Comprehensive Healthcare

Pathways to stronger communities

Fall / Winter 2017
Readers might not be aware of this agency’s growth over the years. Can you compare the Central Washington Comprehensive Mental Health of 1982 to today’s Comprehensive Healthcare?

The organization was very small back in those days. I knew every person who worked here and in most cases their family. We were largely limited to services in Yakima and Ellensburg with occasional forays into the Lower Valley. While the organization was small, it already had begun to be a leader in innovative programming in the state. It was unheard of to have a methadone program in a mental health clinic. We were beginning to look at residential and housing options for the chronically mentally ill. We have grown more than 10-fold in the years since. We have been very systematic in building a continuum of services to ensure our system could see people close to home and family. This has been accomplished by reinvesting savings accrued by avoiding institutional care into community-based care. Comprehensive is now in communities from Snoqualmie Pass to Walla Walla and Wenatchee to White Salmon. I meet new staff every day now. In 1982, we were all young, passionate about our work and committed to the mission. In 2017, staff are still often young and passionate about their work except that I meet staff who were born about the time of my 10 or 15-year anniversary at the company.

Rick’s leadership and in-depth understanding of local, regional and national behavioral health issues has pushed Comprehensive to the forefront. We have adapted to changes in our operating environment while remaining responsive to client needs – rather than having to react to issues or challenges. This has played a critical role in Comprehensive Healthcare’s growth and success.

— Senator Curtis King

Rick Weaver has been highly successful throughout his career because he always focused on the outcomes. It was never about him, only the people that could be helped. In Olympia, he is very highly regarded for his innovations and results. Mention his name and they always say “He is great, isn’t he.”

— Paul Nagle-McNaughton

Vice President

After 35 years at Comprehensive Healthcare, Rick Weaver is retiring at the end of January, 2018. His 22 year tenure as CEO is highlighted by an extensive list of milestones - including a significantly expanded geographic service area where thousands of new clients are served, adoption of a recovery-oriented model of care and community partnerships with a wide variety of service providers.

We asked the outgoing CEO to share his perspective on the long amazing trip it’s been.
Q. Has the philosophical approach toward behavioral healthcare changed in your tenure and how has it impacted clients and communities?

There have been many philosophical shifts in my time here. A major shift is in the approach to chronic mental health conditions. Back in the day, we were industry leaders in wrapping services around people with these conditions to keep them out of institutions and to ensure they had a safe place in the community. We helped get them housing, linkage to medical care and financial assistance. We ensured they had medication and took it. In some cases, we helped manage their money so that they would not find themselves on the street. We kept people and the community safe, but we also created chronic patients with little hope of something more. Today, we really think in terms of recovery. Recovery doesn’t mean cure in many cases, but it does mean paying attention to getting the best out of life. It might mean employment or school or volunteer work. It might mean service involvement ebbs and flows as needs change. Some of the new approaches to early intervention for first episode psychosis offer real help that might mean young people with schizophrenia might not become chronically ill at all. This change alone really makes me excited as I have had friends and family who suffer these illnesses.

Another big change is the effort to treat the whole person through integration of mental health, substance use disorder and physical health care. Often the discussion is about how mental health can be delivered in primary care settings. The idea is to treat the whole person and in a setting they go to in order to get care. Lots of people with relatively less severe mental health problems naturally go to their primary care office and it is great when we can accomplish that kind of integration. We, at Comprehensive, are excited about that and have a good number of partnerships to bring our skills into clinics throughout our service area. I am even more excited about the opportunities to get good medical care and to our seriously mentally ill clientele. These individuals have significant health issues that often go unseen dying 25 years or more earlier than others. They don’t go to or don’t fit in well in usual settings. Bringing primary care services to the places they do go, like Comprehensive, will make a huge difference. We have two such arrangements with partner organizations. Those programs are making a difference.

