

Empowering Minds  
Transforming Lives

# FY2024-FY2026 STRATEGIC PLAN

McHENRY COUNTY  
MENTAL HEALTH BOARD

Three-Year Plan





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## EXECUTIVE SUMMARY

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McHenry County, like many other counties across the state and nation, faces unparalleled mental health, substance use, and intellectual/developmental disability crisis among people of all ages and backgrounds. According to Substance Abuse and Mental Health Services Administration (SAMHSA) two out of five adults have symptoms of anxiety or depression. Rates of depression and anxiety were increasing prior to the COVID-19 pandemic as our local community needs assessment showed that, 34% of survey respondents reported being depressed or anxious most days of the month during the pandemic and, 24% of adults reported excessive drinking in 2020. This recent research indicates that 40% of our residents are struggling with their mental health. This number has doubled since 2020. And post-pandemic we are seeing all these related issues of anxiety, depression, substance use, more exacerbated such as grief, trauma, substance use, and social and physical isolation. And the under-served communities are disproportionately impacted. Significant disparities exist across all health indicators by race, ethnicity, gender, age, education level, income, and place of residence. The CDC metrics on the suicide mortality rate for the full McHenry County population is 11.2 per 100,000, which is slightly higher than Illinois and reached a peak of deaths by suicide in 2022 at 43. The drug overdose mortality rate in McHenry County for the full population is slightly lower than in Illinois at 21.7 per 100,000. Families and individuals with Intellectual/developmental disabilities (IDD) have also had increased challenges in dealing with these mental health and substance use issues as well as the challenges within the IDD population and industry. There are 300,000 people in Illinois with IDD but there's an additional 12,400 people with disabilities remain on the PUNS waitlist, not receiving any services and struggling with co-morbid mental health or SUD issues as well. In McHenry County, as of October 2023, we currently have 477 IDD clients in IDD services recognized by the State of Illinois, and an additional 404 identified clients waiting for services on the PUNS list.

All our local needs assessments (e.g., McHenry County Department of Health Community Needs Assessment work through the 2023-27 IPLAN, 2023 Advocate and 2023 Northwestern Medicines Community Needs Assessment for McHenry County) ranked **Behavioral Health and Access issues as the priority needs** for focus. Access to services ranked #1 need in the McHenry County Healthy Community Key Informant Survey. CDC also reports that 17% of adults reported low social-emotional support. Despite these tragic numbers, many people are moving toward and achieving recovery. SAMHSA's most recent National Survey on Drug Use and Health tells a more encouraging story: nearly 21 million adults who perceived they ever had a substance use problem and nearly 39 million who perceived they ever had a problem with their mental health considered themselves in recovery or recovered.

The pandemic presented our nation and community with great challenges as well as solutions such as telehealth which continue to evolve today. It also helped to break down the stigma associated with Mental Health as many struggled during this time and were more open about their issues. Awareness and Access to services have risen high in needs assessment and stakeholder feedback which our Plan addresses. Other areas for improvement post-pandemic have been strategies to address the



challenges in the staffing of our Network agencies and programs including increased rates for Direct Support Professionals (DSPs) who care for IDD clients in our community and homes. The utilization of peer support has also increased to support individuals and families and augment staffing and operational challenges in some provider agencies, but for the IDD community, advocacy is still needed to address the alignment with the GuideHouse Rate Study. And then there's a greater focus needed on our youth in McHenry County. Child and Adolescent (C & A) services have been identified as one of the largest gaps by our stakeholders as also noted by the published Blueprint for Transformation: A Plan to Improve Illinois Children's Behavioral Health 2023 from the office of Governor JB Pritzker. McHenry County has been identified as a county with a high estimated number of youth with mental health needs, and a relatively poor proximity to community-based mental health service providers. There are too few services overall to meet the high-capacity needs in our county. Although reimbursements are improving, state reimbursement rates only cover direct services and fail to account for actual costs of services and there are many non-reimbursable services that staff are providing as they are engaging clients into services. Inadequate reimbursement rates as well as a flat MHB levy over the past five years have inhibited the capacity for expansions to meet increasing needs. Greater advocacy for proper rates and additional MCMHB support is needed to support our Network agencies and ultimately improve access to quality mental health, substance use disorder, and intellectual/developmental disability care in McHenry County.

The McHenry County Mental Health Board's (MCMHB) Strategic Plan for FY24 – FY26 serves as a framework for MCMHB to meet these identified needs of our county and acts as a roadmap for the future to improve and advance public health and service delivery efforts that promote mental health, prevent substance misuse and overdose, improve IDD care, and provide treatments and supports to families, and foster recovery while also ensuring positive outcomes and equitable access. This Plan outlines strategic goals that address the most relevant opportunities and challenges over the next three years to carry out our mission under the Community Mental Health Act. These goals focus on countywide initiatives that will require partners on the county and state levels to align with us toward a common goal.

The FY24 – FY26 Strategic Plan is the result of extensive work, utilizing research and guidance from various needs assessments, focus groups, town halls, and overall stakeholder feedback. The Strategic Plan is intended to be a living document, providing a continuing reference for the staff, yet flexible enough to adjust as the county needs evolve. It will be reviewed and updated at least annually by the Board. It guides decision-making on allocating resources and pursuing strategies and priorities. As we measure the progress of this Plan, we hope to see continued development throughout the county as developments and changes become clearer and more distinct.

The MCMHB expresses its gratitude towards the committed and diligent efforts of its staff, board, Network, and community partners who have significantly contributed to the success of the Plan. We greatly appreciate their continuous involvement as we strive towards fulfilling our mission and achieving our vision.



## **MCHENRY COUNTY MENTAL HEALTH BOARD (MCMHB) OVERVIEW**

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### **WHO WE ARE**

# **OUR MISSION**

To lead and contract for quality behavioral health (mental health and substance use disorder) and intellectual/developmental disability prevention and treatment services for all people of McHenry County, Illinois.

