

Appendix H: Community Mental Health Board of Oak  
Park: Strategic Plan

**Goal 1: Address under-utilization of existing behavioral health services in order to meet the behavioral health needs of Oak Park residents**

**Objective 1.1:** Increase provider collaboration (inter-agency referrals) by 2020, as reported by utilization from Network of Care site.

**ACTION STEPS:**

- By December of 2018, secure funding and identify a system to show real-time capacity of existing mental health providers
- By December of 2019, develop a system to show real-time capacity of existing mental health providers.
- Conduct parent education, senior education, and other education to raise community awareness and destigmatize behavioral health services.
- Collaborate more effectively with local hospitals, agencies and associations (e.g. Alzheimer's Association) to bring their prevention and support programs to targeted populations.
- Provide education and outreach to caregiver support groups and systems
- Partner more effectively with local hospitals, agencies and associations to bring their existing programs and services to targeted populations.
- Collaborate with 1st responders to promote ID program for those with behavioral health needs and dementia

**TIMELINE:**

Start date: October 1, 2017

Completion date: December 31, 2021

**POTENTIAL AGENCIES RESPONSIBLE:**

- Community Mental Health Board to take the lead
- River Forest Township
- Network of Care
- Referrers:
  - Medical partners such as West Lake, West Suburban, Rush Oak Park, Loyola, Lake Street Physicians, etc.
  - Schools: D97 and D200
  - Residents
- Sources to which to refer: all funded agencies and referral sources (which would be responsible for getting the data to the system)

**MEASURES:**

- Develop at least two new mental health community partners (including that for dementia) by December 2018.
- Develop real-time NOC capacity to identify where people can be referred for services and have operational by December of 2019.
- Pilot and do coordinated community education/awareness by December 2020.
- By December 2020, establish baseline data on successful linkages to care.
- By December 2021, demonstrate decrease in wait times and/or increase in linkages to care over baseline.

**Objective 1.2:** Increase provider screenings by 25% by 2020 in non traditional settings such as schools, primary care, emergency departments, and interactions with first responders.

**ACTION STEPS:**

- Identify point-of-entry settings to target
- Conduct a gap analysis to identify barriers to screening
- Find appropriate screening tools and develop a standardized approach to screening in these settings
- Offering provider trainings on this approach
- Increase mental health training for first responders, including that for dementia and suicide prevention
- Increase transportation options for target groups such as seniors seeking screening, prevention and treatment

**TIMELINE:**

Start date: October 1, 2017

Establish baseline data and identify point-of-entry settings to target by April 2018

Begin providing mental health training for first responders by December 2019

Completion date: December 31, 2020

**POTENTIAL AGENCIES RESPONSIBLE:**

- Managed care agencies
  - Village of Oak Park + River Forest Township+ Oak Park Township
  - Police and other first responders
  - West Lake and West Suburban hospitals
  - Schools: D97 and D200
  - Other primary care partners such as Rush Oak Park, Loyola, Lake Street Physicians
  - Senior Services
  - YMCA
  - Walgreens clinics and other urgent care/minute clinic settings
- Public awareness groups to be held by non-traditional partners like Park District, Thrive, PCC Wellness, etc.

**MEASURES:**

- Establish baseline level of screenings in specific settings (e.g. hospitals, hospital-affiliated/employed primary care practices, school districts) by April 1, 2018.
- By December 2018, research gap analysis to determine barriers to screenings.
- By December 2019, find appropriate tools (common, community-wide, OP/RF) or standardized package.
- Provide mental health training (including that for dementia and suicide prevention) for 100% of 1st responders by December 2019.
- Collaborate with 1st responders to more effectively identify those with behavioral health needs and dementia, to increase safety and referrals, by December 2019.
- Develop at least one new transportation program for a target groups seeking screening, prevention and treatment, by December 2018.
- By December 2019, hold community wellness series with different agencies and non-traditional providers for community awareness/education. (e.g., stress, anxiety, depression, suicide)

**Goal 2: Address lack of available behavioral health services in order to meet the behavioral health needs of Oak Park residents**

**Objective 2.1:** By December 2020, increase focused funding to gap areas including coordination of care, universal screening, and parenting services.

**ACTION STEPS:**

- Conduct gap analysis of continuum of services to identify holes by July 1, 2018.
- Prioritize funding strategies to address gap areas by October 1, 2018.
- Fund according to focused funding priorities by April 1, 2019.
- Bring more behavioral health students, nurses, trainees, and providers into the community by developing partnerships with universities.
- Introduce loan repayment options like the National Healthcare Service Corps (NHSC).
- Develop other incentives for licensure, leadership, job diversity via partnerships.

**TIMELINE:**

Start date: January 1, 2018

Completion date: March 31, 2020

**POTENTIAL AGENCIES RESPONSIBLE:**

- CMHB-OP to lead/spearhead
- Village of Oak Park + River Forest Township+ Oak Park Township
- Oak Park River Forest Community Foundation- Success of All Youth
- Funders Collaboration
- Hospitals
- Universities (Dominican, etc.)

