

Community Mental Health Board of Oak Park

THE ANNUAL AND THREE-YEAR PLAN

Introduction

Mental disorders and mental health problems affect individuals and families of all walks of life, social classes, ages, and races. About one in five Americans, including children, experiences a mental disorder in a given year. While some of these individuals use mental health services through the health sector, social service agencies, schools, churches, or self-help groups, gaps remain between those who need and those who receive services.¹

Selected Definitions

Mental health is “the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with adversity; from early childhood until late life, mental health is the springboard of thinking and communication skills, learning, emotional growth, resilience, and self-esteem.”²

Mental illness is “the term that refers collectively to all mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”³

There is a distinction made between **mental illness** and less severe **mental health problems** that are marked by “signs and symptoms of insufficient intensity or duration to meet the criteria for any mental disorder.” Most people have experienced mental health problems “in which the distress one feels matches some of the signs and symptoms of mental disorders.”⁴

Recovery “refers to the process in which people are able to live, work, learn and participated fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. Science has shown that having hope plays an integral role in an individual’s recovery.”⁵

Resilience “means the personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses—and to go on with life with a sense of mastery, competence, and hope. We now understand from research that resilience is fostered by a positive childhood and includes positive individual traits, such as optimism, good problem-solving skills, and treatments. Closely-knit communities and neighborhoods are also resilient, providing supports for their members.”⁶

Individual recovery is the heart of the Annual and Three-Year Plan to transform the mental health system in Oak Park. We believe that people with mental illnesses, developmental disabilities, and substance abuse induced disorders can and do recover. We will fund programs and services that demonstrate a commitment to providing recovery-based services, and through their actions, inspire consumers and their families the hopefulness of recovery.

This plan emphasis on individual recovery and resilience will transform not only the Oak Park service delivery systems but also hearts, minds, and lives for future generations.

¹ U.S. Department of Health and Human Services, *Mental Health: A Report of the Surgeon General*, (Rockville, MD: U. S Department of Health and Human Services, Substance Abuse and Mental Health Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, 1999), p. xii.

² *Mental Health: A Report of the Surgeon General*, p. vii.

³ *Mental Health: A Report of the Surgeon General*, p. vii.

⁴ *Mental Health: A Report of the Surgeon General*, p. 5.

⁵ The President’s New Freed Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America, Executive Summary*, (Rockville, MD: U.S. Department of Health and Human Services, Pub. No. SMA-03-3831, 2003), p. 7.

⁶ *Achieving the Promise: Transforming the Mental Health Care in America, Executive Summary*, p. 7.

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ANNUAL GOALS - GRANT YEAR 2007

Annually, the Community Mental Health Board of Oak Park reviews the objectives derived from its mission, vision, and goals. It is anticipated that some annual goals must be ongoing with no specific end point; others have specific time limits. In both cases, these goals are reviewed to assure relevance and responsiveness to current needs within the Oak Park community. Key objectives for next year include:

ONGOING OBJECTIVES

1. Review CMHB Goals and Funding Objectives to determine how well they address current needs. Revise as necessary prior to the annual grant allocation process.
2. Review the CMHB Funding Guidelines and application process prior to each grant allocation process. Revise as necessary.
3. Review CMHB Objectives prior to approval of the Board's annual budget.
4. Monitor agency service delivery by preparing and reviewing quarterly service level and expense/revenue reports for each agency.⁷
5. Critically assess the extent to which CMHB funded agencies are serving the most seriously disabled and neediest residents of Oak Park prior to the allocation of grants and determine if this is necessary for the allocation of grants (may exclude Medicaid eligible services).⁸
6. Encourage interagency cooperation and collaboration, efficient use of local resources and minimal duplication of services through ongoing planning and monitoring activities.
7. The Community Mental Health Board Administration staff will meet as necessary with Agency staff to review current service delivery and unmet or underserved needs.
8. Maintain high visibility and an active role in the local and state human service system. Through the Administrative staff the CMHB may provide needs assessment, program planning, technical assistance or organizational support as needed.
9. Play an active role in the Association for Community Mental Health Authorities of Illinois to assure that the community based service delivery perspective is represented in State and Federal mental health service planning and delivery.
10. Work with local and state agencies on a continuing basis to assure an adequate and equitable level of state funding for mental health services in Oak Park. This may include periodically meeting with state legislators to discuss issues affecting delivery of mental health services in the Oak Park community.
11. Continue to work closely with state agencies and local funding bodies to coordinate respective responsibilities and for effective funding of local services.
12. Planning for comprehensive mental health services in Oak Park shall be included in each CMHB annual and three-year plan.

