

APPROVED



2009 UPDATE
TO THE (2007-2009)
THREE-YEAR STRATEGIC PLAN

MENTAL HEALTH AND MENTAL
RETARDATION SERVICES, INC.
(708)

Serving Aurora, Batavia, Big Rock, Blackberry, Kaneville, Sugar Grove and Virgil Townships



Mental Health and Mental Retardation Services, Inc.

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November 24, 2008

TO THE CITIZENS OF SOUTH KANE COUNTY,

Enclosed is our 2009 One-Year Plan update to the 2007-2009 Three-Year Plan for delivery of service to the populations in south Kane County with mental illness, developmental disabilities and substance abuse disorders. INC's board of directors and staff continue to serve the residents of south Kane County and look for ways to support and improve the local system of services and providers.

Please review this material and feel free to direct comments to INC staff regarding the plan.

Respectfully submitted,

Ben Limbaugh
President

Jerry J. Murphy
Executive Director

Serving Townships of

Aurora - Batavia - Big Rock - Blackberry - Kaneville - Sugar Grove - Virgil

MENTAL HEALTH & MENTAL RETARDATION SERVICES, INC.

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2009 One-Year Update to the 2007-2009 Plan

FORWARD

This is the third year of the 2007-2009 three-year planning period. Keeping with the practice started last year, INC staff developed this plan in the early fall of 2008 for approval by the INC Board at its November meeting. By setting the course and laying out its initiatives in congruence with the 2009-10 application cycle, community provider agencies will have sufficient time to address community needs and issues identified by INC staff and board. While drastic changes do not usually occur in INC's funding of mental health, developmental disability and substance abuse services, it does give funders and providers the opportunity to "fine tune" the system we have jointly built over the last four decades.

In this plan, we will take a few pages to highlight some significant changes in providing services that have developed over the last 12 months. Some of the discussion will be regarding the system, itself. Some will be regarding the general economic and systemic environmental conditions that exist today. While no one entity can be the source of all information or opinion about current or projected developments, we hope to add our insight to those of the other stakeholders (funders, providers, consumers, etc.) in our service delivery system.

As was stated in 2008, we will not include in this plan a complete overview of the human services system. You will see included in this plan, an objective to perform a stakeholder's community needs assessment during 2009 that will act as a launching point for the next Three-Year Plan.

INC's mission, as stated in its by-laws, sets the parameters for our planning activity:

To initiate and coordinate programs of service for mental health, including services for the alcoholic, the drug-addicted and developmentally disabled within any political subdivision which is providing funds to the Corporation under the Community Mental Health Act as provided by the Illinois Community Mental Health Act (H.B. 708, June 26, 1963, and as may subsequently be amended).

Our legal authority to perform our planning and funding activities comes from the state statute, which was used to establish our seven local community mental health authorizes. The Illinois Community Mental Health Act reads:

Any county, city, village, incorporated town, township, public health district, county health department, multiple-county health department, school district or any combination thereof, in consultation with and being advised by the Department of Human Services shall have the power to construct, repair, operate, maintain and regulate community mental health facilities to provide mental health services as defined by the local community mental health board, including services for, persons with a developmental disability and for the substance abuser, for residents thereof and/or to contract therefore with any private or public entity which provides such facilities and services, either in or without such county, city, village, incorporated town, township, public health district, county health department, multiple-county health department, school district or any combination thereof.

PART ONE: LOOKING BACK

In 2007, INC staff, in collaboration with its Program Committee and network of providers, conducted a thorough analysis of INC's 2007-08 program funding. Without repeating the details reported in the 2008 Plan, the observations and conclusions reached by INC in its self-analysis were that:

- 1) By and large, INC funding is being appropriately directed to core services with the highest priority (with a noted absence of services for seniors).
- 2) It was the consensus of the INC Board, that:
 - a. INC funding should be used to either expand services or enhance the array of services;
 - b. Positive Outcomes Measures should be a key criteria for future funding;
 - c. Programs which address the goals and objectives of INC's Plan should be given priority for funding. They maintain the stability of the service system itself;
 - d. Analyzing the use of INC's resources is not meant to be a one-time effort, but rather an ongoing process.

