



A BEHAVIORAL HEALTHCARE STRATEGIC PLANNING SERIES

STRATEGIC PLAN EXECUTIVE SUMMARY

JULY 2000

Nearly 425 Arkansans—including consumers, family members of consumers, service providers, advocates and others involved with the State's public mental health system—joined forces between October 1999 and June 2000 to engage in a series of five strategic planning sessions. Named *FOCUS 2000*, this strategic planning process was initiated at the request of John Selig, Arkansas Department of Human Services (DHS) Deputy Director and Richard Hill, Director of the Arkansas Division of Mental Health Services (DMHS). The Arkansas Mental Health Planning Advisory Council (AMHPAC) was designated by these officials as the entity responsible for organizing the planning project.

In response to fulfilling the planning charge, AMHPAC Chair Michael Johnson formed a FOCUS 2000 Steering Committee with Joyce Soularie presiding over the group, which was composed of 28 consumers, family members, providers, DMHS staff and advocates. DMHS allocated funds for the initiative and contracted with NAMI-Arkansas (National Alliance for the Mentally Ill) to manage the process. The FOCUS 2000 Steering Committee envisioned several outcomes for the project:

- ▶ a system-wide plan providing direction to guide the public mental health system's actions over a two-to-three year transitional period from the 20th to the 21st century;
- ▶ increased communication and discussion across the various behavioral healthcare communities;
- ▶ broad participation in priority-setting and subsequent choice-making in carrying out priorities and
- ▶ development of ongoing planning mechanisms and processes and a collaborative culture that includes all stakeholders, including consumers, families, advocates and providers.

To achieve these goals, participants engaged in a series of five statewide and regional assemblies. Conference formats included informational and educational presentations, stakeholder discussion groups and structured group assignments. Each meeting also included sessions whereby stakeholders from each of the State's five planning regions could meet to discuss designated topics. Two of the meetings also included special focus groups for consumers and families of consumers to articulate their experiences and to define unmet needs for children and adults. Representatives of the national NAMI organization conducted these gatherings.

During its October 1999 kick-off session, stakeholders focused on the development of responses to three basic, yet critical questions: What is our vision for the future? What is the purpose of the public mental health system? What are our values for the system? Defining the resulting answers to these questions guided stakeholders to formulate the vision and shared values for the system's longer-term future and enabled the undertaking of an internal and external environmental scan of major trends likely to influence behavioral healthcare services and systems over the next several years.

SYSTEM VISION

The public mental health system of Arkansas will be:

- ▶ driven by the dynamic involvement and active participation of the people who receive mental health services, members of their families and other caregivers, mental health professionals and providers, the Division of Mental Health Services and other stakeholders;
- ▶ of high quality, integrated, collaborative and accountable for outcomes;
- ▶ individualized, comprehensive, community-based, culturally competent and with parity;

- ▶ based on the holistic health needs of Arkansans of all ages.

SYSTEM VALUES

- ▶ Persons who experience serious emotional and bio-behavioral disorders are people first.
- ▶ Persons who have bio-behavioral disorders come from a broad spectrum of families who have a variety of strengths and needs.
- ▶ Mental health consumers and family members must always be viewed as integral treatment team members.
- ▶ Family members and professionals must respect the individuality, rights, strengths and limitations of persons who experience bio-behavioral disorders.
- ▶ Services provided for persons with bio-behavioral disorders must emphasize the identification of that person's strengths.
- ▶ Families and advocates represent a source of strength for persons with bio-behavioral disorders.
- ▶ Services to consumers and supports to families must be provided in the least restrictive environments and based on need without discrimination of a person's ability to pay.
- ▶ The system must vigorously and continuously work to improve and enhance the training of professionals who work with persons who have bio-behavioral disorders.
- ▶ Community-wide education provides the foundation for diminishing stigma and promoting early intervention and treatment.

The agenda for the January 22, 2000 FOCUS 2000 conference was designed to spotlight needs of children and adolescents with behavioral health problems and their families. Those who attended one of the four regional interactive teleconferences--arranged to encourage broad-based local participation--selected priority issues pertinent to children's service systems. Stakeholders identified the following areas as those most critical to be addressed statewide and within each region over the next several years:

PRIORITY NEEDS AND CHALLENGES FOR CHILD AND ADOLESCENT SERVICES AND SYSTEMS

- ▶ Community-based, individualized Wraparound services
- ▶ Funding mechanisms and strategies for behavioral healthcare services (blended funding, insurance parity, managed care)
- ▶ Services for special needs populations, including children with dual diagnoses and those within the juvenile justice system
- ▶ Partnerships, collaboration, communication
- ▶ Early detection and intervention
- ▶ Transitional programming to adult services systems

Adult behavioral service and system needs were the topics for the third session. The format for these interactive teleconferenced regional meetings in February 2000 included a blend of informational presentations and focus groups aimed at further defining unmet needs and identifying high priority issues.