### **WHAT WE STRIVE FOR**

# **OUR VISION**

McHenry County residents experience optimal mental wellness through access to an integrated system of behavioral healthcare and intellectual/developmental disability services of excellent quality representing a recovery and resiliency-focused, consumer-driven, and inclusive community-based continuum of care.

### **GUIDING PRINCIPLES**

# **OUR VALUES**

We lead the way in transforming lives and systems through partnership and planning.

We empower individuals and families toward mental wellness and resiliency.

We are accountable for quality, cost-effective services.

We value diversity in services, staff, and community.

We provide education in order to aid recovery and prevention.

We provide equity and accessibility to services regardless of one's ability to pay.



# MCMHB

The McHenry County Mental Health Board (MCMHB) is a special purpose unit of government operating in accordance with the Community Mental Health Act (Illinois Compiled Statutes, Chapter 405, Act 20, Section 0.1 et.seq.). Through the direction of a board of community representatives appointed by the County Board and a dedicated MCMHB staff, the MCMHB is mandated to carry out the following activities:

- Consult with other appropriate private and public agencies in the development of local plans for the most efficient delivery of mental health, developmental disabilities, and substance use disorder services.
- Submit to the appointing officer and the members of the governing body a written plan for a program of community mental health services and facilities for persons with a mental illness, a developmental disability, or a substance use disorder.
- Within amounts appropriated therefore, execute such programs and maintain such services and facilities as may be authorized under such appropriations.
- Review and evaluate community mental health services and facilities, including services and facilities for the treatment of alcoholism, drug addiction, developmental disabilities, and intellectual disabilities.
- Further Board powers and duties are set forth in 405 ILCS 20/3e "Board's powers and duties."

To carry out the mandates and mission, the MHB may levy an annual tax of not to exceed .15% upon all of the taxable property in such governmental unit at the value thereof, as equalized or assessed by the Department of Revenue (405 ILCS 20/4.). Therefore, the MCMHB stands accountable to the community while embracing its role as a steward of local taxpayer dollars committed to ensuring levied funds are allocated in a responsible manner on behalf of the community.

The MCMHB holds a 3-year CARF International Behavioral Health Network accreditation demonstrating conformance to internationally accepted standards promoting quality outcomes for persons served. Network activities are carried out through MCMHB policy and operations, MCMHB facilitated Network Council, Intake Coordinators, Quality Management Team, School Professionals, IDD Committee, and Clinical Review meetings, as well as continuous contract compliance audits.





## 2021–2023 THREE-YEAR PLAN ACHIEVEMENTS

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The MCMHB's 2021-2023 Strategic Initiatives were: #1 - MCMHB Network Enhancement & Development; #2- Promote a Comprehensive Network of Behavioral Health Services; #3 -Strengthen & Support Intellectual/Developmental Disability Services; and #4- Advocacy, Awareness & Leadership. These initiatives were accompanied by goals and objectives based on validated needs, industry trends, and/or challenges identified as critical to maintaining and enhancing the local MCMHB Network to ultimately meet our mission and vision. The Strategic Initiatives included the following notable highlights and achievements:

- ✓ Three-Year CARF Accreditation (Through 2026) with “no recommendation” placing us in the top 1%
- ✓ Approved funding allocations maintaining a comprehensive set of substance use disorder prevention and treatment strategies, mental health treatment and recovery, and expansion of Intellectual/Developmental Disability day services.
  - ✓ In the last three years, funded over 35 providers annually for approximately 70 continued programs, 34 new programs/services, and helped to fund and establish 1 new IDD group home in McHenry County. Encouraged and supported provider innovations to help fill gaps in care such as within Autism to create new positions for FY23.
- ✓ Developed a new agreement with McHenry County SAO to administer the Opioid Settlement funds through 2038 to community substance use disorder providers and put processes in place to begin incorporating these funds and procedures into our funding cycle with first NOFA planned for release in January 2023 to combat the Opioid epidemic.
- ✓ FY21-FY23 supported harm reduction strategies and trainings in our Network resulting in 12,830 Naloxone distributed in McHenry County.
- ✓ Established access to a McHenry County-based Medically Managed Detox Unit by funding the uninsured in this private facility.
- ✓ Implemented a multi-tiered strategy to promote the MCHelp Mobile App as a primary resource for youth behavioral health support and access, and further promotions to the public at large.
- ✓ Funding Application & Outcomes Reporting revised in FY22 to include outcome benchmarking, waitlist criteria/processes, and ineligible referrals and made further improvements in FY23 regarding resolution for waitlists.
- ✓ Used data collected via monthly service data, utilization, outcome reporting, and compliance audits to inform the FY22 & FY23 funding allocation considerations.
- ✓ Provided ongoing consultation at compliance audits and at FY22 & FY23 work plan development meetings regarding Evidenced-Based Practices (EBPs) – fidelity to service models and use of objective measurement tools to track outcomes and assisted provider agency in implementing GAD-7/PHQ-9 screening tools.
- ✓ Incorporated the review of Evidence-Based Practices in use with providers at Compliance Audits including fidelity to the model(s) and incorporated vetting of provider staff credentials for MHP/QMHP, and QIDP into the compliance audit process.



