Joint Strategic Planning Work Group
March 30, 2010
9:00 AM (CDT)
Minutes

Attendees

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
CJ Johnson, Region 5 Systems

Review of agenda

Group members asked if the three state hospitals should be represented in the core planning group or specifically addressed by the core planning group. The hospitals are included as part of the overall service continuum but the focus of this strategic planning effort is the overall Division strategies and priorities. State hospitals, like the State Committee on Problem Gambling, may choose to do targeted strategic planning in a separate process. Behavioral health also includes co-occurring disorders.

1. **Review of Feb. 24, 2010 Meeting Minutes**
   The group agreed that the Feb. 24, 2010 minutes were an accurate reflection of the meeting.

2. **Overview of the Plan Summary Document**
   The July 1, 2004 Report to the Governor should be included in the Summary of Documents. Additionally, the recent Planning on the Adult Mental Health System report will be summarized and included. The summary of documents is available on the website: http://bhstrategicplanning.nebraska.edu . On the website, there is a place to gather recommendations for stakeholder input. Please email Denise Bulling with additional comments on the summary of documents or the website at dbulling@nebraska.edu.

3. **Review of critical issues**
   The four critical issues identified at the last meeting were Long-term Recovery, Holistic Approach, Prevention & Education, and Quality of Care. It was suggested that stakeholder input be sought to help determine which aspects of these critical issue areas are:
   - The primary responsibility of the Division of Behavioral Health,
   - Areas which the Division of Behavioral Health should actively pursue partnerships to address, or
   - Areas which are outside the scope of the Division's primary responsibility and up to other organizations to address.

   Many of the previously generated planning documents identify issues or barriers such as housing, insurance-poor services/ payment for services, access to services, or core services requirements. Group members noted it

is important to ask what the Division of Behavioral Health should: 1) Eliminate, 2) Avoid, 3) Achieve, and 4) Maintain as resource allocations change over the next 3-5 years. It was suggested that the summary of plans be further examined with key recommendations grouped in issue areas for the next meeting.

Group members also discussed the possibility of framing critical issues with an emphasis on empowerment and personal responsibility without losing emphasis on the role of the institutions in maximizing recovery, achieving independence and ensuring consumer control of their care. Group members emphasized the importance of making data-driven decisions. Successful outcomes should include the national outcome measures (NOMs) from SAMHSA with data definitions and questions customized to meet Nebraska needs. A better data system will help communicate outcomes to stakeholders and allow Nebraska to compare outcomes with other states. The Division of Behavioral Health has done focus groups across the state to gather information important to consumers and the system related to NOMs. This information could be used to define outcome measures relevant to strategic planning. System partnerships should also include an element of education to ensure behavioral health concepts are shared and reflected in practices/regulations of other system partners (e.g., courts, justice partners).

4. **Planning for Stakeholder Input**

Stakeholder input for this strategic planning effort will take place May / June 2010. Discussion centered on whether or not different types of questions are needed for different stakeholder groups (e.g., consumers & family members, providers, etc). The group generally agreed it was preferable to get focused input from specific stakeholder groups rather than soliciting input from the general public. It was recommended that any focused process begin with providing stakeholders with information about the process and why their input is important. A quick turn-around is very important to successful input-gathering. Several methods were suggested including: focus groups, phone surveys, online surveys and paper surveys. The group identified three major stakeholder categories they wished to gather additional information from:

- Consumers (adults, families, youth, transition age youth, elderly; people currently in service, past service recipients and people waiting for service)
- Behavioral Health Workers (state employees, providers – administrators and workers), and
- Partners (faith-based services, veteran's services, justice system, human/social services, and businesses).

5. **Joint Advisory Committee Meeting: May 6, 2010**

At the Joint Advisory Committee meeting, the Strategic Planning Committee will share progress and gain input from the meeting attendees. The Strategic Planning Committee will provide a short break-out session with rotations between groups to gain input on specific, critical issues.

6. **Next Steps**

The Public Policy Center will develop a framework based on this group's work to guide the process for obtaining further stakeholder input to augment the planning documentation gathered to date. The group will be asked to react to this work via email prior to the next meeting. The focus of the next meeting will be to finalize the process and plan for the May 6th Joint Advisory Committee Meeting.

7. **Next Meeting: Monday, April 26, 2010, 9:30 – 11:30 AM at the Public Policy Center.**