I can’t mention the issue of stigma. Stigma is a huge barrier to people seeking and completing care. Families don’t want it known that their loved one has a mental health condition. There are problems in the work place. A history of treatment can affect social and work opportunities. It’s really unfortunate that lives are lost because people don’t seek care. There is unnecessary suffering in cases where people can and do get better with treatment. There has been a lot of progress in recent years but there is more to be done.

Q. You are fond of saying that community treatment trumps institutional care every time. Can you expand on that?

People get better when they are close to home and family. Especially with the elderly, familiar surroundings help predict good outcomes. When we send people away they lose connection to natural supports and they require much longer stays and may not get better at all. When we began programs at what once was Heritage Grove and later Garden Village, we saw people go to state hospitals where they would often die away from family. Now those same people are in the community enjoying a good life with family for many years. FYI, community treatment is also cheaper for families and the taxpayer.

Q. You have just completed an agency name change, experienced growth in geographic areas served and built/remodeled several facilities. What is driving those changes and are there more on the horizon?

There are a number of factors. Our growth has taken us outside Central Washington and in several cases statewide. We have not grown just to get bigger. We have grown because organizations and communities have come to us to provide solutions. We came to many of our communities because counties or community groups sought us out to bring services to their areas. In other cases, state agencies or legislators have sought us out to develop services for statewide audiences. That these groups have thought so highly of the work done by the staff of Comprehensive is very satisfying.

Another part of our growth has been a commitment to building a full continuum of services to meet the needs of our region. Very early on, we set a goal of treating people in the community and offering care close to home and out of institutional settings. We knew it was the preferred course and produced the best outcomes. It also saves money for individuals, families and the taxpayer. We created a vision for a community system and systematically invested the savings in services that improved outcomes and produced additional savings. We now have a system that is the envy of many in the state and country. We aren’t close to done, but we have made very good progress. Projects coming down the pipe include a crisis stabilization facility under construction in Walla Walla, a proposed adult inpatient unit co-located at Yakima Valley School and a secure detoxification facility to meet the needs of a recently enacted Involuntary Treatment Act for persons with substance use disorders.

Also important was our desire to accurately describe what we do as health care. We are healthcare because the brain is part of the body. We are health care because we have found ourselves in numerous whole-body health partnerships to find better ways to integrate care. We have been aggressively preparing for changes in the health purchasing arrangements in Washington State that are intended to build on those efforts.

Q. Comprehensive has engaged with several new partners in recent years. Are integrated services the future of behavioral healthcare?

I truly think integrated care is the only reasonable way to think about caring for people. While there will always be some specialty care, you really can’t treat either brain issues without attending to the rest of the body or physical health issues without attending to the brain issues attendant to them. There are so many behavioral health techniques that support care for physical health issues. Diabetes, musculoskeletal problems, cardiac care are just a few of the things we do. We must be creative and find more effective ways to engage with our partners to get the best results for our patients.
It all started nearly 24 months ago. Comprehensive Healthcare completely remodeled its main office. Most of the 66,712 sq/ft building and 200 staff members were touched at one time or another by the massive project.

Why did they do it? Comprehensive CEO, Rick Weaver explains, “We grew tremendously. The expansion of Medicaid and the assumption of new geography and programs created a huge increase in staff. We moved people to other locations and rented more space. But those efforts didn’t meet our needs completely. So, we had to reconfigure space in the main office to accommodate staff and clients. The reconfiguration allowed us to put most of our client spaces in a more convenient first floor location.”

Renovating an occupied space presented obvious challenges. “Maintaining services and the continuity of services during construction while keeping the environment clean and safe was challenging,” said Property Management Director, Brad Jones. “With all the moving parts, it took good communication and teamwork from the staff, architect and contractor as well as cooperation from clients and visitors.”

The result is improved access and safety/security. Growing programs and new programs now have the space they need. And teams that work collaboratively are in closer proximity to each other. All this in a warm and client-friendly environment.
examples. Showing my bias toward the care of those with serious and chronic mental illness, I am especially interested in getting physical health care to persons with serious mental health issues. I think it will be a truly great thing to build on physical health offerings in behavioral health settings as we have been doing with several partners in the community.