- ✓ Created Trauma-Informed Coordinator role for the Network and drove many new initiatives such as the reformation of the Trauma-Informed Change Team, created a Trauma-Informed book club and training program, and revamped Adverse Childhood Experiences Trainings (ACE) for FY23 to new Trauma-Informed Approach trainings.
- ✓ Piloted “Handle with Care Program” with McHenry School district and Police Department program in FY23 in partnership with Youth and Family Center of McHenry County.
- ✓ Enhanced MHB Network by supporting a CPI (Crisis Prevention Institute) Instructor who facilitated training to a total of 166 Network provider staff in Nonviolent Crisis Intervention techniques since September 2022 when trainings began to be offered to the Network.
- ✓ From FY21- FY23, MCMHB hosted 112 Network Trainings in total with 7,061 attendees obtaining CEU's.
- ✓ From FY21- FY23, MCMHB supported 147 QPR Suicide Prevention Trainings with 5,089 gatekeepers trained in our county to help identify and offer referrals to those in need.
- ✓ Provided advocacy and testimony to defeat SB1883-COMMUNITY MENTAL HEALTH TAX in FY21 and many other witness slips completed and promoted to the Network throughout the years.
- ✓ Collaborated with the State’s Attorney’s Office (SAO) in FY 22 to administer the Homicide Survivors Support Group at the Mental Health Board.
- ✓ Monitored and planned for 590 MCR grants, 988 rollouts, Pathways to Success, CESSA, and McHenry County Crisis Line intersection and coordination changes.
- ✓ Addressed issues to our State Representatives regarding gaps in MH and I/DD care such as the lack of facilities/units in our county and the need for clients to be transferred out-of-county for care.
- ✓ A CCBHC in McHenry County - Supported Thresholds with their new Certified Community Behavioral Health Clinic (CCBHC).
- ✓ Assisted with Bell Seal Certification for Mental Health achieved by County and assisted with input into Bel Seal application and process with County HR. McHenry County was awarded Bell Seal certification for Workplace Mental Health and worked with HR department to incorporate other future MH trainings for county employees.
- ✓ Referred providers to ARPA funding opportunities & collaborated with process resulting in 7 successful (MHB funded Network provider) recipients in FY22 & FY23: Child Advocacy Center for \$500,000; Home of the Sparrow Supportive Housing Expansion for \$414,000; New Directions for \$980,000; Pioneer Center BH EHR and Program Support for \$532,122; Rosecrance \$353,947; Family Health Partnership for \$256,332 and Options and Advocacy for \$1,295,515.
- ✓ Incorporated gaps discussed at the Town Hall, stakeholder surveys, and meetings into planning efforts and worked with Providers and Network Council to develop solutions for FY24.
- ✓ Advocated and received a MHB levy increase during FY23 for the FY24 budget.



## 2024-2026 THREE-YEAR PLAN DEVELOPMENT

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The MCMHB engaged in a comprehensive approach to inform and develop the 2024-2026 Three Year Plan. Resources and activities included but were not limited to the following:

- MCMHB 3-Year Plan Development Survey (Stakeholder Sample – 225 responses – April 2023)
- 2023 Northwestern Medicine Community Health Needs Assessment
- 2023 Advocate COMMUNITY HEALTH IMPROVEMENT PLAN
- 2022 – 2027 McHenry Co Health Departments IPLAN based on 2021 Healthy Community Survey
- 2022 Access to Care Survey Results – National Counsel for Mental Wellbeing
- 2022 National Drug Control Strategy – Congress/White House
- 2022 National Strategy to Support Family Caregivers
- 2020 McHenry County Healthy Community Study (Random Sample – 1200 responses - July 2020)
- AOIC Mental Health Task Force Action Plan- (September 2022)
- Approved Abatement Programs – National Opioid Settlement (2021)
- Blueprint for Transformation–A Vision for Improved Behavioral Healthcare for Illinois Children (February 2023)
- Community Supports in Crisis: No Staff, No Services (June 2022)
- Gauging the Gap: Do community-based providers have the capacity to meet the true demand for human services in Illinois? (April 2023)
- Healthy People 2030 (Office of Disease Prevention & Health Promotion, Office of the Assistant Secretary for Health, Office of the Secretary, U.S. Department of Health and Human Services)
- Human Services Transportation Study for McHenry County (February 2021)
- Illinois Department of Healthcare & Family Services Home and Community-Based Services (HCBS) Statewide Transition Plan (September 2022)
- Illinois Overdose Action Plan (2022)
- More than Essential: Reimbursement Rates and the True Value of Human Services (April 2021)
- National Guidelines for Child & Youth Behavioral Health Crisis Care (SAMHSA 2022)
- NIMH Strategic Framework for Addressing Youth Mental Health Disparities 2022-2031
- SAMHSA 2023-2026 Strategic Plan
- State of Illinois Opioid Action Implementation Report (January 2020)
- They Deserve More Survey (January 2022) and Fact Sheet (2023)
- US DHHS Health Workforce Strategic Plan 2021
- MCMHB Network Committees and Local Taskforce Involvement: Network Council, Quality Management Team, Intake Coordinators, Intellectual & Developmental Disabilities Committee, Substance Abuse Coalition, School Professionals Meeting, Suicide Prevention Taskforce, Continuum of Care to End Homelessness, Family Violence Coordination Council, McHenry County Chiefs of Police Association, etc.
- Industry Affiliations: Association of Community Mental Health Authorities of Illinois, CARF International, Community Behavioral Health Association of Illinois, Healthcare Compliance Association, Illinois Association for Behavioral Health, McManus Consulting, National Council for Well-being
- MCMHB continually solicits and welcomes service provider and public feedback and involvement through People in Need Forum surveys, Annual Town Hall/Public Hearings, strict adherence to the Open Meetings Act, and standing public comment agenda items at the beginning and end of each meeting.



## 2024-2026 STRATEGIC INITIATIVES

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While this plan serves as an initial roadmap for advancing the mission of the MCMHB as an organization and the MCMHB Network, it is not intended to be prescriptive or exhaustive. In the absence of a rigid model and specific requirements, stakeholders are free to take more risks, be more innovative, and discover what works best for the people being served. This plan has identified Four Strategic Initiatives to focus its attention and resources in County Fiscal Years 2024-2026 while maintaining the comprehensive Network of services and foundation already in place.

The MCMHB's 2024-2026 Strategic Initiatives are accompanied by goals and objectives based on existing needs, emerging trends, opportunities, and/or challenges identified as critical to maintaining and enhancing the local Network of services to meet its mission of "identifying, planning, coordinating, fostering development, and contracting for quality services for all citizens of McHenry County." These Strategic Initiatives include:





**Strategic Initiative**

**#1:**

**Enhance Access to Quality  
Care for Behavioral Health**

**and**

**Intellectual/Developmental  
Disability Services**

**Introduction:**

2023 NM Community Health Needs Assessment showed that survey respondents identified access and affordability as the biggest barriers to health in McHenry County. The next areas identified were provider and medication affordability followed by the social determinant domains of affordable, safe housing, healthy food access, and transportation.