PRIORITY NEEDS AND CHALLENGES FOR ADULT SERVICES AND SYSTEMS

- ▶ Partnerships, collaboration, communication
- ▶ Educational and vocational training opportunities and options
- ▶ Funding mechanisms and strategies for behavioral healthcare services (blended funding, insurance parity, managed care)
- ▶ Affordable, decent and safe housing options

- ▶ Transportation options
- ▶ Services for persons with multi-diagnoses
- ▶ Crisis services alternatives
- ▶ Increased focus on consumer satisfaction

A "best practices" statewide meeting marked the fourth session of the FOCUS 2000 series. Held in April 2000, this conference provided stakeholders with information about strategies used by other states to address priority issues and topics identified in previous sessions. DMHS Director Richard Hill also requested that stakeholders select two priority initiatives for inclusion within the DMHS biennial budget proposal.

The final FOCUS 2000 session of this phase of the planning initiative was held in late June 2000. During this meeting, stakeholders reviewed the draft initial strategic plan, developed regional action plans and discussed processes and mechanisms for furthering and institutionalizing ongoing planning processes.

STRATEGIC GOALS

Based on the FOCUS 2000 stakeholders' collective vision for the future and their assessment of current needs and challenges, three major themes emerge to form the critical strategies to be implemented to improve Arkansas' public mental health system over the next several years and to position the system to be responsive to the ever-changing needs of the persons served by the public mental health system.

"Funding mechanisms and strategies" is a predominant theme consistently identified within each region and across both child and adult systems. A second major issue recognized by FOCUS 2000 stakeholders is the need to further expand and develop effective "partnerships, collaboration and communication" as a means to achieve desired service and system outcomes. The third key element necessary to effectuate desired system change is to expand capacity to more readily assure the availability, accessibility and acceptability of an array of individualized services in community settings.

Although presented as separate goal areas, these strategic goals are in actuality, cross-functional strategies. Each component within the system--whether it be DMHS, AMHPAC and its regional planning bodies, consumer and advocacy groups, CMHCs and other provider agencies or community service organizations--must have distinct strategies that are interconnected with the other components' strategies in order to execute overall system goals.

The following broad strategic goal areas are those recommended by FOCUS 2000 stakeholders as the basis for all planning, policy making and system change efforts over the next several years.

STRATEGIC GOAL AREA: FUNDING MECHANISMS

- ▶ Advocate for new State funds to be targeted to community services for children with serious emotional disturbances and adults and older persons with serious and persistent mental illness.
- ▶ Strengthen efforts to increase multi-source funding that broadens and blends various state and federal funding sources and service resources.

STRATEGIC GOAL AREA: COLLABORATION, PARTNERSHIPS AND COMMUNICATION

Collaborate with individuals and organizations to promote a proactive and unified community-based mental health system through two parallel and interdependent actions:

- ▶ Increase consumer, family and advocate involvement in planning, providing and evaluating mental health services

- ▶ Develop more effective relationships with other organizations and the general public to improve interagency cooperation, to encourage coalition and network building with consumers and relevant organizations and to exchange information.

Promote statewide leadership to:

- ▶ Express constructive and consumer-oriented policies consistent with the vision and values established for the public mental health system
 - ▶ Pursue consensus among stakeholders for improving services
 - ▶ Develop innovative community-based services in cooperation with public and private resources.
-
- ▶ Influence public policy and opinion on mental health issues.
 - ▶ Develop and utilize objective measures of the outcome and effectiveness of services and treatment components.
 - ▶ Affirm local service system responsibility, authority and accountability through resources, policies, management and statutes.

STRATEGIC GOAL AREA: PRIORITY POPULATIONS AND SERVICES

Direct and focus resources on critical community-based service system gaps and populations with special emphasis for underserved populations:

- ▶ persons with serious and persistent mental illness
- ▶ children and adolescents
- ▶ persons with multi-diagnoses
- ▶ persons within the criminal justice or juvenile justice systems

service system needs:

- ▶ non-hospital emergency/crisis services
- ▶ respite services
- ▶ transportation services
- ▶ housing options
- ▶ intensive case management capacity within each region
- ▶ wraparound services
- ▶ employment and vocational training opportunities and options.

For both child and adult service systems, FOCUS 2000 stakeholders identified implementation of Wraparound services as the immediate priority necessary to improve and expand community-based capacity for addressing service system gaps and priority population needs. (*Wraparound* is a process within a system of care that individualizes services for individuals having multi-system needs. The term *wraparound* originated from the idea that such persons could be best served in their home communities by “wrapping” individualized services around them in their homes and in their communities.)

IMPLEMENTATION STRATEGIES

- ▶ DMHS to include requests for funding of Wraparound service proposals for children and adolescents and adults--as developed by FOCUS 2000 stakeholders--within the 2002-2003 Biennial Budget submitted to DHS.
- ▶ AMHPAC to spearhead and coordinate efforts to educate policy makers about the need for funding and policy that reflects individualized, community-based service delivery approaches.
- ▶ AMHPAC to establish mechanisms for continuing strategic planning initiatives and for monitoring implementation progress of priority strategies.

DESIRED OUTCOMES

- ▶ Within two years, there will be Wraparound service capacity within each of the five regions of the State.
- ▶ Within two years, DMHS policies and plans will reflect consistency with the FOCUS 2000 vision and priority strategic goals.

To request a copy of the complete *FOCUS 2000 Strategic Plan* and/or this *FOCUS 2000 Strategic Plan Executive Summary*, or to obtain these documents in an alternate media format, please contact:

NAMI-Arkansas

712 West 3rd Street, Suite 200

Little Rock, AR 72201

501-661-1548

nami-ar@nami.org