



Community Mental Health Board

of Oak Park Township

FY16 Annual Report **Prepared for the Town Hall Meeting** **April 12th, 2016**

(Note: The service and fiscal data is estimated based on YTD projections at the time of this report and is not a FINAL report)

The Community Mental Health Board (CMHB) of Oak Park Township was created in 1973 through the passage of a township referendum which created a taxing body to serve as the Local Mental Health Authority (708 Board). The CMHB's authority is defined in Illinois statute 405ILCS 20/, and is charged with planning, developing, coordinating, evaluating, and funding services for persons with mental illnesses, alcohol or other drug dependence disorders, and developmental disabilities. The CMHB is comprised of nine Oak Park residents who are appointed by the Oak Park Township Supervisor and Board of Trustees. One member of the CMHB serves as the liaison to the Oak Park Township Board of Trustees. The CMHB is responsible for hiring staff to carry out the duties of the Board, and the authorization of expenses from the Community Mental Health Fund.

In FY16, the CMHB contracted with seventeen (17) organizations, and supported thirty five (35) mental health, substance use/addictions, and developmental disability programs and services. The CMHB also awarded eighteen (18) infrastructure/IT/training/strategic planning grants, as well as seven (7) RFP's targeting specific needs assessment gaps. CMHB piloted two (2) new services: parenting education/supports and mentoring, in response to acute community needs in strategic priority areas. The CMHB focused on trauma informed care training and support, as well as cultural competency assessments. The CMHB continued its fiscal support of the Network of Care comprehensive website for information, services, support groups, advocacy, legislation, community calendars, and social media, which in November 2015 averaged 619 *sessions* a day, with 1,815 *hits* on average per day. In all, the CMHB *allocated \$1,454,034* in purchase of service and special initiative funding from the local tax-based Community Mental Health Fund. The CMHB also leveraged local property tax dollars to obtain matching Medicaid funding from the federal government as part of a local funds initiative.

The CMHB funded annual contracts to the following agencies in FY16: Pillars, Presence, Opportunity Knocks, PCC Wellness, Community Support Services, Thrive, NAMI, Oak Leyden, Oak Park Township Senior Services, Parenthesis, Sarah's Inn, Seguin, Thresholds, The Way Back Inn, Infant Welfare Society-Children's Clinic, Housing Forward, and TASC. The CMHB also provided support to West Suburban Special Recreation Association, IMPACT, PACTT, the Early Childhood Collaboration, YEMBA, Smart Love, Rosecrance, and UIC-IJR through infrastructure, information technology, specialized training, and targeted needs assessment funding.

The CMHB funding either fully or partially supports individuals without insurance, inadequate insurance, and those in need of a sliding scale fee to access services. CMHB funds do not supplant state or insurance funding, nor supplement Medicaid. CMHB funds are utilized to provide or support services where there are gaps in state or other funding, and funds infrastructure, technology, and training needs when those funds directly impact the quality of services to Oak Park. CMHB regularly audits and evaluates the expenditure of funding for services to ensure prudent oversight of local tax dollars. The CMHB operations are not duplicative of any other Oak Park Township or municipal governmental entity, and operate under conservative fiscal policies.

This year in particular the local funding provided by "safety nets" such as Township 708 Boards has been critical. Social service agencies have been without a budget since the start of the year and many across the state have already gone out of business. In a state that has made cuts year after year to the community mental health, substance use/addiction, and developmental disability services systems, the lack of a budget on top of an already fragile and under-funded system has been devastating. Services and supports in Oak Park Township have remained strong and comprehensive due to the local funding and rapid response to acute needs. For example, psychiatry access for those with managed care or no insurance is a state and national crisis, but due to Community Mental Health Board funding

and the unique ability of local governments to react quickly, that problem was averted for Oak Park Township residents.