Q. What do you see as the biggest challenges facing Comprehensive going forward?

A. First and foremost, the number one issue is workforce. The current educational system is not geared up for the demand. Even if we had the training slots we needed, we have a challenge in attracting people to the field. For example, psychiatry is the lowest paid specialty in medicine. The behavioral health field faces competition from other related fields (e.g., education, government) that can provide better compensation. A second issue is financing. Behavioral health services are often subject to significant variations in funding. Available funding and priorities change. The ability to maintain a stable service offering and workforce is critical. I’m proud that we have been able to do that. It’s really hard and requires a good radar to see things coming. That is a challenge right now but I’m optimistic.

People are probably not aware of the influential role you’ve played at the state level. Why have you invested in that and, generally, what are the benefits of your efforts to Comprehensive?

A. I don’t know about influential, but I’ve always showed up. If you are not present, you don’t have any grounds to complain about it as things in Olympia or in state or regional agencies develop. I’ve always been active whether it is with our local legislators or those from Seattle or Colfax. I’ve focused more on how can we use what we have better and less on give us more. Showing up for hearings and speaking simple English leads to small incremental positive changes.

I never cease to be amazed how few people actually show up for legislative, contract and regulatory activities. Many times, I’ve seen legislators from Seattle back our position because their own constituents didn’t show up. Working with state agencies and legislators has allowed me to tell the story of the great work that the staff members of Comprehensive do and to tell them of the needs of our communities. We have had numerous opportunities to be the first developer in innovative programs and in a number of cases the only group who got to do a program.

The reputation of your agency is solid throughout your service area.

Q. What is the root of that?

A. I think it is because we work at it. You can’t fake your way to a reputation. We look hard at what we can do and when we don’t meet the standard we work harder. Rather than dreading complaints or suggestions, we’ve worked to make it easier to provide us input. We have really invested, hardworking staff who care about patients and our communities. They don’t settle for good enough. They constantly work to get better.

Q. Relating back to the first question – 35 years is a long time. Thousands upon thousands of clients served. How do you feel about what Comprehensive has achieved under your direction?

A. I think it’s a little too close to things right now to give a complete answer. In my last month or two I’m totally focused on getting as many things done as I can. I am one who is never satisfied. I always see 20 or 30 or 100 things I’d like to do or make better. I know things are never done but I probably can’t get past the undone business feeling until I’m really done.

I feel really good about the service delivery system we have created in our region. We have services that are unavailable anywhere else in the state. More important, there is coordination of service across the continuum. In many places services are fragmented and patients and families are bounced around much more than they are here.

What I feel best about is the people we have helped. People come to us in really tough and heartbreaking circumstances. That we can help so many has made all the work worthwhile. The former patient who came up to me on the street and thanked me for changing her life by arranging her commitment to an inpatient unit twenty years ago was a truly life changing event for me. She now has a career and great young family and is living a happy life. How cool is that?

Will it be a beach in Hawaii – a second career – or something in between? What does retirement hold for Rick Weaver?

A. I expect it will be something in between for a while. I’ve agreed to be available to our new CEO, Jody Daly, for a while to provide some continuity and to finish some projects. It will be very much part-time. I have a number of consulting type opportunities around the state. I plan to be fairly picky and will entertain them based on their impact on the things I care about.

Mostly though, I’ll be spending some time at the lake. We won’t be strangers though.

