



Mission

Helping people live better lives

The Division of Behavioral Health assures that Mental Health, Substance Abuse and Gambling Addiction Services are available to those without health insurance or funds to pay for services.

Values & Principles

The following core values and guiding principles resulted from the work in June 2009 of Nebraska's Behavioral Health Oversight Commission. They are meant to guide work within the public behavioral health system but are also applicable to Nebraska's private mental health, substance abuse and gambling addiction services.

Self Direction:

Consumers lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path toward those goals.

Individualized and Person Centered:

There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

Empowerment:

Consumers have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives, and are educated and supported in so doing. They have the ability to join with other consumers to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

Holistic:

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and health care treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for consumer access to these supports.

Non-Linear:

Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a

person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

Strengths Based:

Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

Peer Support:

Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Consumers encourage and engage other consumers in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

Respect:

Community, systems, and societal acceptance and appreciation of consumers—including protecting their rights and eliminating discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one's self are particularly vital. Respect ensures the inclusion and full participation of consumers in all aspects of their lives.

Responsibility:

Consumers must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

Hope:

Recovery provides the essential and motivating message of a better future—that people can and do overcome the barriers and obstacles that confront them. Hope is internalized, but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation (U.S. Department of Health and Human Services, 2005).

Chapter 1 – Nebraska’s Behavioral Health System

Behavioral Health is an umbrella term in Nebraska for three service areas: Mental Health, Substance Abuse and Gambling Addiction. The behavioral health system in Nebraska serves consumers and families with public and private services. Partnerships and collaboration among individuals, families, and organizations, agencies and communities are important components in systems of care surrounding each person in their personal health journey.

This plan is intended to point the way forward for the Nebraska Division of Behavioral Health in its role as a leader in the public behavioral health system and as a partner in systems of care. There are many social problems that impact behavioral health and overall health of Nebraska’s children, youth, adults and seniors. In some cases it is appropriate for the Division of Behavioral Health to be involved with others in solving these problems; but it may not be the role of the Division to lead the efforts. For example, mental health is impacted by poverty but the Division is not the right agency to lead the charge for economic reform.

The overall behavioral health system in Nebraska has been strongly influenced by legislative actions and calls for reform over the last decade. A brief review of the role of the Division of Behavioral Health; a discussion of where we have been; followed by a preview of what is to come given the current national trends and context, will set the stage for goals and objectives from 2010 – 2013.

Role of the Nebraska Division of Behavioral Health

The Division provides leadership and resources to promote dignity, recovery, and the highest possible level of participation in work, relationships, and community life for persons receiving publicly funded behavioral health services.

The Nebraska Department of Health and Human Services, Division of Behavioral Health, serves as the public behavioral health authority for the state of Nebraska. Medicaid funding behavioral health services is administered through the Division of Medicaid and Long Term Care within the Department.

Leadership roles of the Nebraska Division of Behavioral Health

- Behavioral health service provision for people with behavioral health problems that the State must serve by law or because it is required by a funder
 - State policy development in substance abuse, mental health and problem gambling
 - Behavioral health workforce development
 - Prevention and education in substance abuse, mental health and problem gambling
 - Administration and oversight of non-Medicaid, publicly funded behavioral health system (Regional provider networks)
- Supporting long term recovery for people with serious substance abuse, mental health or gambling problems

Partnership roles of the Nebraska Division of Behavioral Health

- To serve families and youth with behavioral health needs who are state wards or Medicaid recipients (in partnership with other DHHS Divisions and external partners)
- To serve people who have complex behavioral health needs (homeless, military, elderly, developmentally disabled, justice involved)

- Pregnant women using substances
- IV drug users
- Women (with children) using substances
- Pregnant IV drug users
- Primary substance abuse prevention
- Problem gamblers and families – statutory
- Persons detained by emergency protective custody (EPC) – statutory
- Mental health board commitments to DHHS – statutory

The public behavioral health system has limited resources and is mandated to serve certain people by statute or via federal block grant funding to states:

- Regional Centers must serve people who are court ordered or sex offenders.
- Community based public behavioral health must serve:
 - Adults with Serious Mental Illness
 - Youth with Serious Emotional Disorders

The Division of Behavioral Health is responsible for administration of state and federal funds in the provision of public behavioral health care for block grants, other federal grants and state funding. Public funds are dispersed via six behavioral health regional networks to support programs and services (commonly referred to as “regions” or “regional networks”). Gambling funds are contracted directly from the Division of Behavioral health to a statewide preferred provider network.

Brief Progression of Change in Nebraska’s Behavioral Health System

Reform – Major Initiatives – Strategic Planning Process – what got us here today

National Context and Change in Behavioral Health

Mental health / substance abuse/gambling paragraphs – health reform

Chapter 2 – Overview of the Strategic Plan

Priority areas

Chapter 3 – Division Goals and Objectives

- a. Goals that support the mission – what we will do
- b. Objectives (specific & measurable) – how goals will be accomplished

Chapter 4 – Measuring Outcomes

- a. Metrics (performance and system measures)
- b. Timeline

Appendices