The strategies and goals in this “ACCESS” category aim to address some of the barriers and challenges that individuals face when seeking behavioral health care and intellectual/developmental disability services. By prioritizing affordability and service availability (since awareness will be its own strategic initiative #3), we can continue to work

towards a Network that provides equitable access and support for those in need. It is crucial to strengthen the availability and integration of behavioral health care and intellectual/developmental disability services. Access to supportive services and resources such as peer supports, community health workers, housing, home and community-based services, and social supports are imperative to prevention, treatment, and recovery outcomes.

Lastly, person-centered care enhances access to quality care by empowering individuals to be active participants in their healthcare decisions. It ensures that services are tailored to their unique needs, increases trust and rapport, addresses social determinants, and fosters continuity of care. By embracing this approach, we can create a healthcare system that truly meets the needs of individuals seeking behavioral health and intellectual/developmental disability services.



## Goal 1.1: Disability (MI/IDD/SUD) Service Availability

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Goal  
Statement

Expand all disability (MI/IDD/SUD) service availability and integration while continuing to identify and prioritize solutions for gaps in care. Prioritize for child and adolescent services.

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Background

Over the past five years, the MCMHB has been predominantly level or flat funding Network Provider programs due to insufficient MHB levy to support increased demands and program costs needed to meet the needs and growth. MCMHB Network providers are facing an unprecedented crisis due to lost revenues and unanticipated operational expenses as they strive to maintain access to essential services after the COVID-19 pandemic. Simultaneously, research supports increasing behavioral health needs in people of all ages.

McHenry County, like many other areas, has a shortage of mental health and addiction treatment providers. This has made it challenging for individuals to find and access appropriate care.

Funding providers at their service capacity has been a challenge with the level/flat levy funding over the past several years which has not kept up with demand and costs for services.

Child and Adolescent Services in McHenry County have been identified to be in need of support by the Children’s Behavioral Health Transformation study. Although some MAT providers exist in McHenry County, the literature suggests there are too few throughout the state and this applies to McHenry County.

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1.1.1:  
Funding  
Decisions

Fund the MCMHB Network program’s growth/capacity across MI, SUD, and IDD providers as determined by the application rubric, mission, & 3-YP alignment.

1.1.2:  
Expand  
Priority  
Programs

Expand the number of priority programs, providers, and facilities such as outpatient child and adolescent (C&A) services, psychiatry including C&A, CMHCs, CCBHC, MAT, Detox, Crisis Stabilization Facility/hub.

**Note:** *Important components of this are both inpatient adolescent and residential crisis beds in McHenry County.*

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1.1.3:  
Immediate  
Intakes

Create, support, and monitor the effectiveness of immediate next-day intake appointment coordination at provider agencies.

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1.1.4:  
Increase  
Service  
Capacity

Increase resources and service capacity through grants, educational materials, and technical assistance for mental health, IDD, and substance use disorder education, screening, prevention, treatment, and recovery in primary care settings.

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1.1.5:  
Build  
Workforce

Increase the workforce by 20% in funded programs by investments in Network recruitment, training, and retention of diverse BH and IDD professionals. Support models using residents, interns, and peer support.

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Tactics and  
Actions to  
Implement

The following tactics and actions will help achieve the objectives:

- Improve coordination and collaboration among service providers as noted by warm hand-off care coordination, and onsite programming availability.
  - Integrate assessment/treatment services into primary care settings and support further behavioral health integration programs.
  - Coordinate with state agencies and encourage providers and family utilization of the IDHS portal for access to residential services and complex C&A cases.
  - Collaborate with the Children’s Behavioral Health transformation team in Illinois.
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## **Goal 1.2: Barriers to Care**

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Goal  
Statement

Identify, address, and remove barriers to care.

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Background

Financial constraints, transportation, and language barriers are known access issues in McHenry County as identified by the Community Needs Assessment. The cost associated with mental health and addiction treatment and IDD services can be a significant barrier for individuals and families, particularly if they lack insurance coverage or face high out-of-pocket expenses.

Limited access to reliable transportation can pose a challenge for individuals trying to reach treatment facilities, especially in rural or underserved areas like McHenry County. At 14% of the population, Hispanics are the largest minority group in McHenry County. In surveys and focus groups, the lack of Spanish-speaking healthcare providers was raised as an issue.

Many individuals with mental illness or substance use disorders also have co-occurring conditions or disabilities. This complexity can make it more difficult to find comprehensive care that addresses all their needs.

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1.2.1: Funding Program Sustainability

Increase the following to assist with sustainability:

- Funding to support the uninsured in Network programs.
- Medicaid & SUPR certification achievement for Network Provider agencies/programs. Billable activity through IDHS – HFS, MHB, DDD, and SUPR.

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1.2.2: Multi-Lingual Support

Increase funding for services available in multiple languages including telehealth and increase use/access of MHB-supported language lines.

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1.2.3: Underserved Areas

Increase funding in underserved areas to reach underserved and vulnerable populations (e.g. Seniors, Bilingual, Transitional Aged Youth, Homeless, Co-occurring disorders, LGBTQ+, Veterans).

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1.2.4: PADS Shelter Support

Reduce the monthly number of turned-away guests at the PADS shelter.