**MEASURES:**

- Include gaps as funding priorities in FY 2020 application process.
- By December 2019, establish at least one partnership with universities to address capacity/provider shortages.

**Objective 2.2:** By 2020, increase inter-agency partnerships by 10% (Continuum of Care, share client records, etc.)

**ACTION STEPS:**

- Collect baseline on existing coordinated care partnerships in community (e.g. PCC Wellness and River Edge psychiatry partnering with behavioral health service partners; YEMBA and BUILD mentoring partnership, TASC Care Coordination and D97 partnership, etc.)
- Encourage providers to share client records, engage in care coordination/linkage
- Implement physician collaborations with mental health professionals.
- Use a train-the-trainer model (perhaps with social workers or care coordinators as trainers) to deliver cultural competency trainings for agency staff.
- Train agencies on what the continuum of care looks like (visual model of prevention, early intervention, etc.) with information on successful models/case studies in community, via consortium meetings.
- Establish at least one partnership with a managed care company by December 2018 (inter-governmental partnerships)

**TIMELINE:**

Start date: October 1, 2017

Completion date: December 31, 2020

**POTENTIAL AGENCIES RESPONSIBLE:**

- CMHB-OP to convene/lead
- Primary care, hospitals like West Suburban and West Lake, FQHCs like PCC wellness
- After care support services, support groups, wrap around care
- All behavioral health agencies
- All coalitions (homelessness, etc.)
- NAMI to lead psycho-educational groups
- Managed care companies (CMHB to establish a partnership w/ at least one MCO)

**MEASURES:**

- Starting in 2018, hold two trainings/year with physician and mental health professionals.
- Starting in 2018, hold three cultural competency trainings for staff within each agency, using train the trainer model, with at least 25 physicians participating in the trainings (provide CME credits).
- By December 2019, increase psycho-educational groups and presentations by 25%.
- By December 2020, ensure at least one consortium meeting covers successful continuum of care models.

**Goal 3: Address social norms among parents and youth in order to reduce underage drinking and substance abuse.**

**Objective 3.1:** Develop and deliver one coordinated communication campaign using school posters, website, and newspaper for 10th and 12th graders at OPRF High School by December 31, 2020.

**ACTION STEPS:**

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

**TIMELINE:**

Start date: October 1, 2017

Completion date: December 31, 2020

**POTENTIAL AGENCIES RESPONSIBLE:**

- Substance use and mental health agencies
- School districts
- CMHB-OP
- River Forest Township
- Oak Park Township-SPF-PFS
- IMPACT
- MBHAC
- Non-traditional partners that reach youth to run PSAs etc.

**MEASURES:**

- By December 2018, increase percentage of 9th, 10th and 12th grade students (at OPRFHS) who perceive marijuana use to be risky (per IYS).
- By December 2020, decrease percentage of 12<sup>th</sup> grade students (at OPRFHS) who engaged in binge drinking (per IYS) by at least 10%.
- By December 2019, see positive change in outcomes according to Project Towards No Drug Abuse data.
- By December 2019, implement at least three programs which are culturally competent, serving at least 50 individuals under age 18.
- Conduct market research to identify appropriate paths of communication and reach youth and parents, including underserved populations (e.g., minority, LGBTIA, and homeless youth).

**Objective 3.2:** Develop parent education opportunities that include substance abuse of youth to be offered for parents of 8th-12th grade parents by December 31, 2020.

**ACTION STEPS:**

- Survey at least 400 parents of youth in Oak Park and River Forest regarding youth drinking, by December 2018.
- Host at least two parent focus groups to discuss teens and underage drinking, by December 2019.
- Identify all parent groups and/or existing organizations that may have an interest and/or current goal of reducing youth substance abuse, by December 2019.
- Implement evidence based parent cafes and other parent educational forums and timely events (around prom, graduation, etc.)
- Reach parents at existing parent nights by infusing youth drinking and substance use content into existing activities and workshops, using targeted opportunities during the school year (e.g. homecoming).
- Target education towards dangerous behavior (e.g. binge drinking, daily marijuana use, use by youth at high risk) based on existing public awareness campaigns (e.g. Australia).
- Develop and implement a binge drinking education program for parents.

**TIMELINE:**

Start date: October 1, 2017

Completion date: December 31, 2020

**POTENTIAL AGENCIES RESPONSIBLE:**

- OP Township's underage drinking grant (SAMHSA) to take lead in implementing action steps (SPF-PFS)
- IMPACT
- CMHB-OP to take lead on infusing youth alcohol and substance use content into existing parent nights *in partnership with D97 and D200*
- School districts
- Business partners
- Village of OP Public Health Department

**MEASURES:**

- By December 2018, increase parent disapproval of children (8th graders) using marijuana.
- Decrease binge drinking among 12<sup>th</sup> graders (per IYS) by at least 10% by December 2020.

**Objective 3.3:** By December 2020, increase access and strengthen the Continuum of care prevention, intervention treatment, and recovery support.

