

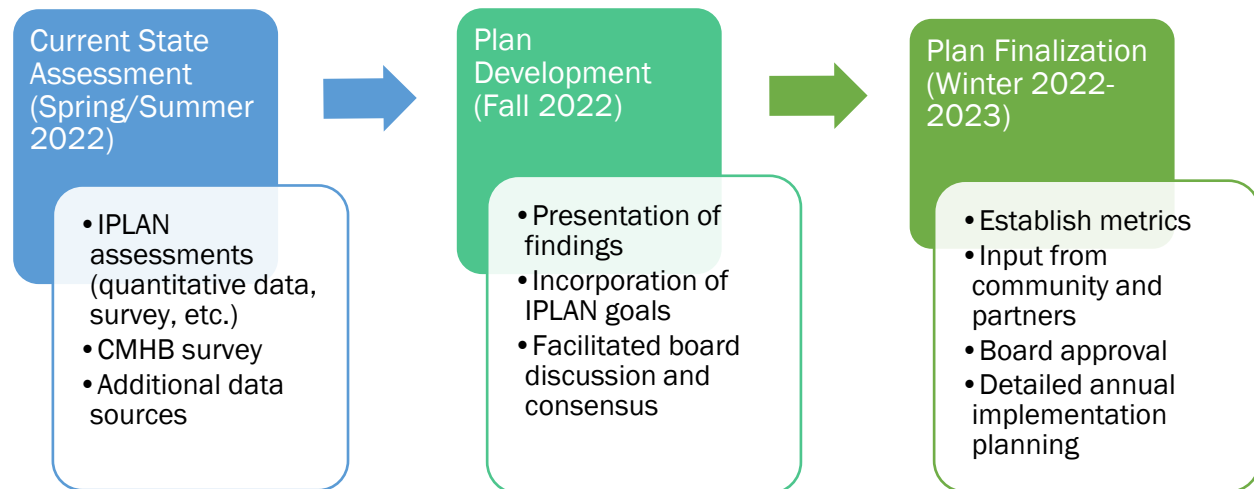
Purpose

The Community Mental Health Board of Oak Park Township (CMHB) engaged in a strategic planning process in 2022. The purpose was to direct and guide its priorities and activities for April 1, 2023, through March 31, 2026, in alignment with its stated mission: *To enhance the mental health and developmental potential of Oak Park residents; establish an appropriate continuum of community support services; and manage local resources in a fiscally responsible manner.*

CMHB also aligned its plan with mental and behavioral health priorities emerging from the Oak Park and River Forest IPLAN (Illinois Project for Local Assessment of Needs), a community-wide needs assessment and community health improvement process led every five years by the Oak Park Department of Public Health and its partners.

Overall Methodology

The strategic planning process began in spring 2022. The process had three major phases: a current state assessment, development of a draft plan, and finalization of the plan in collaboration with the community.



Current State Assessment and Alignment with IPLAN

The current state assessment was conducted during spring/summer 2022. CMHB staff participated in several assessments as part of the Oak Park and River Forest IPLAN, including a convenience sample community survey with 750+ respondents, quantitative demographic data, data on behavioral health indicators, and stakeholder themes around forces of change.

CMHB also commissioned a separate survey from the Center for Governmental Studies at Northern Illinois University. This survey was sent to a random sample of households, garnered 600 responses, and focused on mental health, substance use, and intellectual and disability needs specifically, including ease of getting information about services, awareness of services, availability of services, barriers and needs, and knowledge of CMHB itself.

Finally, data were analyzed from the Illinois Youth Survey and other sources. Taken together as a group, feedback from these various assessments informed CMHB staff and board understanding of the overall strengths, weaknesses, opportunities, and threats.



Plan Development and Facilitated Board Retreat

CMHB staff met twice with Leading Healthy Futures (LHF) during fall 2022 to prepare for a facilitated board strategic planning retreat. The purpose of the facilitation would be to review findings from the current state assessment methods, make meaning of this information, and identify in-consensus goals, outcomes, and strategies that aligned with the Oak Park and River Forest IPLAN’s established priority area of Mental Health and Substance Use.

Board members and staff gathered in a facilitated planning retreat in November 2022. First, the group heard a presentation on the findings from the current state assessment methods and reacted to, asked questions about, and discussed the results. Then, using the current state as a jumping off point, LHF facilitated a conversation and voting process to identify and reach consensus on five overall goals and associated outcomes and strategies for CMHB’s next three years that align with both the IPLAN and with additional CMHB priorities.

- GOAL #1: Increase promotion and awareness of mental wellness and resiliency, engage communities in prevention activities, and connect to resources
- GOAL #2: Ensure awareness of and access to an equitable continuum of care for mental health and substance use disorder services
- Goal #3: Support individuals with intellectual and developmental disabilities and their families
- Goal #4: Increase visibility of CMHB through public awareness campaigns, social media, and other marketing efforts
- Goal #5: Increase collaboration and communication between organizations

Plan Development and Community Feedback

Following the retreat, CMHB staff and LHF finalized the draft plan for distribution to the board and community members. Two community feedback sessions were held in January 2023 to gather additional insight into outcomes, indicators, and metrics that the community would like

to see achieved as well as into which strategies should be prioritized for year one. This feedback was incorporated into the final draft of the strategic plan.