The challenge is in reviewing the objectives we set for ourselves in 2008, trying to determine where we succeeded and where the move toward the objective is still ongoing. For the most part, where the variables of a stated objective were within our control (using only local resources), we did well. An example would be the INC/Family Counseling collaboration to form the Continuing Education Network (CEN) in order to assist agencies in getting training for their staff.

However, where an objective relied on a somewhat healthy environment for our service delivery system, progress was not as forthcoming. While many initiatives continue, the general economic downturn of 2008, in conjunction with draconian cuts in funding for local community-based services by the State of Illinois, has delayed capacity expansion or enhancement of most core services for the mentally ill, developmentally disabled and victims of substance abuse.

It should be noted that the general economic condition has had a profound effect on our local human services system. Demand for services, whether it is food, shelter, utility

assistance, counseling, etc., are all going through the roof. Agencies are seeing more and more people come through their doors on a weekly basis. One INC-funded agency had their demand for services double in the last five years, while funding increased by only 29%.

Another provider we talked to recently complained that “no one funds family services anymore”. A child, due to their age, is usually eligible for services, but the child’s mother suffering from depression may not be unless there is local funding like the 708 mental health levy to act as a safety net for that family. Children’s services can be more effective if the issues facing the entire family can be addressed at the same time. Returning a child to a dysfunctional environment can negate any progress made with the child. Local funding can be directed to those needed services for the family. Communities without adequate local resources just don’t have that option.

When agency executive directors were asked to identify the factors they considered in their own strategic planning, there were several. The issues most often mentioned were: continued population growth in Kane County, fewer people with employer-paid health insurance, the ability to serve minorities and seniors, and the overall demand for services due to the economic recession.

Meanwhile, the current trend for funding sources is a fee-for-service model: payment for specific programs and/or for targeted populations on a per-unit basis. We find that more and more residents are being left behind. The largest of these groups is probably the non-Medicaid, uninsured or underinsured person or family. This individual or family unit, often referred to as the “working poor”, earn too much to qualify for government assistance like Medicaid, but not enough to either pay for services out-of-pocket or pay for insurance to cover such services. Forced to make a choice between rent, food or comprehensive insurance, most people will opt for food and a roof over their head. This population shows up in our emergency rooms or in need of crisis intervention services.

Many people will remember 2008 for various reasons. It is the year that gasoline hit over \$4 a gallon. It is the year that Wall Street was on a constant rollercoaster ride, with many people’s retirement dreams being curtailed, if not expiring altogether. It is the year unemployment hit a 25-year high. Everyone knows someone who is out of work. It is also the year we elected a new president, with all the hope for improvement that brings. We are not sure anyone could have foreseen what 2008 was going to bring before it all happened, any more than we can predict what will happen in 2009. That is what makes planning as much an art as it is a science.

PART TWO: ONGOING

In a time of crisis, there is also the opportunity for true progress. One major development started in 2007 and progressing through 2008 has been the Kane County Mental Health Council. Having grown from its original 15 members, the 20-agency collaboration of providers, advocates and public entities like the local mental health authorities and the county health department, the Council has made progress in accumulating county-wide data for services being delivered by the publicly-funded providers. Such data will be useful in attracting additional resources to Kane County in the form of grants. Federal and state grants are available to counties documenting their needs. Hopefully our goal of developing other dedicated local resources will help to complement a drastically under-funded state system.

In addition, the Council has raised awareness of mental health services and needs, not only with the public-at-large, but also within the service network itself, and to decision-makers at all levels through development of a county-wide information website, brochures, posters and monthly messages. Progress is also being made by analyzing the system, as a whole, and determining how to coordinate available resources more effectively. Poor economic times sometimes necessitate partnerships and collaborations that might not be considered when resources are more plentiful.