**ACTION STEPS:**

- Provide information at Day in Our Village and at least three other community-wide events (including media) per year.
- Hold at least 2 networking consortium meetings of DD and BH providers per year
- Support different coalitions (e.g. addiction recovery team, etc.) to strengthen the continuum of care
- Strengthen adjudication assessment and linkage protocols in collaboration with police, Rosecrance, and other partners.
- Establish who is part of full continuum of care for youth alcohol and substance use.
- Train agencies on what the continuum of care looks like (visual model of prevention, early intervention, etc.) with information on successful models/case studies in community, via consortium meetings.

**TIMELINE:**

Start date: October 1, 2017

Completion date: December 31, 2020

**POTENTIAL AGENCIES RESPONSIBLE:**

- Police, Judges, Village of Oak Park
- Rosecrance
- CMHB-OP
- OP and RF Townships
- Youth Substance Use Coalitions
- All partner and affiliate substance use and mental health agencies
- Hospitals and primary care partners
- Other System of Care Coalitions, e.g., ART; MBHAC)

**MEASURES:**

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



**Goal 4: Address the availability of illicit opioids in order to reduce resident opioid use levels.**

**Objective 4.1:** By 2022, establish reporting systems for illicit opioid availability within Oak Park and River Forest.

**ACTION STEPS:**

- Identify organizations already committed to dealing with the issue.
- Work with Heroin Task Force in Chicago.
- Identify and collect data on opioid overdose.
- Review successful evidence-based strategies from other communities and develop a pilot program.
- Work with D200 to develop a prevention program for high school seniors.
- Develop data sharing agreements with hospitals and the State of Illinois.
- Actively promote safe disposal of medications through increased outreach, education, and promotion.
- Advocate for adoption of CDC guidelines for opioid prescriptions.
- Coordinate referrals for treatment.

**TIMELINE:**

Start date: January 1, 2018

Completion date: December 31, 2022

**POTENTIAL AGENCIES RESPONSIBLE:**

- Village of Oak Park takes the lead
- River Forest Township, Oak Park Township
- Police departments
- Fire department
- Hospitals
- CMHB-OP to partner with schools on prevention programs, etc.

**MEASURES:**

- By 2020, implement a coordinated communication campaign on opioids overuse, with a focus on young adults, and prevention for teens and senior adults.
- By December 2018, increase volume of safe disposal medications by 20%.
- Track progress using IDPH syndromic surveillance data from hospitals, emergency overdose data from the Fire Department, and Uniform Crime Data.

**Goal 5: Support caregivers of persons with developmental disabilities in order to ensure residents with developmental disabilities have their needs met.**

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

**ACTION STEPS:**

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

**TIMELINE:**

Start date: October 1, 2017

Completion date: December 31, 2022.

**POTENTIAL AGENCIES RESPONSIBLE:**

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

**MEASURES:**

- By December 2020, Oak Park and River Forest will develop a model to educate families and caregivers addressing the needs of developmentally disabled individuals.
- By December 2019, at least one family training will be held around family support services/resources (and continue beyond 2019).
- By December 2020, increase the availability of the right respite models (including CSS staffed respite, group respite, vouchers, etc.) to the right families.

**Goal 6: Increase access to services for people with developmental disabilities over the age of 22 to ensure residents with developmental disabilities have their needs met.**

**Objective 6.1:** By December 2020, increase by 20% the number of families that have all services needed, regardless of functioning level or age.

**ACTION STEPS:**

- Assess unmet needs among people with developmental disabilities over age 22, especially those with a need for a higher level of care and seniors with DD.
- Evaluate Network of Care-user friendliness and effectiveness to link families and referral sources to appropriate services.
- Bring mental health and developmental disability providers together (perhaps alternating which organizations host) to educate and discuss specific cases.
- Create a focus on collaboration so agencies develop greater knowledge of each other's services.
- Use follow-up calls from schools to families who have aged out of school system to evaluate transition success, unmet needs, and acquire data on who is and isn't accessing services.
- Build discrepancy reserve (endowment) to support cost of higher needs care.
- Train respite workers on higher needs care
- Resolve funding limits by:
  - Assessing available funding,
  - Advocating for and lobbying for increased funding,
  - Coordinating funding across agencies to use funds more efficiently/effectively, and
  - Increasing funding flexibility for case consultation across agencies for specific clients.

**TIMELINE:**

Start date: October 1, 2017

Completion date: December 31, 2020

**POTENTIAL AGENCIES RESPONSIBLE:**

- All DD agencies
- Schools
- CMHB-OP
- River Forest Township
- Oak Park Township
- Equip for Equality
- State or regional DD representatives
- Managed care companies
- DORS

**MEASURES:**

- By December 2017, have at least one meeting of a collaborative group of mental health and developmental disability providers and develop annual meeting schedule.

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- Create a tool that will identify residents with developmental disabilities who require a higher level of care than they are currently getting and populate it by December 2018.
- By December 2018, conduct assessment of funds available to Oak Park and River Forest agencies.
- By December 2018, survey population with developmental disabilities over age 22 to understand their needs.