**Notes:**

- *Support URS pilot.*
  - *We will partner with CDD & Pioneer Center to support 24/7 access and intake into PADS's homeless shelter.*
  - *This is a crucial entry point into homeless services in McHenry County.*
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Tactics and  
Actions to  
Implement

The following tactics and actions will help achieve the objectives:

- Continue to support telehealth service offerings with more flexible offerings in schools and homes for example.
  - Support programs focused on cultural competency.
  - Support transportation needs for treatment through increased transportation grants, and utilization of the Kaizen platforms for treatment and continued partnerships.
  - Facilitate community and stakeholder feedback via TownHall and other meetings such as Board, Network Council, consumer calls/emails, surveys, etc.
  - Explore a provider and school, restricted ACCESS TO CARE HUB on MHB website in partnership with Network Providers for scheduling immediate, next-day appointments throughout the Network.
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## Goal 1.3: Equity in Service Delivery

**Goal Statement**

Promote Person-Centered Care approaches in the Network and reduce health disparities and ensure the effectiveness of programs by establishing an equity-informed approach to service delivery that is specific to individuals and addresses social determinants of health (SDOH).

**Background**

Person-centered care is an approach that focuses on the individual's unique needs, preferences, and circumstances when providing services. When applied to behavioral health and intellectual/developmental disability services, person-centered care can greatly enhance access to quality care through improved communication, tailored services, and continuity of care resulting in greater outcomes and positive experience and rapport with providers and Network.

Improving socioeconomic factors (such as environmental conditions, economic factors, and interpersonal relationships) is essential to strengthening SDOH, which reduces the risk of substance misuse, promotes equity, and improves overall health and well-being. Aligning with SAMHSA and IDHS in supporting this philosophy and care in our Network is central.

The “no-wrong-door” approach in refers to a philosophy that aims to provide seamless and accessible information and care to individuals. The primary goal is to ensure that people can receive the appropriate services regardless of where they initially seek help. Research on the no-wrong-door approach has demonstrated its effectiveness in improving access to care, reducing stigma, and enhancing overall outcomes for individuals seeking help. It helps create a more patient-centered system of care, promotes early intervention and awareness, and increases the likelihood of successful treatment and recovery.

**1.3.1: Family Involvement**

Involve individuals and their families in treatment planning and decision-making as noted by audit reviews or consumer feedback.

**1.3.2: Treatment Customization**

Customize and tailor funded programs and treatment to unique individual and family needs and preferences as noted by audit reviews or consumer feedback.

**1.3.3: “No-Wrong-Door” Implementation**

Initiate and implement a “no-wrong-door” philosophy through Network Council and Intake Coordinators meetings to ensure referrals, care coordination and warm hand-offs are given for all “ineligible” clients presenting to Network agencies.



1.3.4: Reduce  
Wait List  
Timing

Reduce delays in care and waitlists for services for individuals/families by 20% at provider agencies.

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1.3.5: Reduce  
Gaps in  
Continuity of  
Care

Identify & problem-solve gaps immediately in continuity of care procedures that are brought forth to MHB, with a focus on long-term resolution efforts and process improvements.

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1.3.6: Service  
Directory

Update at least quarterly the service directory of comprehensive McHenry County services specific to individual needs and promote it through McHelp and MCMHB website with the Network provider's assistance with links on their websites and social media.

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1.3.7: Person-  
Centered  
Training  
Alignment

Align Network trainings to person-centered care philosophy and tools.

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**Strategic Initiative  
#2:**

**Enhance the Continuum  
of Quality Care for  
Behavioral Health and  
Intellectual/Developmental  
Disability Services**

**Introduction:**

Throughout the SAMHSA Treatment Improvement Protocol (TIP) series<sup>1</sup>, the term “behavioral health” refers to a state of mental/emotional being and/or choices and actions that affect wellness. Behavioral health problems include substance abuse or misuse, alcohol and drug addiction, serious psychological distress, suicide, and mental and substance use disorders. This includes a range of problems from unhealthy stress to diagnosable and treatable diseases like serious mental illness and substance use disorders, which are often chronic in nature but from which people can and do recover. The term is also used to describe the service systems encompassing the promotion of emotional health, the prevention of mental and substance use disorders, substance

use and related problems, treatments, and services for mental and substance use disorders, and recovery support. Also, the Centers for Medicare & Medicaid Services (CMS) National Quality Strategy, CMS set and raised the bar for a resilient, high-value healthcare system that promotes quality outcomes, safety, equity, and accessibility for all individuals, especially for people in historically underserved and under-resourced communities. IDHS/DDD also has a great focus on enhancing the continuum of quality care for IDD services in promoting Community-Based Services: By enhancing the availability of IDD services within the community, it reduces the need for institutional care whenever appropriate. This facilitates access to care, enables individuals to stay connected with their support Networks, and enhances their overall quality of life. Incorporating and monitoring for quality programming is vital for maintaining a high standard of excellence, managing risks, improving processes, and meeting client expectations as programs and the Network grow. It builds a strong foundation for success and helps navigate the challenges that come with growth and expansion.



## Goal 2.1: Prevention and Early Intervention

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**Goal Statement** Focus on prevention and early intervention.

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**Background** Prevention and early intervention of behavioral health and IDD issues are vital because they lead to better outcomes, reduce long-term impact, alleviate burdens on individuals, the family, communities, and society, and facilitate holistic development. Therefore, it is crucial to prioritize early identification and appropriate support for individuals facing these challenges.

Research has shown that 50% of mental health problems are established by age 14 and 75% by age 24. According to the National Center for Drug Abuse Statistics, youth drug abuse is a high-profile public health concern, with at least 1-in-8 teenagers abusing an illicit substance in the last year. 21.3% of 8th graders have tried illicit drugs at least once. 62% of 12 graders have abused alcohol and 46.6% of teens have tried illicit drugs by 12th grade. Our McHenry County Illinois Youth Survey shows similar use statistics.

IDD requires early diagnosis and intervention especially before the age of 18 to receive state funding resources and for overall positive outcomes. The symptoms of intellectual disability begin during childhood. Delays in language or motor skills may be seen by age two. However, mild levels of intellectual disability may not be identified until school age when a child has difficulty with academics.

Early intervention also refers to recognizing the warning signs of a mental health, substance use, or IDD challenge, and acting before it gets worse. When signs and symptoms are caught early and appropriate intervention is sought, studies have shown that proper care and treatment make recovery and increased quality of life attainable. Appropriate and timely frontline response can improve immediate and long-term outcomes.

