Nebraska Behavioral Health Strategic Planning

Joint Strategic Planning Working Group Meeting
April 26, 2010, 9:30 AM
Minutes

Attendees
Jerry Bauer Kemper, NCCG
John Bekins, GAP
Corey Brockwaz, Region II
Denise Bulling, University of Nebraska Public Policy Center
Sharon Dalrymple, FIF/SMHAB
Mark DeKraai, University of Nebraska Public Policy Center
C.J. Johnson, Region V Systems
Vicki Maca, DIV BH
Karey Moyer, MHA/SMHA
Kate Speck, University of Nebraska Public Policy Center
Janell Walther, University of Nebraska Public Policy Center (note-taker)
Rand Wiese, Nebraska Recovery Network

1. **Review of Logic Model and Recommendations Grid Summary**

   The Logic Model examines the vision and values, how to achieve the vision, and the measurement of success. The Vision in the Logic Model comes from the Behavioral Health Oversight Committee II. The strategies for achieving the vision are divided by the entity(s) responsible: the Division of Behavioral Health, partnerships including the Division, and the work of other stakeholders. The outcome indicators are conceptualized by: Access, Quality & Satisfaction, Effectiveness, and Cost Effectiveness based on work Sheri Dawson did with stakeholders across the state. The Recommendations Grid shows these major categories across the top with thematic areas from previous planning efforts on the side. It is populated with summary statements pulled from past planning documents. The group offered the following suggestions related to the logic model and recommendations grid summary:

   - The national outcome measure (NOM) domains and measures be more fully described in the document
   - Ensure the work done by the recent Open Minds planning group is reflected in the document

2. **Consideration of critical questions needing additional stakeholder input**

   Critical question areas which require additional stakeholder input in order to draft a strategic plan for the Division of Behavioral Health were discussed. The Working Group does not want to focus too heavily upon cost / dollars but is interested in obtaining input that leads to prioritization of activities for the Division of Behavioral Health. A series of draft questions were offered for discussion but were not adopted by the group.

   Considerable discussion centered on the issue of waiting lists and whether or not additional stakeholder in put is required to move a strategic plan forward for the Division. The general consensus was to ask a broad question related to access such as the one posed in the recent Open Minds report: **What do we need to do to provide access and standards for access to behavioral health services?** In addition to asking the broad question, the group recommended asking stakeholders to prioritize previous planning documents recommendation areas related to access.

Additional discussion about whether additional stakeholder input was needed to direct the Division's partnership efforts ended with the group consensus that partnerships should be driven by the stakeholder prioritized areas and resulting goals/objectives formulated by the Division. The prioritization of service development was also seen as informed by the process of prioritization in conjunction with a snapshot of the federal or statutory requirements the Division must meet. General consensus of the group was to ask two additional open ended questions based upon the Open Minds Report: **What information do you want to see as part of a regular, transparent report of performance for the behavioral health system?** (forming a "dashboard" of information to gauge how the system is moving toward a vision and goals); **What are your ideas to increase cost-effectiveness for the public behavioral health system?** (for example, you may suggest changes in regulations or in the way services are delivered that could result in system savings or efficiencies). The group wanted to keep the questions broad rather than specific to the Division of Behavioral Health so input could be garnered which could inform the strategies for partnership and possibly provide ideas for other stakeholders to collectively work toward the system vision.

3. **Consideration for obtaining stakeholder input**

   A stakeholder input plan could include a variety of data collection methods, including online surveys, in-person gathering of information, a paper survey, or other methods. The group reviewed a beta version of an online survey and provided suggestions for change to make it more inclusive of youth/families. A discussion about how specific the wording should be resulted in a decision to word options general enough to apply to many groups or populations. The paper survey has not been designed but will be crafted after the critical questions are posed to the co-occurring disorders gathering on May 6.

4. **May 6 Co-occurring Disorders Meeting Preparation (using critical questions)**

   The Joint Advisory Group Meeting will be held on May 6, 2010 at the Country Inn & Suites in Lincoln, NE. The Joint Strategic Planning Team plans to attend at least in the afternoon to assist with the planning effort. The University of Nebraska Public Policy Center will assist in facilitation and leading the afternoon breakout session. The afternoon sessions will divide the attendees between the three priority areas for questions. At the end of the session, the groups will summarize what has been discussed in the three areas.

5. **Next Meeting: Wednesday, May 19, 2010, 1:00 – 3:00 PM.**

   Next Steps

   May/June stakeholder survey activities
   July/August – Review of Stakeholder input – National experts engaged
   August/September – Draft of Plan
   September/October – Division crafts specific goals/objectives
   October/November – Stakeholder review of Plan
   December – Strategic Plan released