The pages that follow represent the final version of the strategic plan and its goals, outcomes, strategies, and indicators accepted by the Board of Directors at its meeting on February 21, 2023.

Annually, CMHB staff will develop a more detailed road map for the year to track progress on the specific priorities identified for that year. Progress towards those goals will be provided in a monthly report to the Board of Directors and will be available for public review. This plan and its annual implementation road map are expected to be ongoing, living documents used iteratively over the three-year period.

Special Thank You to Input Session Participants

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Cindy Michelotti	Juliet Yera	Nicole McCann-Davis
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GOAL #1: Increase promotion and awareness of mental wellness and resiliency, engage communities in prevention activities, and connect to resources

OUTCOMES	STRATEGIES	INDICATORS
Increased education about mental wellness	<ul style="list-style-type: none"> • 1A. Launch public awareness campaign regarding protective factors and community strengths • 1B. Conduct parent education, senior education, and other education to raise community awareness and destigmatize behavioral health services to D97, D200, and residents in outplacement schools • 1C. Expand suicide prevention training programs (QPR, ASIST, Talk Safe Live) to broader audience (adults, middle school, outplacement schools) • 1D. Increase education and life skills training for parents and teens to reduce teen drinking and marijuana use • 1E. Increase education and training to help prevent gambling addiction. • 1F. Engage business community and non-traditional mental health social service providers to provide awareness, education, prevention, and connection to behavioral health resources • 1G. Educate the public about the signs of mental health and substance use problems as well as dual diagnosis • 1H. Educate the public about the risks of social media • 1I. Provide education and outreach to caregiver support groups and systems • 1J. Offer Mental Health First Aid training, especially targeting youth and other key populations • 1K. Educate community on self-care, mental wellness, stress reduction, and other lifestyle factors • 1L. Increase community involvement in Illinois Youth Survey data sharing, collection, and analysis 	<ul style="list-style-type: none"> • Increase in number of people trained in Mental Health First Aid and other topics • Increase the percentage of individuals to achieve the outcome of an increase in knowledge and resiliency because of the funded programs measured through NOMS data collection (baseline) • Decrease in percent of youth who currently drink alcohol per YRBS/Illinois Youth Survey/NOMS Data collection (baseline) • Decrease in percent of youth who currently use cannabis per YRBS/Illinois Youth Survey/NOMS Data collection (baseline) • Implement on-site education and training opportunities through the CRC
Greater engagement in focused prevention and harm reduction	<ul style="list-style-type: none"> • 1M. Conduct behavioral health screenings in nontraditional settings such as schools (including outplacement schools), primary care, emergency departments, libraries, faith-based organizations, early childhood programs, and pediatrician/OB-GYN offices and first responders • 1N. Educate community members about risks associated with fentanyl and the prevalence of it in other illicit substances • 1O. Promote MAR NOW Hotline 	<ul style="list-style-type: none"> • Increase number of behavioral health screenings conducted in nontraditional settings • Decrease in percent of youth who have ever used select illicit drugs per YRBS/Illinois Youth Survey



GOAL #2: Ensure awareness of and access to an equitable continuum of care for mental health and substance use disorder services

OUTCOMES	STRATEGIES	INDICATORS
<p>Stronger mental health and substance use disorder continuum of care based on level of need and care integration for dual diagnosis</p>	<ul style="list-style-type: none"> • 2A. Open Living Room Program in Oak Park • 2B. Increase access points for medication-assisted therapies/recovery (MAT/MAR) and psychiatric medication services • 2C. Expand access to intensive outpatient programs (IOPs) and partial hospitalization programs (PHPs), including for dual diagnosis • 2D. Establish programs that respond to trauma, such as restorative justice programs • 2E. Offer interim or short-term services for individuals on treatment wait lists • 2F. Develop a plan to reduce wait lists for psychotherapy and group treatment services, including addressing funding and workforce challenges 	<ul style="list-style-type: none"> • Open a Living Room Program in Oak Park • Increase number of intensive mental health and substance use treatment slots and/or programs serving Oak Park residents over baseline • Increase number of local sites offering MAT/MAR • Decrease average length of time from intake to assessment over baseline • Increase percentage of individuals to achieve the outcome of abstinence/reduction in substance use because of funded programs over baseline (NOMS)