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2.1.1:  
Community  
Education

Enhance access, increase, and support Network agencies programs and community awareness campaigns including but not limited to the following:

- QPR
  - MHFA
  - Trauma-Informed Care
  - Harm Reduction
  - Stress Reduction
  - Resilience-Building
    - Coping Skills
    - Emotional Regulation
    - Problem-Solving
  - Financial Management
  - Resource Navigation
  - Daily Living Skills
  - Early Identification & Intervention for Disability and Autism
- 

2.1.2:  
Screening  
Improvements

Increase the availability of screening programs in the community including schools such as SAP, IDD, and 9-8-8/CARES MCR teams, and incorporate screening tools that can be available through technology.

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2.1.3: Support  
Services

Increase support services within the Network.

**Note:** *This would include items such as support groups, peer support outreach, navigation services, and family education and family peer support programs.*

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2.1.4: Deaths  
of Despair  
Focus

Increase Network Provider engagement by 20% in both SPTF and Substance Abuse Coalition.

**Note:** *Empower Network stakeholders and community on shared visions with Suicide, and Overdose prevention efforts while enhancing and expanding local suicide prevention and overdose prevention programs and activities in partnership with the Network, SPTF, and Substance Abuse Coalition.*

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## Goal 2.2: Trauma-Informed Network

Goal Statement

Continue efforts to cultivate a Trauma-Informed MCMHB Network to reduce the impact of trauma and promote positive social determinants of health outcomes and increased resiliency in clients, staff, and organizations.

Background

In 2020, McHenry County announced a Trauma-Informed initiative, and the Mental Health Board for the past three years has assembled a dedicated Trauma-Informed change team, with individuals from community agencies to provide Trauma-Informed care to their clients, staff, and the community.

Two-thirds of the population have faced adverse childhood experiences (ACEs) such as physical/emotional abuse and neglect, sexual abuse, household with mental illness, substance use or domestic violence, parental divorce/separation, and incarceration of a household member), with a psychological toll and physical health consequences. ACEs are the primary cause of health and social problems in our nation. While being homeless itself may not be considered one of the original 10 ACEs identified in the ACEs study, it is important to recognize that homelessness can often lead to a range of adverse experiences for children. Eliminating adverse childhood experiences could result in a reduction of depression rates by over half, a two-thirds decrease in alcoholism, and a three-quarters reduction in suicide, IV drug use, and domestic violence.

A Trauma-Informed approach, based on the premise that beneath every behavior lies a feeling and beneath every feeling lies a need, has emerged as a beacon of hope. By addressing the underlying needs instead of focusing solely on behavior, we can begin to tackle the root causes of problems, rather than merely treating their symptoms.

2.2.1: Clinical Trainings

Expand Trauma-Informed Care training and availability throughout the Network. Provide ongoing clinical training sessions in Trauma-Informed Care.

**Note:** *This will enhance and expand MCMHB Network Providers knowledge and skill sets in Trauma-Informed service delivery models.*

2.2.2: Network Infrastructure

Incorporate and build Trauma-Informed Care knowledge into MCMHB Network Providers services and policies.



2.2.3: Change Team Lead and direct the McHenry County Trauma-Informed Change Team, facilitate an annual World Trauma-Informed Day, and promote the virtual Trauma-Informed Approach training which is available for streaming for all people of McHenry County.

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2.2.4: “Handle with Care” Initiative Analyze and provide a recommendation regarding the “Handle with Care” pilot initiative for expansion with other local law enforcement agencies and school districts. If recommended, run the pilot.

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2.2.5: Funding Prioritize allocated funds to support Trauma-Informed services and service integration in the Network.

**Notes**

- *This will support strengths-based approaches that enhance protective factors.*
  - *Approaches include enhancing cultural connections, bolstering community-based resources, strengthening family relationships, and offering a variety of afterschool programs.*
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2.2.6: Support Group Pilot a Trauma-Informed support group for professionals to cope with the various traumas associated with the profession.

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2.2.7: EMDR Certification Investigate and provide a recommendation regarding support for an EMDR certification 2-day training to increase therapists' skill sets and invest in their development. If recommended, implement the plan.

**Note:** *EMDR, or Eye Movement Desensitization and Reprocessing, is an evidence-based practice that has shown effectiveness in treating various mental health conditions. Originally developed to address symptoms of post-traumatic stress disorder (PTSD), EMDR has since been used to help individuals with other issues such as anxiety, phobias, depression, and even performance enhancement. It's been proven an effective treatment for those managing trauma in their lives.*



## Goal 2.3: High-Performance Culture

Goal Statement

Promote a MCMHB Network Culture of High Performance.

Background

As a CARF International accredited “Network” the MCMHB strives to facilitate connections, growth experiences, and collaborations that strengthen participating provider organizations and maximize the Network’s collective impact for the individuals, families, and communities served. The achievement of excellence demands a practical method for continuous improvement that seamlessly integrates all organizational functions and the engaged input of all stakeholders. To address this demand, CARF has introduced the ASPIRE to Excellence® quality framework. In this framework, CARF’s business practice standards provide a logical, action-oriented approach to ensure that organizational purpose, planning, and activity result in the desired outcomes. These standards are reflected in the CARF manuals and workbooks and as a Network we follow CARF Standards Manual Supplement for Networks.

Also, SAMHSA has developed a “National Framework for Quality Improvement in Behavioral Health Care” which identifies national priorities—and goals and opportunities—for improving the delivery of behavioral health services, achieving better behavioral health outcomes and improving the behavioral health of the U.S. population, especially those struggling with or at risk for mental illnesses and substance abuse.

2.3.1: Outcome Standardization

Assess standardization of outcomes across Network Providers through the MCMHB Ethics and Compliance & other ad-hoc committees.

2.3.2: Funding Decisions

Incorporate updated performance measures/program and fiscal outcomes into the funding process.

2.3.3: Updated Tracking

Develop/track agreed-upon Quality Management Team (QMT) performance measures to improve targeted MCMHB Network outcomes and foster a culture of continuous quality improvement.