Fiscal Year 2016 funding supported:

1. MENTAL HEALTH PROGRAMS/SERVICES

Mental health services were provided in the forms of:

- Outpatient Therapy – Individual, group, family, and children
- Psychological and Psychiatric Services
- Homeless Outreach and Engagement
- Intensive Case Management
- Adolescent and Adult Supportive Case Management
- Assessment and Evaluation
- Community Support Team
- Community Support Individual
- Psycho-Social Rehabilitation
- Community Crisis Services and 24/7 Crisis Line
- Drop-In Center
- Community and Classroom Education
- Family Supports and Services
- Domestic Violence Services for Women and Children
- Specialized Services for Children, Seniors, and Minorities
- Trauma Informed Care
- Care Coordination/Navigation
- Services to Promote Recovery and Resiliency
- Advocacy

The CMHB was able to support mental health needs to **2119 unduplicated Oak Park residents**. CMHB funding supported **14,374 hours of staff and direct services and 264 educational classes** for members of the community in need of mental health education and services.

2. SUBSTANCE USE DISORDER PROGRAM/SERVICES

Substance use disorder services were provided in the forms of:

- Assessment and Evaluation
- Individual and Group Therapy
- Residential Care
- Family Support Groups
- Case Management
- Stress Management

The CMHB was able to support substance use services to **25 unduplicated Oak Park residents** at Way Back Inn's Grateful House. CMHB funding supported **100 therapeutic groups and 368 nights of care**.

3. DEVELOPMENTAL DISABILITY PROGRAM/SERVICES

Developmental Disability services were provided in the forms of:

- Individual, Group, and Weekend Respite
- Supported Employment and Pre-Vocational Services
- Clinical Services
- Independent Living Supports
- Early Intervention
- Case Management
- High School Transitional Services
- Social and Recreational Services
- Technology Supports
- Advocacy and Education

The CMHB was able to support developmental disability services to **322 unduplicated Oak Park residents**. CMHB funding supported **7,934 hours of staff and direct services and 4 respite weekends** for residents in need of developmental and intellectual disability services.

4. PREVENTION PROGRAM/SERVICES

Prevention services were provided in the forms of:

- Teen Dating Violence
- Bullying
- Parenting Classes and Education
- Life Skills
- Referrals and Linkage
- Care Coordination/Patient Navigation

The CMHB was able to support prevention services to **267 unduplicated Oak Park residents**. CMHB funding supported **3,027 hours of staff and direct services** for youth and families in need of prevention services.

5. CMHB NEEDS ASSESSMENT REQUEST FOR PROPOSALS (RFP)

(The RFP reports are not due until the end of April so the statistical data will be added to the final report.)

Special Needs Assessment funding supported the *Piecing It All Together Children's Mental Health Conference*, *National Developmental Disabilities Month* activities as well as an monthly media education campaign, UIC-Institute for Juvenile Research's community wide *Trauma Informed Care* trainings, the *Oak Park Ending Homelessness* campaign, *Cultural Competency Assessments and Technical Assistance*, *Social-Emotional assessments for Early Intervention*, *free comprehensive Youth Substance Abuse Screenings at juvenile hearings*, and administrative support to the *youth substance abuse coalition (IMPACT)*, as well as funding for a *social norms campaign* for D200 and training for the evidence based youth substance abuse prevention program *Strengthening Families*.

Overall in FY16 the CMHB funds served 2,733 unduplicated community members

Other FY16 Highlights from the CMHB Strategic Plan:

1. ***Achieve an effective and efficient information and referral system:***

- Maintained the Network Of Care Website with updated directories of service and supports, legislation, and information from over 10,000 scholarly articles
- Updated and marketed the Youth and Family Behavioral Health Service Guide and the Developmental Disabilities Resource Guide
- Developed and marketed the Youth Substance Abuse Service Guide
- Supported the development of the Homelessness Service Guide
- Received the Community Partnership Award from Menta Alternative High School for CMHB's strong information and linkage partnership, and met with the new social work teams at D200 to provide information and resources
- Hosted 3rd annual networking breakfast for social service providers, schools, and other community organizations

2. ***Educate the community on MH/SUD/DD conditions to reduce stigma and discrimination/Advocacy***

Supported the following educational/anti-stigma events and initiatives:

- Creating Advance Directives
- Supportive Housing for Persons with Disabilities
- Navigating HIPAA and other Confidentiality Laws
- Special Needs Trusts
- Guardianship for Loved Ones
- Continue to support NAMI programs Family to Family, Peer to Peer, Ending the Silence, and Connections
- Co-sponsor of *Walking Man* movie and panel at Lake Street Theater targeting suicide awareness
- Staff participated in the *Stigma of Mental Illness* panel at Riveredge Hospital and *Ending the Stigma Sunday*
- Sponsored the *Anonymous People* movie and panel as part of National Recovery Month
- Formed the *Recovery Coalition* with the mission to educate and de-stigmatize addictions

3. ***Develop and implement quality system and service focused outcomes and improve the fragmented systems of care***

- Continued convening and chairing the committees working on improving the behavioral health and developmental disabilities' systems of care which includes increasing networking and care coordination, identifying gaps, and improving the scope and quality of care. CMHB's active Consortiums/Committees are the Youth and Family Behavioral Health Consortium, the Developmental Disabilities Consortium, the Ending Homeless Coalition, the Multicultural Behavioral Health Advocacy Commission, and the Recovery Coalition
- Continued active membership on other community committees with aligned goals: Oak Park- River Forest's Community Works and Success of All Youth and IMPACT

- Served on Cook County’s Mental Health Task Force
- Served on the statewide Association of Community Mental Health Authorities of Illinois (ACMHAI) Training and Best Practices to bring quality training to state membership to strengthen and improve services, programs, and systems
- Continued the clinical and community Trauma Informed Care trainings with the UIC/SAMHSA partners
- Continued national and state advocacy efforts for a rationale and well-funded systems and services

4. ***Reduce youth alcohol and substance abuse through evidence based strategies***

- Through advocacy efforts with the state secured an underage drinking prevention grant (SPF-PFS)
- Commissioned a “white paper” and worked closely with Roosevelt University to gather self-reported and incidence data on youth substance abuse as well as service system data, which ended with a set of best practices recommendations
- Worked with the IMPACT youth substance abuse coalition to secure funds for a part time director to continue the work of IMPACT and move forward the strategic priorities of the white paper
- Worked with the Village Adjudication and Police to change procedures for youth caught using or in possession of alcohol or drugs so they receive a mandatory assessment for the Judge to consider in the finding phase. Secured funding for youth with financial need to receive a urine screening
- Actively participating on the newly formed School and Community Committees of IMPACT to advance the white paper recommendations, including providing comprehensive substance use assessments and linkages at adjudication and other key points of youth intervention, school based education campaigns on social norms, and trainings for evidence based prevention programs

5. ***Expand supportive/social recreational services to young adults with intellectual/developmental disabilities who are exiting the children’s system of care and supports***

- Continue to monitor that there are sufficient opportunities for youth 22+ in OP who are transitioning including social, recreational, supportive and vocational
- Continue to chair the Developmental Disabilities Consortium to improve the system of care and increase care coordination and linkage for youth, adults, and families with developmental/intellectual disabilities
- Worked with the DD Consortium to launch a new, comprehensive resource guide as part of National Developmental Disabilities month, as well as a continuing public education and information campaign that appears each month in the Wednesday Journal
- Continued to monitor the ARC and McManus Consulting reports and provide updates to the CMHB on the “state of the state” of DD needs and service gaps in Illinois
- Continue to monitor the Ligas Consent Decree updates and impacts to funding needs as OP residents come off the PUNS list and transition to state funding

6. ***Enhance and improve behavioral health services and outcomes for our minority and underserved populations***

- Continued to co-chair the Multicultural Behavioral Health Advocacy Commission (MCBHAC) that was formed following best practices and serves as an independent commission dedicated to improving outcomes for minorities
- Doubled the capacity of the Care Coordination/Patient Navigation project to work with more families in the schools and supported an electronic database to track outcomes
- Worked with MBHAC to update all professional documents of the Commission including bylaws, membership, vision/mission/goals, and marketing/informational materials
- Helped MBHAC develop a comprehensive three-year strategic plan
- Worked with the cultural competency committee to administer and evaluate competency training needs for 9 community social service agencies
- Serving on the D97 Superintendent’s Diverse Stakeholders Committee to better engage families in services and supports

In summary, through the leadership of the CMHB, we helped to strengthen the systems of care and provide valuable prevention, early intervention, treatment, and quality of life services to our most vulnerable residents, while being a judicious steward of residents’ local tax dollars.