By December 2017, provide community health services in order to:

- Address under-utilization of existing behavioral health services.

Objective 1.1: Increase provider collaboration (inter-agency referrals) by 2020, as reported by utilization from network of care.

Goal 1: Meet the behavioral health needs of Oak Park residents.

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Objective T.2: Increase provider screenings by 25% by 2020 in non-traditional settings such as schools, primary care, and other first responders.

Timeline:

Start date: October 1, 2017
Completion date: December 31, 2020

Potential Agencies Responsible:

- CCH Wellness
- Public awareness groups to be held by non-traditional partners like Park District, Thrive,
- WMCN
- Other primary care providers such as Rush Oak Park, Loyola, Lake Street Physicians
- Schools: D9 and D200
- Westlake and West Suburban Hospitals
- Police and other first responders
- Village of Oak Park + River Forest Township + Oak Park Township
- Other agencies

Methodology:

- Begin providing mental health training for first responders by December 2019
- Establish baseline data and identify “point-of-entry” settings to target by April 2018
- Increase mental health training for first responders, including those for dementia and OTHEL screening
- Conduct a gap analysis to identify barriers to screening
- Find and develop and develop a standardized approach to screening in

Action Steps:

- Prevention and Treatment
  - Increase mental health training for first responders, including those for dementia and OTHEL screening

- Increase provider screenings by 25% by 2020 in non-traditional settings such as schools, primary care, and other first responders.

- Traditional providers for community awareness/education (e.g. stress, anxiety, depression, suicide)

- By December 2019, hold community wellness screening with different agencies and non-profits.
- Development of one new transportation program for target groups seeking screening.
- By December 2019, collaborate with first responders to more effectively identify those with behavioral health
- 100% of first responders by December 2019.

Standardized package:

- By December 2019, find appropriate tools (community, community-wide, OP/RF) or
- By December 2018, research gap analysis to determine barriers to screenings,
-Institute/Implement primary care practices (school districts) by April 1, 2018.
- Establish baseline level of screenings in specific settings (e.g., hospitals, hospitals,

Measures:

- PCC Wellness, etc.
capacities/provider shortages. By December 2019, establish at least one partnership with universities to address.

Indicate gaps as funding prioritizes in FY 2020 application process.

MEASURES:

Universities (Dominican, etc.)
Hospitals
Funders collaboration
Oak Park River Forest Community Foundation - Success of All Youth
Village of Oak Park + River Forest Township + Oak Park Township
CMHP’s OP to lead spearheaded

POTENTIAL AGENCIES RESPONSIBLE:

Completion date: March 31, 2020
Start date: January 1, 2019

TIMELINE:

Develop other incentives for licensure, leadership, job diversity via partnerships.

Introduce loan repayment options like the National Health Service Corps (NHSC).

Community development partnerships with universities.

Bring more behavioral health students, nurses, trainees, and providers into the

Find according to focused funding priorities by April 1, 2019.

Provide funding strategies to address gaps areas by October 1, 2018.

Conduct gap analysis of continuum of services to identify holes by July 1, 2018.

ACTION STEPS:

coordination of care, universal screening & partnering services.

Objective 2.1: By December 2020, increase focused funding to gaps including

Goal 2: Address lack of available behavioral health services in order to meet the

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continuum of care models.

By December 2020, ensure at least one consortium meeting covers successful

- By December 2019, increase psycho-educational groups and presentations by 25%.
- Provide CME credits.

using their practice model, with at least 25 physicians participating in the trainings.

Starting in 2018, hold three cultural competency trainings for staff within each agency.

- Starting in 2018, hold two training/year with physicians and mental health professionals.

MEASURES:

Managed care companies (MCOs) to establish a partnership w/ at least one MCO

- MCOs to lead psycho-educational groups
- All coalitions (homelessness, etc.)
- All behavioral health agencies
- Aftercare support services, support groups, wrap around care
- Primary care, hospitals, West Suburban and Westlake, FQHC's like PC Wellness
- CMHP-to-converse/lead

POTENTIAL AGENCIES RESPONSIBLE:

Completion date: December 31, 2020
Start date: October 1, 2017

TIMELINE:

- Under-governmental partnerships
  - Establish at least one partnership w/ a managed care company by December 2018
    - Continuum committees' consortium meetings
    - Every intervention (etc.) with information on successful models/case studies in
      - Train agencies on what the continuum of care looks like (Visual model of prevention
        & treatment to deliver cultural competency trainings for agency staff.
      - Use a triage-re triage model (partnerships with social workers & case coordinators as
        - Implement provider collaboration with mental health professionals
        - Encourage providers to share client records, engage in care coordination/linkage
        - etc)

WEBDA and BUILD mentoring partnerships, FASD care coordination and D87 partnerships!
Wellness and River Eide Psychiatry partnering with behavioral health service partners!
Collect baseline on existing coordinated care partnerships in community (e.g. PCC

ACTION STEPS:

Dr. Janet Stooksbury, etc.