**Note:** Focus will be on the reduction of wait lists and the exploration of the development of next-day “urgent” appointments throughout the Network.

*Continued on next page*



2.3.4: Deployment of Measurements As applicable, assist MCMHB Network Providers in operationalizing the use of accepted industry measurement tools to track outcomes.

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2.3.5: Training for Enhanced Customer Service Provide access to training targeting enhanced customer service – “no-wrong-door”, clinical, fiscal, and management and/or leadership knowledge.

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2.3.6: CARF Accreditation Renew the MCMHB Network’s Three Year CARF Accreditation via re-accreditation survey (FY26) and work on areas of improvement. Assist unaccredited agencies with resources to further their organizational performance regarding CARF standards.

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2.3.7: Clinical Training CEU’s Increase MHB-driven trainings and CEU’s provided each by 5% YOY.



## Goal 2.4: Treatment and Recovery Services

Goal Statement

Strengthen Treatment and Recovery Services in the Network through innovative care models and dissemination of best practices including peer and family support at all levels of care.

Background

2023 NM Community Health Needs Assessment (CHNA) showed similar results from our McHenry County Health Department CHNA in that Behavioral Health is one of the top priority needs identified with 52% of McHenry County residents identifying Adult Mental Health as the top priority followed by Adolescent Mental Health by 43% and Substance Use by 22%. Also, this research indicates that 40% of our residents are struggling with their mental health. This number has doubled since 2020. 34% of survey respondents reported being depressed or anxious most days of the month during the pandemic. CDC also reports that 17% of adults reported low social-emotional support and 24% of adults reported excessive drinking in 2020.

Strengthening Treatment and Recovery Services in the Network is crucial in tackling mental health and substance abuse issues for several reasons. Having comprehensive and well-integrated treatment and recovery services increases accessibility and ensures that individuals in need can receive appropriate care and support. This is essential because timely intervention can positively impact outcomes and prevent further deterioration. A strong network of services facilitates coordination and collaboration among different healthcare providers, community organizations, support groups, and government agencies. This collaboration helps to pool resources, share knowledge, and implement evidence-based practices, resulting in more effective interventions and improved outcomes for individuals and communities.

2.4.1: Funding Prioritization

Prioritize community mental health and opioid funding to treatment and recovery programs demonstrating adherence to best practices/abatement programs and positive outcomes and to new services.

**Notes**

- *The focus is to fill gaps in care such as Crisis Stabilization Hub or units, Living Room models, ACT/CST, CILA's, and Permanent Supportive Housing (with provider services/case management services).*
- *Implementation will be supported with local funds if applicable.*

2.4.2: Peer Support Hub

Develop recommendations regarding the development of a “hub” for Peer Support training, certification, and ongoing development to support MCMHB Network Provider agency’s peer support and staffing models that are reimbursable.



2.4.3: Disaster Response Protocols      Develop and adopt formal protocols addressing the utilization of mental health professionals during and after community-wide major crisis/disaster events.

**Note:** *This will require collaboration with the Emergency Management Agency.*

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2.4.4: Critical Incident Stress Management      Provide trainings for Network responders including C.I.S.D trainings to support any traumatic event in the community.

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Tactics and Actions to Implement      The following tactics and actions will help achieve the objectives:

- Support the increased development of a Family Peer Support program in McHenry County and encourage provider applications through HFS for NOFO and Medicaid reimbursement.
- Support MCMHB Network providers through continued flexibility when allocating and managing community mental health fund allocations.
- Continue to support harm reduction strategies under prevention, treatment, and recovery to enhance all three aspects by promoting safety, education, and access to resources for individuals at different stages of their journey.
- With Louie’s Law, partner with schools to support drug education, harm-reduction strategies, and Narcan training for students.
- Explore expanding Specialty Court services or ongoing mental health services to the jail population.

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**Introduction:**

Through participation in trade associations, industry-affiliated committees, taskforces, and meetings, the MCMHB attains and disseminates information impacting all residents and sectors of the County. In a 2020 Healthy Needs Community Study, it was noted that the aspect requiring the most improvement, according to respondents, was "awareness of available services." Additionally, the 2021 study revealed that 32% of respondents identified awareness of available services as one of the most selected aspects affecting access to resources. It is crucial to address the significant barrier to access caused by a lack of knowledge and awareness.

McHenry County Mental Health Board 2024 -2026 Three Year Plan Development Survey also substantiated this fact. These studies showed that individuals may not be aware of the available treatment options, services, or resources in our community, leading to a lack of help-seeking behavior or delays in accessing care. Through increased awareness and visibility of community resources and the initiatives within these goals and objectives we also plan to reduce the stigma associated with all disabilities.

Mental health conditions and substance use disorders in particular are often stigmatized, which can discourage individuals from seeking help or accessing necessary care. Stigma can act as a significant barrier to receiving appropriate treatment and support.

**Goal 3.1: Community Awareness Campaign**

Goal Statement

Create an ongoing MCMHB Network Community Awareness Campaign to promote services, reduce stigma, and expand literacy.

Background

When addressing local behavioral health services, respondents of the 2020 McHenry County Healthy Community Study indicated that "awareness of available services" was the aspect most in need of improvement and the 2021 study continues to substantiate this need with 32% of residents surveyed stated that awareness of available resources is an issue in this community. The MCMHB stakeholder feedback survey also identified awareness of services as being a focused opportunity.



