health, long-term care facilities, local chambers of commerce, student nursing programs, and other service-oriented community-based organizations. The prioritization process included group discussion and reporting out which resulted in seven priority health issues: obesity, youth sexual and reproductive health, violence and community safety, social determinants of health, behavioral health challenges, access and cost of all health care, and aging and long-term care issues. Participants then selected their top three issues which resulted in three issues being clearly identified as the top three priority issues:

1. Behavioral health challenges
2. Access and cost of all health care
3. Social determinants of health

Kadlec has also independently prioritized a fourth issue: Obesity/Maintaining Healthy Weight.

Kadlec anticipates that improvement plan strategies may change and therefore, a flexible approach is best suited for the development of its response to the CHNA. For example, certain community health needs may become more pronounced and require changes to the initiatives identified by Kadlec in the enclosed CHIP.

Addressing the Needs of the Community: 2020- 2022 Key Community Benefit Initiatives and Evaluation Plan

PRIORITY #1: BEHAVIORAL HEALTH CHALLENGES

Community Need Addressed

Behavioral health challenges include mental health, suicide and substance use disorder.

Goals (Anticipated Impact)

Reduction in the suicide rate and improved community substance use disorder treatment services.

Scope (Target Population)

Older adults and youth.

Table 1. Outcome Measures for Addressing Behavioral Health Challenges

Outcome Measure	Baseline	FY20 Target	FY22 Target
1. Decrease suicide rates per 100,000	20.11 per 100,000	16 per 100,000	Zero suicide
2. Reduce opioid overdose hospitalization rate and opioid overdose death rate	19.86 per 100,000; and 8.6 per 100,000	18.5 per 100,000; and 8.2 per 100,000	17.87 per 100,000; and 7.8 per 100,000

Table 2. Strategies and Strategy Measures for Addressing Behavioral Health Challenges Note: Behavioral health and homelessness are connected*

Strategy(ies)	Strategy Measure	Baseline	FY20 Target	FY22 Target
Complete suicide risk assessment in Kadlec Emergency Department on patients presenting with mental health as chief complaint and those with diagnostic triggers	Percentage of patients screened	ED patients presenting with mental health as chief complaint and diagnostic triggers are screened for suicide risk; gathering data on % screened to establish baseline	Increase baseline percentage of ED patients screened by 10%	Goal % TBD
Train providers and community members in Mental Health First Aid (MHFA) and Positive Approach to Care (PAC)**	Number of people trained	165 trained in MHFA in 2019; and 0 trained in PAC in 2019	180 trained in MHFA; and 100 trained in PAC	250 trained in MHFA; and 150 trained in PAC
Integrate behavioral health in primary care	Number of clinics with integrated BH providers	One clinic	Three clinics	Four clinics
Work with partners to improve access to detox, recovery, and substance use treatment in Benton and Franklin counties	Number of providers and levels of service available	No detox and/or recovery center in Benton and Franklin Counties	Support community efforts to establish a detox and recovery center	Established detox and recovery center in Benton or Franklin County

** Explore partnership opportunities to provide mental health and suicide prevention education to the Hispanic/Latinx community.