

Joint Strategic Planning Working Group

February 24, 2010

10:00 – 12:00 (CST)

Location

University of Nebraska Public Policy Center
215 Centennial Mall South, Suite 401
Lincoln, NE

Attendees

Scot Adams, Director, Division of Behavioral Health
Denise Bulling, Facilitator, University of Nebraska Public Policy Center
John Bekins, Gambler's Assistance Program
Jerry Bauerkemper, Nebraska Council on Compulsive Gambling
Corey Brockway, Substance Abuse Advisory Committee & Region II Behavioral Health
Sharon Dalrymple, State Mental Health Advisory Committee & Families Inspiring Families
Sheri Dawson, Division of Behavioral Health
Mark DeKraai, University of Nebraska Public Policy Center
Vicki Maca, Division of Behavioral Health
Kasey Moyer, State Advisory Committee on Mental Health Services & Mental Health Association of Neb.
Kate Speck, University of Nebraska Public Policy Center
Rand Wiese, Substance Abuse Advisory Committee & Nebraska Recovery Network
Janell Walther, Note taker, University of Nebraska Public Policy Center

Minutes

1. **Review of group charge and process** – Scot Adams, Director, Division of Behavioral Health & Denise Bulling, Facilitator, Public Policy Center

LB-1083 introduced behavioral health reform with a movement of \$30M from state hospitals to community-based services. The charge to this working group is to serve as a liaison to the state advisory committees and to shape the activities and priority areas for a strategic plan intended to guide the Division of Behavioral Health (DBH) for the next 3-4 years. The following decisions should be made: 1) Which priority areas should the Division of Behavioral Health (DBH) take primary responsibility for leading; 2) Which areas are important responsibilities or priority areas that DBH should address by partnering with other organizations or divisions; and 3) Which areas should be considered priorities that DBH should encourage other organizations to move forward?

Today, the team will examine the areas that require additional stakeholder input and prioritize methods for gaining stakeholder input. The Public Policy Center has prepared a summary of major planning documents. This team will not reinvent the wheel; rather,

they will synthesize the documents into one strategic plan. Information and links will be posted on the website located at <http://www.bhstrategicplanning.nebraska.edu>.

2. Critical Issue Areas - Denise Bulling, Public Policy Center

The group identified several areas as “critical issues” as detailed below.

Long-term recovery. Long-term recovery is important because it is economically efficient to focus on moving people out of the system. Recovery should be a general expectation for all behavioral health categories. It is important to focus on personal responsibility versus institutional responsibility. Sub-categories of long-term recovery should include: Access, Accountability, Integration, Quality, and Wellness.

Prevention & Education. Educating providers will help eliminate barriers and help providers be more flexible to consumer needs. It is important to have cross-training across disciplines for providers. Counselors in varying fields should communicate, collaborate, and form partnerships. It is important to focus on prevention for children so they lessen their reliance on the system as adults. Preventative care should serve as a primary focus.

Holistic Approach. A holistic, thorough approach helps encourage treatment, prevention, and recovery. There should be a philosophy of coordinated care among divisions.

Key Partnerships:

1. Outside of the Department: Vocational Rehabilitation, SSA, Corrections, Dept. of Education, Faith-Based groups, Treatment/ Recovery Workforce, Housing, Universities, Families/ youth/ consumers, providers
2. Within the Department: Licensing / Regulation, Public Health, Medicaid.

Quality of Care. DBH should focus on workforce development for the purpose of Quality, Outcome Monitoring, Data Systems, Legal Issues, Shared Leadership, and eHealth Systems. DBH should monitor outcomes for services funded by DBH. DBH cannot force recovery, but it can provide information, education, and awareness. As a rural state, eHealth and the utilization of Telehealth services should be a priority for the state. E-Health can help improve access to services across the state. DBH should implement its own data system rather than relying on external sources for data services. Data information can help DBH to provide answers, verify quality, and more.

Key Populations of concern for DBH

Youth in transition
Youth/ Children
People in recovery

Sex offenders
Justice involved people
Families
Consumers in Care

3. Stakeholder Involvement

This team will help gather input from other groups, partners, and stakeholders. It is important to present documents and materials to stakeholders for a reaction. The team recommends that outreach include a web-based survey and face-to-face interaction. It is important to maintain transparency in order to include others and not serve as gatekeepers of information.

4. Next Steps

The Public Policy Center team will send materials for team review and will post it on the website.

5. Next meeting

Tuesday, March 30, 2010, 9:00 AM – 12:00 PM at the Public Policy Center, 215 Centennial Mall South, Ste. 401, Lincoln, NE