⁷ Staffing structure must be revised.

⁸ CMHB must determine is this a value e.g. Medicaid

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CMHB PLANNING 2006 - 2008

LEADERSHIP			
Goal 1 - Enhance the CMHB mental health authority model and staffing to improve service delivery to constituents.			
<i>Strategies:</i>		2006	2007
1.1	Conduct strategic planning to clearly identify the strategic direction of the CMHB and local mental health system.		●
1.2	Develop and/or review Board membership that assures community leadership and expertise in areas of organizational need.		●
1.3	Conduct benchmarking with other 708 boards and implement appropriate personnel structure to increase performance measurements, technical assistance, and Medicaid certification.		●
COMMUNITY RELATIONSHIPS / COMMUNITY COLLABORATION			
Goal 2 - Build the knowledge and awareness of the CMHB to secure community commitments to its mission and provide leadership in addressing and advising for the organization's constituency.			
<i>Strategies:</i>		2006	2007
2.1	Work with local, state, and federal entities to attract funding for mental health services in the Oak Park community.	●	●
2.2	Develop strong alliances among government, local funders and service providers.	●	●
2.3	Enhance and grow the relationship with community agencies.	●	●
2.4	Increase community collaborations/partnerships with community organizations and government bodies holding similar vision and mission.	●	●

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ANNUAL AND THREE YEAR PLAN –			
<i>These specific goals and objectives in this area that serve as a blueprint for funding and the mental health system in Oak Park. The Annual and Three Year Plan is a component of Goal 4 – Ensures that CMHB funded services and programs are excellent and responsive to critical community needs.</i>			
Goal 1 - Assist residents of Oak Park with mental illness, developmental disabilities and substance abuse to achieve recovery.			
Strategies:	2006	2007	2008
<input type="checkbox"/> Initiate a local public education campaign to improve general understanding of mental illness, developmental disabilities, and substance abuse.	●		
<input type="checkbox"/> Support programs that utilized individualized Plans of Care that promote resilience and recovery.		●	
<input type="checkbox"/> Promote quality services in the workforce development system for people with mental illness and developmental disabilities. <ul style="list-style-type: none"> ○ Promote the use of customized employment strategies i.e. consumer run enterprises/business incubators for community providers/local businesses by providing seed funding. ○ Provide grants to assist the chronically homeless that have mental illness, developmental disabilities, or substance abuse. ○ Support local efforts to assist youth with serious emotional disturbances involved with the juvenile justice system to transition into employment e.g. funding, facilitate partnerships. ○ Promote the employment of people with MI, DD, or SA i.e. internally workforce, speaker’s bureau, PSAs. 	● ● ●	 ●	 ● ●

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Goal 2 – Ameliorate the effects of mental illness, developmental disorders or substance abuse induced disorders through increased access to prevention, early identification, timely intervention and ongoing mental health services.			
<i>Strategies:</i>	2006	2007	2008
<input type="checkbox"/> Expand support services that focus on recovery and resiliency such as: <ul style="list-style-type: none"> ○ Case management ○ Crisis line/intervention ○ Family services/counseling/therapy services ○ Day services ○ DD respite care 	●	●	●
<input type="checkbox"/> Increase support for social and recreational opportunities for SMI and DD.	●	●	●
<input type="checkbox"/> Increase availability of in-home and natural environment supports for DD, SMI.	●	●	●
<input type="checkbox"/> Provide funding for comprehensive evaluation and diagnosis.		●	●
<input type="checkbox"/> Support services available in individual homes, family homes and community residences including assistive technology and environmental modifications that is not state-funded.		●	●
<input type="checkbox"/> Support and expand MI, MH, DD, and SA education programs.	●	●	●
<input type="checkbox"/> Support and expand employment and vocational programs for MI, DD and SA consumers.	●	●	●
Goal 3 – Inform the general public about the prevention, treatment and recovery of mental illnesses, developmental disabilities, and substance abuse related disorders.			
<i>Strategies:</i>	2006	2007	2008
<input type="checkbox"/> Support local efforts i.e. local agencies, consumer or advocacy groups to reduce stigma.	●	●	●
<input type="checkbox"/> Launch a user-friendly, consumer-oriented web site. The website will provide information on mental illnesses, developmental disabilities, and community resources that is accessible to the public.		●	
<input type="checkbox"/> Distribute material i.e. brochures, pamphlets to provide information regarding MI, MH, DD, and SA at local, community events.		●	