Another realization brought to light by the turmoil of this economic period is the need to have support from all levels of a person's environment. While not directly providing mental health to its residents, Kane County Health Department has identified mental health as a priority in its I-Plan. The county has committed substantial staff time and resources to supporting the Mental Health Council. This is a tangible sign that Kane County has acknowledged the fact that the mental health of its residents rests not only with the Division of Mental Health (DMH) and the Illinois Department of Human Services (IDHS), but also with Kane County. Almost 40 years ago the residents of six townships came to the realization that more services were needed than the State of Illinois could supply and recently another township followed in their footsteps. A person is not only a resident of the state just because he/she has a mental health, developmental disability or substance abuse issue, but is also a resident of a city or village, a township and a county. Every level of government bears some share of responsibility for the overall health of its residents, both mentally and physically.

Agencies providing necessary services will need to rely more and more on local support for the services they provide in the community, whether it comes to them as tax levy, charitable giving or volunteer support. Reliance on state funding has left many residents, and the agencies that serve them, at risk. Untreated mental illness and substance abuse

disorders directly impact homeless shelters and jails. One needs to look no further than the list of 16,000 persons with disabilities who are waiting for services to know that the state cannot do this job alone. Additional local resources will need to be developed in order to serve everyone waiting for and in need of services.

Local progress is being made in several areas. Ride In Kane, an expansion of paratransit services for seniors and persons with disabilities continues to provide more transportation and garner more local support for riders. INC is also proceeding, in collaboration with Gateway Foundation, in planning an adolescent residential substance abuse facility on INC-owned property.

The pace of some initiatives has slowed due to the current funding climate. Our hope is that the needed resources will become available on both a local and state level in order to better serve those who need our assistance to have a better quality of life. Our goal should be “No One Left Behind”.

PART THREE: LOOKING AHEAD

The anticipation of needing increased services for seniors continues to build. In INC's service area, notably Blackberry and Sugar Grove Townships, at least two large-scale active senior residential communities are in the planning process (700-900 units). Such a large influx of seniors, even if it takes several years or a decade to become a reality, will make significant demands on systems that deal with issues specific to seniors. This will exacerbate the issue of senior services already stretched to their limits serving aging baby boomers. Mental health and substance abuse services specifically geared to seniors will need to be developed or expanded for south Kane County. INC continues to work on assessing these needs, finding the means of accessing this population and examining models of service delivery acceptable to seniors.

Meanwhile, extended involvement in armed conflict in Iraq and Afghanistan has resulted in more Kane County men and women in need of both physical and mental health services. The Veteran's Administration (VA) has admitted to being understaffed and underfunded. INC is working to better connect the VA service system with our own community services system to enhance services for our soldier heroes coming home. We continue to look for ways to supplement the VA's services with local skills. As always, resources are an issue.

Another continuing issue in the greater Aurora area is the difficulty in serving the Latino population. The overall lack of qualified bi-lingual, bi-cultural mental health and substance abuse professionals is still prevalent. Providers are constantly on the lookout for these skilled professionals. While agencies are faced with laying off staff due to lack of resources, bi-lingual staff are not usually the first choice for these layoffs due to the great demand for their services. This demand also drives up the cost of retaining staff with this skill set, further aggravating the lack of resources.

Over the last several years, INC has funded two initiatives to address the issue of a lack of bi-lingual staff. INC funded Spanish lessons for agency staff interested in acquiring language skills, similar to our commitment to clinical training. The results were mixed. Several staff reported being able to use their new skills to serve clients. However, training the clinician is beneficial to our area only as long as they practice here. Over time, many move on to other agencies or areas, due to the somewhat transitory nature of employment in the field. Overall results were positive, but not to the extent we had hoped.

In another effort to address the issue, INC has been funding a local career development agency to recruit bi-cultural high school students into the human services field. We have done so now for over three years and have "alumni" of the program enrolled as college students. It is our hope that they will stay in the Aurora area once they have learned their

clinical skills. However, this program will probably not produce the large number of social workers and counselors the system needs to serve our Latino community. We need to look for more options.