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Objective 2.2: By 2020, increase inter-agency partnerships by 10% (continuum of care, share
Homeless Youth,
Youth and Parents, including underserved populations (e.g., minority, LGBTQ, and 
severely disabled individuals under age 18).
By December 2017, at least 50 individuals aged 16.

Drug Abuse Data,
By December 2019, see positive change in outcomes according to Project Towards No 
engagement in binge drinking (per IJS) by at least 10%.
By December 2020, decrease percentage of 12th grade students (at OPFFS) who 
OPFRHS) who perceive marijuana use to be risky (per IJS).
By December 2019, increase percentage of 9th, 10th and 11th grade students (at 
By December 2019, increase number of youth to run PALS etc.

Measures:
- Non-traditional partners that reach youth to run PALS etc.
- MHBA
- IMPACT
- Oak Park Township-SFP-PPS
- River Forest Township
- CMHB-OP
- School Districts
- Subsistence use and mental health agencies

Potential Agencies Responsible:

Timeline:
Start date: October 1, 2017
End date: December 31, 2020

Steps:
- Implement binge drinking intervention
- Implement evidence-based curriculum
- Implement communication campaigns directed towards adults, parents, youth.

Objective 3.2: Develop and deliver one coordinated communication campaign using school 
Drinking and Substance Abuse.

Goal: 3. Address social norms among parents and youth in order to reduce underage 
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2020

- Decrease binge drinking among 17th graders (per TFS) by at least 10% by December
- Maintenance
- By December 2018, increase parent involvement of children (6th graders) using

MEASURES:
- Village of Oak Park
- Public Health Department
- School districts
- Parent nights in partnership with D97 and D200
- COMP-OP to take lead on influencing youth alcohol and substance use content into existing
- IMPACT
- Steps (SPRPS)
- OP Townships under age drinking grant (SAMSA) to take lead in implementing action
- POTENTIAL AGENCIES RESPONSIBLE:

Completion date: December 31, 2020
Start date: October 1, 2017

TIMEFRAME:
- Develop and implement a binge drinking education program for parents:
  - Austin
  - Use by youth at high risk (based on existing public awareness campaigns (e.g.,
  - Target education towards dangerous behavior (e.g., binge drinking, daily marijuana use,
  - School year (e.g., homecoming),
  - Concert into existing activities and workshops, giving targeted opportunities during the
  - Read at least two existing parent nights by influencing youth drinking and substance use
  - Read at least two existing parent nights by influencing youth drinking and substance use
  - Implement evidence based parent classes and other parent educational forms and timely
  - Current goal of reducing youth substance abuse, by December 2019.
  - Identify all parent groups and/or existing organizations that may have an interest and/or
  - December 2019.
  - Host at least two parent focus groups to discuss teen's and underage drinking.
  - Survey at least 400 parents of youth in Oak Park and River Forest regarding youth

ACTION STEPS:

Objective 3.2: Develop parent education opportunities that include substance abuse of youth

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Indicators mentioned above

- Increase networking and informational events for continuum of care partners by
  baseline number
- Increase screenings and linkages to appropriate services at adjudication from current

MEASURES:

- Other System of Care Callings, e.g., ART/MH/AC
- Hospitals and primary care partners
- All partner and affiliate substance use and mental health agencies
- Youth/Substance Use Callings
- OP and RF Townships
- CMHP-OP
- Resurgence
- Police, Judge's Village Oak Park

POTENTIAL AGENCIES RESPONSIBLE:

Completion date: December 31, 2020
Start date: October 1, 2017

TImELINE:

Community, via consortium meetings:

1. Early intervention, etc. (with information on successful models/case studies in
   train agencies on what the continuum of care looks like (visual model of prevention,
   establishment who is part of full continuum of care for youth alcohol and substance use,
   Resurgence, and other partners,
2. Strengthen adjudication assessment and linkage protocols in collaboration with police,
3. Support different callings (e.g., addiction recovery team, etc.) to strengthen the
   continuum of care
4. Hold at least 2 networking consortium meetings of DD and BH providers per year
   (including media) per year.
5. Provide information at least 4 times per year and at least three other community-wide

ACTION STEPS:

OBJECTIVE 3.3: By December 2020, increase access and strengthen the continuum of care

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Track progress using IDPH Syndromic Surveillance data from hospitals, emergency

By December 31, 2018, increase volume of safe disposal medications by 20%.

