

**Southwest Washington Behavioral Health Advisory Board (BHAB)**

Agenda January 23, 2017 4:00-6:00pm

**Clark College, Vancouver, WA**

**Attending Members:**

**Next Meeting:** February 21<sup>st</sup> 4pm-6pm

Rebecca Anderson, Heather Olson, Dominique Horn, Marcia Roi,  
Keri Stranberry, Kathy McNicholas, Cyndi Smith, Kay Roberson, Matti Neal, Charlie Mitchel

Kachina Inman, Evan Lemke, Daniel Smith, Cindy Wolverton, Breckon Baggs

TOPIC	Discussion	Outcome Desired/Outcome Achieved
Introductions		
Meeting voting process from Executive Committee	<ul style="list-style-type: none"><li>• An informal meeting style has been accepted and is going to be used.</li><li>• Minutes have been approved, except for Kay Roberson’s spelling adjustment. As well as her adjustment to accepting Member at large nomination</li></ul>	<ul style="list-style-type: none"><li>• Evan will send out updated minutes</li></ul>
Behavioral Health Advisory Board Role and Timeline for future BHAB work	<ul style="list-style-type: none"><li>• <b>Daniel:</b> Currently the deadline has not been met for the Advisory board and is a work in progress</li><li>• <b>Kachina:</b> Role of BHAB and partner organizations. Substance abuse and mental health grant block, is our main agenda.</li></ul> <p>Exhibit B:</p> <ul style="list-style-type: none"><li>• The state wants to know specifically what category the state needs the funding allocated to.</li><li>• Column A is the service ranking</li></ul>	<ul style="list-style-type: none"><li>• Kachina is happy to follow up with questions if need be.</li><li>• Please see last page of Minutes for ranking details and specific Column A explanations</li></ul>

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	<ul style="list-style-type: none"><li>• Column D is the percentage category</li><li>• Gray boxes have no funding allocated</li><li>• It's not saying these gray areas will not be addressed, there are other areas that will allocated funding to them.</li><li>• There can be conversation around those topics, "can be discussed"</li><li>• overall Medicaid is cover X, so therefore you see some gray boxes.</li><li>• After ranking a movement was made to understand each area of care</li></ul>	
Review, Discuss, and Decide on the Substance Abuse Priority Areas	<ul style="list-style-type: none"><li>• Asked to hold off on discussion till Becken can attend.</li></ul>	
Anonymous Box Recommendations from Executive committee	<ul style="list-style-type: none"><li>• An explanation of the box: this has been an issue in past boards, a conversation took place to explain issues that occurred within the box.</li><li>• Keri: Feels strongly her personal experiences should be expressed without regard to who is giving the comment.</li><li>• Everything in the box must be read aloud and addressed if the box is put up at the meeting.</li><li>• When a statement is being made using non-descriptive to report in the minutes.</li></ul>	<ul style="list-style-type: none"><li>• We will continue with an open discussion during the end of the meeting.</li></ul>

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	<ul style="list-style-type: none"><li>• Email another member of the board in-order to clearly convey</li><li>• Cyndi suggested using the time set aside for community members to speak, this time could be used for anonymous messages. This could also be extended to the end of the meeting.</li><li>•</li></ul>	
Discuss Possible BHAB retreat	<ul style="list-style-type: none"><li>• Saturday retreat</li><li>• 3-4 hours, and not as formal, talked about personal aspects to get to know one another.</li><li>• Go over goals</li><li>• Provided lunch</li><li>• Went over acronyms</li><li>• This would help with planning, and allow for a designated set time to go over yearly plan.</li></ul> <p>Set Meeting Time: 4<sup>th</sup> Tuesday from 4pm-6pm</p> <ul style="list-style-type: none"><li>• Kathy has a conflict at 4pm-6pm at this time</li><li>• It would be best to rotate venues from Vancouver and Camas</li></ul>	<ul style="list-style-type: none"><li>• Send out a Doodle Pool for a retreat</li><li>• 3<sup>rd</sup> Tuesday 4pm-6pm</li><li>• Continue to accept invitations via calendar invite</li></ul>
Evaluation – One thing that worked and one area of improvement		

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Rank:

1. 53171251563
2. 51(4.5)62334657
3. 196586798 1
4. 12527123281
5. 559179974
6. 4245342315
7. 16438668126
8. 184797849
9. 25313415432

Average of these ranking:

1. 3 (Change to 4)---> 4
2. 4 (Change to 5)---> 5
- ~~3. 7~~
4. 1 (A Change to 2)---> 2
- ~~5. 6~~
6. 2 (Change to 3)-----> 3
7. 5 (Change to 6)
- ~~8. 6~~
9. 1-----> 1

- Engagement Services: Engagement is key, this must be attached to a person. This is casting a wide net, and giving information. It is not individualized. There is another aspect
- Outpatient: Traditional
- Intensive Support Services: Targeted support, everything that goes along with employment, things that give an individual satisfactory life. Not everything a case manager does is provided by Medicare.
- Out of Home Residential Services: This is housing; this is roof over their head.

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- Recovery Supports: This is paying for services Medicaid does not pay for. Flexible dollars to remove barriers to recovery
- Priorities: Pregnant and parenting woman who are intravenous drug users that are in gestation or not (This is the highest population this is aiming to support)