While successfully offering a series of trainings through the Continuing Education Network on a variety of topics, including alternative therapies, we have not been able to provide an intensive two-day training on the reduction of suicide risk. Having scheduled this training twice with no success, we will be working with Suicide Prevention Services to provide the training, but in a modified format which would involve less of a time commitment from already understaffed agencies.

Aunt Martha's Youth Services recently received a federal grant to expand mental health services to the uninsured. Other funding opportunities are being explored.

INC and its community partners, through the Aurora Substance Abuse Roundtable, continue to document the need for detox services. Substance abuse detox is not available for publicly funded residents at this time.

INC is also working with developers of housing for special populations, specifically those with mental illness and developmental disabilities. While some opportunities exist for construction of such housing, funding for the support services needed to keep the residents in their homes is much less certain.

These are just a few of the issues to which our attention is drawn as we approach 2009. The identified areas are exclamation points on a drastically underfunded system. According to a May 2007 University of Illinois study, the State of Illinois would have to increase funding by as much as 30% in its mental health and developmental disability services system just to be considered average when compared to other states. Planning in this environment is a little like painting the walls and putting down new carpet while the rest of the neighborhood is burning down. It may be wise to invest in a sprinkler system to help safeguard the investment in our "home". Maybe, while we are at it, we could also help some of our neighbors save their houses, through collaborative efforts that reach across cultural or even geographic boundaries.

We hope that in reiterating our Three-Year Goals and defining our third One-Year Objectives, we can not only look to bringing some initiatives to a close, but also build a good platform to work from for the next Three-Year Plan, starting in the next decade. We will attempt to concentrate our efforts on issues or types of services where INC can make a measurable impact with its limited resources.

PART FOUR: GOALS & OBJECTIVES

2007-2009 PLANNING YEARS

THREE-YEAR GOALS:

- GOAL 1:** **Develop a plan for expanded mental health and substance abuse services for seniors.**
- GOAL 2:** **Work with the Gateway Foundation and the State of Illinois to provide adolescent residential services.**
- GOAL 3:** **Work with substance abuse providers and the State of Illinois to develop a plan for local detox services.**
- GOAL 4:** **Continue human services career development program for Latino youth.**
- GOAL 5:** **Develop a long-range plan to increase residential services for adults with developmental disabilities and/or mental illness.**
- GOAL 6:** **Assist in developing additional local resources for mental health, developmental disability and/or substance abuse services.**
- GOAL 7:** **Develop plan to assist agencies with training for staff.**
- GOAL 8:** **Research alternative therapies for persons with mental illness or developmental disabilities.**
- GOAL 9:** **Work with mental health providers on further education and prevention efforts regarding suicide in south Kane County.**

ONE-YEAR OBJECTIVES (2009):

- OBJECTIVE 1:** Formalize cross-agency efforts to provide information, outreach and referral focused on current and projected mental health and substance abuse services for seniors.
- OBJECTIVE 2:** Execute a land lease with Gateway Foundation for an adolescent residential facility on INC-owned property.
- OBJECTIVE 3:** Make formal presentation to area legislators on need for additional substance abuse services, including detox.
- OBJECTIVE 4:** Research ways to increase the availability of bi-lingual staff for area agencies.
- OBJECTIVE 5:** Continue to work with developers of residential services for the mentally ill and developmentally disabled populations.
- OBJECTIVE 6:** Continue providing training opportunities for area agency staff, including suicide prevention and the use of complementary therapies.
- OBJECTIVE 7:** Facilitate collaboration between local Veteran's Administration service centers and local mental health and substance abuse provider networks in order to better serve veterans.
- OBJECTIVE 8:** Work with other organizations, including the Association of Community Mental Health Authorities of Illinois (ACMHAI), to develop or enhance resources in Kane County.
- OBJECTIVE 9:** Conduct a community needs assessment focused on issues of persons with mental illness, developmental disabilities and substance abuse disorders, to be used in development of the 2010-2012 Three-Year Plan.
- OBJECTIVE 10:** Collaborate with local organizations and universities to complete a Latino mental health needs assessment.