Focus on young adults, prevention for teens and senior adults.

By 2020, implement a coordinated communication campaign on opioids overuse, with a

MEASURES:

- CMHP to partner with schools on prevention programs, etc.
- Hospitals
- Fire Department
- Police Departments
- River Forest Township, Oak Park Township
- Village of Oak Park takes the lead

POTENTIAL AGENCIES RESPONSIBLE:

Completion date: December 31, 2022
Start date: January 1, 2018

TIMELINE:

- Coordinate referrals for treatment.
- Oversee successful engagement-based strategies from other communities and develop a pilot
- Identify and contact data on opioid overdose.
- Work with heroin task force in Chicago.
- Identify organizations already committed to dealing with the issue.

ACTION STEPS:

- and River Forest:

Objective 4.1: By 2022, establish reporting systems for illicit opioid availability within Oak Park

Goal 4: Address the availability of illicit opioids in order to reduce resident opioid
By December 2020, increase the availability of the right respite models (including CSS services/resources and continue beyond 2019).

BY DECEMBER 2019, AT LEAST ONE FAMILY TRAINING WILL BE HELD AROUND FAMILY SUPPORT AND CAREGIVERS ADDRESSING THE NEEDS OF DEVELOPMENTALLY DISABLED INDIVIDUALS.

BY DECEMBER 2020, OAK PARK AND RIVER FOREST WILL DEVELOP A MODEL TO EDUCATE FAMILIES.

MEASURES:

- Support groups for developmental conditions (Down Syndrome group, Autism group)
- Village of Oak Park, Oak Park Township, River Forest Township
- CMHP-OP
- School districts
- All DD consortium members (approx. 10-12 agencies)

POTENTIAL AGENCIES RESPONSIBLE:

Completion date: December 31, 2022.
Start date: October 1, 2017

TIMELINE:

- Conduct survey of parents through D97 and D200 about their support needs.
- Services and funding opportunities available to them.
- Deploy case management resources to work with families, ensure they are aware of services and resources available.
- Offer group respite services.
- Review, revise, and disseminate the community resource guide onto other websites.
- Build support groups for aging caregivers.
- Host regularly scheduled informational meetings/seminars for families.

ACTION STEPS:

Objective 5.1: By December 2022, 75% of Oak Park River Forest families will be educated on accessing available services.

Goal 5: Support caregivers of persons with developmental disabilities in order to

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and developmental disabilities providers and develop an annual meeting schedule.

By December 2017, have at least one meeting of a collaborative group of mental health

MEASURES:

ORMS
Managed care companies
Sex of regional DD representatives
Equity for Equality
Oak Park Township
River Forest Township
CMH-OP
Schools

d agencies

POTENTIAL AGENCIES RESPONSIBLE:

Completed date: December 31, 2020
Start date: October 1, 2017

TIMELINE:

○ Increasing funding flexibility for case consultation across agencies for specific clients.
○ Increasing funding flexibility for case consultation across agencies to use funds more efficiently/effectively.
○ Advocating for and lobby for increased funding.
○ Assessing available funding.

Reserve funding limits by:

Find reserve workers on higher needs care
Build disability reserve (endowment) to support cost of higher needs care.

Accessing services:

Exchange transition success, unmet needs, and acquire data on who is and isn’t using follow-up calls from schools to families who have aged out of school system to

create a focus on collaboration so agencies develop greater knowledge of each others’

Cease a focus on collaboration so agencies develop greater knowledge of each other’s

Bring mental health and developmental disabilities providers together (perhaps alternating

Examine network of care-user friendliness and effectiveness to link families and referral

Assess unmet needs among people with developmental disabilities over age 22.

ACTION STEPS:

Services needed, regardless of functioning level or age.

Objective 6.7: By December 2020, increase by 20% the number of families that have all

Goal 6: Increase access to services for people with developmental disabilities over

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understand their needs.

By December 2018, survey population with developmental disabilities over age 22 to

• agencies.

By December 2018, conduct assessment of funds available to Oak Park and River Forest

• higher level of care than they are currently getting and populate by December 2018.

Create a tool that will identify residents with developmental disabilities who require a

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