Q. Why do you think people have come to you for help?

A. I think it’s because we work at it. You can’t fake your way to a reputation. We look hard at what we can do and when we don’t meet the standard we work harder. Rather than dreading complaints or suggestions, we’ve worked to make it easier to provide us input. We have really invested, hardworking staff who care about patients and our communities. They don’t settle for good enough. They constantly work to get better.
Milestones of Growth 

**UNDER RICK WEAVER ADMINISTRATION**

- Purchased and remodeled Sunnyside office and Crossroads Residential Facility (former osteopathic hospital in Sunnyside)
- Purchased Spruce Court Apartments (Yakima) Later completely remodeled them after a fire
- Purchased Naches House supported living facility (later arranged its donation to become Rod’s House)
- Purchased and remodeled supported housing apartments three locations and 20 beds in Yakima
- Purchased and remodeled supported housing three locations in Ellensburg
- Constructed Yakima Center offices (they have now been remodeled two times)
- Purchased Domestic Violence Shelter in Ellensburg
- Constructed Vista Del Sol Apartments Sunnyside
- Remodeled Comprehensive’s original group home
- Assumed operation of mental health and SUD services in Klickitat County
- Acquired new office in Goldendale
- Acquired new office in White Salmon
- Purchased and remodeled Yakima Sunrise Club location
- Purchased and later completely remodeled the former Strawn’s Nursing Home in Gleed
- Constructed new triage/detox facility
- Constructed Pathways co-occurring disorder residential program
- Constructed Two Rivers Landing children’s inpatient program
- Purchased and remodeled Pearl Street location in Ellensburg
- Purchased and remodeled 107 House supported living program
- Purchased and remodeled Cherry Street Apartments
- Constructed Bridges Adult Inpatient Program
- Began services in the Tri-Cities, opened an office in Pasco
- Assumed operation of mental health and SUD services in Walla Walla including several supported housing locations
- Opened a new Cle Elum office
- Remodeled and opened competency restoration program
- Assumed operation of the Rising Sun Clubhouse in Walla Walla
- In process:
  - Walla Walla Crisis Stabilization Facility
  - Yakima Valley School E&T

Rick’s vision of measurement based care played a significant role in the adoption of evidence-based therapies at Comprehensive. He understood where behavioral healthcare needed to go well before integrated care was even a buzz word. Because of Rick’s leadership, Comprehensive is viewed as one of the cutting edge organizations throughout Washington and even nationally.

— Ron Gengler, LMHC  
Chief Operating Officer

Rick has consistently challenged the silos and sought creative strategies to deliver integrated, comprehensive services to children and families. It has always been clear that his commitment is to serving people – not the needs and demands of bureaucracies. The state is so fortunate to have had Rick’s tireless commitment and dedication to better behavioral health care for our citizens.

— Representative Ruth Kagi

Rick is dedicated to providing top-tier mental health and substance abuse services to the many small communities throughout our region. His leadership has made many positive differences in the lives of so many people and families in our communities.

— Brad Jones, Property Management Director
Yakima Center
402 S. 4th Avenue
P.O. Box 959
Yakima, WA 98907
(509) 575-4084

Ellensburg Center
220 W. 4th Avenue - 98926
(509) 925-9861

Cle Elum Center
402 1st Street - 98922
(509) 674-2340

Sunnyside Center
1319 Saul Road - 98944
(509) 837-2089

Pasco Center
2715 Saint Andrews Loop, Suite C - 99301
(509) 412-1051

Goldendale Center
112 W. Main Street - 98620
(509) 773-5801

Walla Walla Center
1520 Kelly Place, Suite 234 - 99362
(509) 522-4000

White Salmon Center
432 NE Tohomish Street - 98672
(509) 493-3400

Comprehensive Board of Directors

Chair
Ronda Ide

Vice Chair
Bret Bohoskey

Secretary/Treasurer
Matthew Morgan

Lorenzo Alvarado
Steve Burdick
Jim Gibbons
Lynn Harlington
Tom Kloster
Dale Loveland
Howard Moore
Leslie Paddock
Kit Park
Rebecca Stewart LeVon
Jeanette Stromme
Teri Zavalney

Pathways © 2017, is published by Comprehensive Healthcare
Rick Weaver, President/Chief Executive Officer.
Call (509) 575-4084 with comments or suggestions,
or visit our website at www.comphc.org to learn
more about the services offered by Comprehensive.