OUTCOMES	STRATEGIES	INDICATORS
Expanded behavioral health workforce appropriate to meet community needs	<ul style="list-style-type: none"> • 2G. Use physician assistants, nurses (APNs and NPS), prescribing psychologists, collaborative care models, and telepsychiatry to help reduce wait times for psychiatry medication services • 2H. Support efforts to hire individuals with lived experience within the behavioral health workforce • 2I. Develop partnerships with universities to bring behavioral health students, nurses, trainees, and providers into the community • 2J. Conduct outreach in high school to discuss and encourage pursuit of job opportunities within the behavioral health field • 2K. Conduct an assessment to determine diversity and cultural appropriateness of current behavioral health workforce and identify key gaps for staffing • 2L. Seek funding to support recruitment, retention, and professional development of safety net behavioral health workforce • 2M. Develop other creative incentives for licensure, leadership, mentorship, job sharing, partnerships, etc. to aid in retention of mental health professionals 	<ul style="list-style-type: none"> • Increase number of individuals achieving CRSS credential • Decrease average wait list duration for psychiatry services over baseline
Continuum of effective crisis response	<ul style="list-style-type: none"> • 2N. Build community awareness of 988 program and what to do for someone in crisis • 2O. Expand continuum of crisis response that includes 911/988, mobile crisis teams, non-hospital diversion programs (i.e., Living Room Programs), and post-crisis follow-up/stabilization, and define roles in each category • 2P. Engage community members in volunteer emergency response efforts/roles such as crisis response, MHFA, peer recovery specialist, and de-escalation training • 2Q. Research and invest in evidence-based practices that prevent crisis 	<ul style="list-style-type: none"> • Decrease percent of rehospitalizations for repeat behavioral health crises • Decrease number of repeat mental health-related 911 calls • Working with the Village and other stakeholders, develop and implement a strengthened mental health and substance use crisis response system • Increase number of hospital and/or criminal justice diversion programs available to Oak park residents in crisis

Goal #3: Support individuals with intellectual and developmental disabilities and their families

OUTCOMES	STRATEGIES	INDICATORS
Improved access to independence and stability through employment and housing for adults with I/DD	<ul style="list-style-type: none"> • 3A. Explore housing models for those with I/DD • 3B. Connect with the business community to cultivate supported employment opportunities for youth/adults with I/DD by conveying its mutual value and allaying fears/concerns • 3C. Improve housing access for those with I/DD • 3D. Increase partnership with housing authority • 3E. Support pathways to employment in I/DD programs and service 	<ul style="list-style-type: none"> • Increase percentage of individuals to achieve the outcome of education and/or employment because of funded programs as measured through NOMS data collection (baseline) • Determine the level of need for housing for I/DD through community survey
Greater support for providers, parents, and other stakeholders who work with individuals with I/DD	<ul style="list-style-type: none"> • 3F. Support parents whose children with I/DD have completed school • 3G. Continue creating space for provider/stakeholder networking and communications via consortium meetings and events • 3H. Develop and host trainings that educate parents on student IFSP/IEP development, application, advocacy, and navigation at transition points • 3I. Reinstigate quarterly OPRFHS Parent Nights to provide parents of students with I/DD community information about available/accessible services and system navigation • 3J. Increase access to respite, day programs, and social recreational services, for individuals with I/DD and/or dual diagnosis 	<ul style="list-style-type: none"> • Host quarterly I/DD provider consortium meetings. • Host quarterly parent and caretaker education sessions for those in and out of school



Goal #4: Increase visibility of CMHB through public awareness campaigns, social media, and other marketing efforts

OUTCOMES	STRATEGIES	INDICATORS
Increased awareness of CMHB among all Oak Park populations	<ul style="list-style-type: none"> • 4A. Increase visibility on social media platforms including engagement of youth • 4B. Maximize use of data to effectively communicate CMHB's impact on mental health, substance abuse, and I/DD • 4C. Plan for impact of increased visibility at new location • 4D. Increase visibility through media (with emphasis on social media) • 4E. Continue marketing existing behavioral health and I/DD resources by updating and disseminating CMHB resource guides each year 	<ul style="list-style-type: none"> • Develop and implement an annual calendar of social media posts and education • Publish an annual infographic in the Wednesday Journal and OP/FYI highlighting the impact/outcomes data • Utilize co-location with CRC to market



Goal #5: Increase collaboration and communication between organizations

OUTCOMES	STRATEGIES	INDICATORS
<p>Common understanding of need across organizations</p>	<ul style="list-style-type: none"> • 5A. Facilitate collaborations between organizations • 5B. Identify provider services to meet defined gaps/needs 	<ul style="list-style-type: none"> • Host focus groups to determine the strengths and weaknesses associated with the HUB • Evaluate the impact of the HUB as a referral mechanism and make updates as appropriate • Host quarterly consortia meetings to encourage collaboration • Add opportunities for case consultation between providers during consortium meetings and/or other networking opportunities • Prioritize collaborative grantmaking models
<p>Connection of community members to care and resources</p>	<ul style="list-style-type: none"> • 5C. Create seamless care coordination for post traumatic violence response and for post crisis intervention • 5D. Create opportunities for partnership to promote efficiency and reduce unnecessary competition • 5E. Evaluate the impact of the Health Connection HUB at aiding the referral process and make improvements where necessary • 5F. Develop list of key individuals at social service, behavioral health, I/DD and other agencies for referrals • 5G. Collaborate with local hospitals, agencies, and associations (e.g., Alzheimer’s Association) to bring their prevention and support programs to targeted populations 	<ul style="list-style-type: none"> • Increase percent of Health Connection HUB behavioral health referrals that are close looped • Evaluate the impact of the HUB as a referral mechanism and make updates as appropriate • Host quarterly consortia meetings to encourage collaboration • Prioritize collaborative grantmaking models