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3.1.1: Network Awareness Committee	Create a MHB-driven McHenry County Network Awareness Committee comprised of Network provider marketing/PR members who will collaborate on monthly media and marketing activities to drive awareness of topics and services.
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3.1.2: Educational Materials	Develop and disseminate educational materials and public messaging promoting local Helping Numbers, McHelp/ MHB website/service directory, 9-8-8 and 2-1-1 and A-Way-Out/Connect to Recovery #'s.
<hr/>	
3.1.3: Training Audiences	Increase the behavioral health literacy of the public by training school personnel, first responders, law enforcement, faith communities, primary care providers, etc. to recognize signs and symptoms of mental illness/substance use along with available community resources.
<hr/>	
3.1.4: Education Campaigns	Develop comprehensive campaigns to educate communities, healthcare professionals, and individuals themselves about the available resources and benefits of seeking help.
<hr/>	
3.1.5: Crisis Line Transition	Educate the community including first responders and the public regarding the closure of the McHenry County Crisis Line, especially in the first two quarters of FY24 and ongoing. Implement Crisis Line closure and promote the use and incorporation of 9-8-8 into stakeholder protocols.
<hr/>	
Tactics and Actions to Implement	<p>The following tactics and actions will help achieve the objectives:</p> <ul style="list-style-type: none"><li>● Support National awareness months and encourage Network Council Members to facilitate community awareness activities accordingly.</li><li>● Collaborate with MCMHB Network providers on the dissemination of McHelp App promotional materials and links on their websites.</li></ul>
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## Goal 3.2: Outreach and Education

Goal Statement

Enhance Outreach and Education to increase and promote services, and help reduce stigma, cultural barriers, and expand well-being literacy through outreach, training, and technical assistance.

Background

MCMHB Network has promoted itself individually. Besides the MCMHB Annual Report, there has been a lack of both Network service and disability topic awareness addressed to the public by the MCMHB. Raising awareness about behavioral health and IDD issues, promoting culturally sensitive services, and encouraging open conversation can help reduce barriers to awareness and access to services. Collaborating with community leaders, cultural organizations, and faith-based groups can be effective in addressing these challenges.

Harm Reduction strategies are strongly supported in McHenry County as noted in achievements for the Network. Statistical modeling suggests that high rates of naloxone distribution among laypersons and emergency personnel could avert 21 percent of opioid overdose deaths, and the majority of overdose death reduction would result from increased distribution to laypersons.

3.2.1: Multi-Page Insert

Develop a separate multi-page insert in local newspaper publications to promote all Network Provider agencies at least 1x year.

3.2.2: McHelp App Ubiquity

Incorporate McHelp App promotional materials into all Network Outreach efforts.

3.2.3: Stakeholder List

Develop a promotional list of stakeholders such as the McHenry County Association of Realtors, Library's, Chambers, Conservation visitors centers to send McHelp App Service Directory promotional materials on a regular basis.



Tactics and  
Actions to  
Implement

The following tactics and actions will help achieve the objectives:

- Continue to drive the School Professionals’ quarterly meetings for information dissemination, collaboration, and partnerships.
  - Support increases in marketing efforts for public awareness, outreach efforts, education, and Network promotions.
  - Utilize the Network Awareness committee to collaborate on specific MI, SUD, or IDD topics for media/public monthly releases with Network resources.
  - Support harm reduction strategies and Overdose Prevention Through Intensive Outreach including schools, Naloxone distribution and increased access to Naloxone vending machines.
  - Continue to partner with SPTF on the annual Suicide Prevention and Recovery Conference and increase public attendance YOY and continue to support and increase QPR Suicide Prevention Training in the County.
  - Encourage and support workplace initiatives throughout McHenry County businesses such as the promotion of the Bell Seal for Mental Health in the Workplace and partnering with MHB to assist with provider and task force trainings such as QPR, MHFA.
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### **Goal 3.3: “No-Wrong-Door” Approach**

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Goal  
Statement

Continue to lead MCMHB Intake Coordinators ensuring inclusion of Network navigators and MCR, CST teams, to assist with the education, promotion, and access of services and begin developing a “no-wrong-door” philosophy and system in the Network.

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Background

The "no-wrong-door" approach refers to a philosophy that aims to provide seamless and accessible information and care to individuals. The primary goal is to ensure that people can receive the appropriate services regardless of where they initially seek help. Research on the “no-wrong-door” approach has demonstrated its effectiveness in improving access to care, reducing stigma, and enhancing overall outcomes for individuals seeking help. It helps create a more patient-centered system of care, promotes early intervention and awareness, and increases the likelihood of successful treatment and recovery.

By implementing these awareness and care coordination strategies, the “no-wrong-door” approach can effectively ensure that individuals receive the necessary support and services they need, regardless of where they initially seek help.

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3.3.1: Training and Education	Provide training and education to Network providers across different sectors about Network services and establish the “no-wrong-door” approach to ensure that professionals can identify the appropriate intervention and support options in our Network for individuals seeking help.
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3.3.2: On-Line Tutorial	Develop an online tutorial/training to be completed annually by all staff of provider agencies.
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3.3.3: Network of Care	Create a network of care that can identify individuals in need, provide brief assessments, and facilitate referrals to the most appropriate services based on their unique circumstances no matter where they present or call.
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3.3.4: Seamless Transition Among Providers	Establish mechanisms for seamless transitions among different service providers and levels of care with appropriate signed releases.  <b>Note:</b> <i>This can include care coordination, information sharing, and the development of care plans that follow individuals as they move through different services or systems.</i>
<hr/>	
3.3.5: Establishment of Call Grid	Establish and disseminate a call grid of specific Network provider professionals for a warm hand-off and care coordination to immediate services if needed.  <b>Note:</b> <i>This can be placed on the restricted provider page on MHB website.</i>
<hr/>	
3.3.6: Establishment of Partnerships	Expand the “no-wrong-door approach” through the establishment of partnerships and collaborations between various community stakeholders, including primary care providers, social service agencies, schools, and community organizations.  <b>Note:</b> <i>This would happen once integrated into the Network.</i>
<hr/>	
Tactics and Actions to Implement	The following tactics and actions will help achieve the objectives: <ul style="list-style-type: none"><li>• Explore MyChart or similar universal care coordination access for Network providers and clients.</li><li>• Investigate and make recommendations, with implementation if applicable, a Universal Screening Tool for the Network.</li><li>• Work with HFS and local agencies to help promote McHelp App with IL Medicaid (e.g. MCO’s, IL YouthCare).</li></ul>

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## Goal 3.4: Support for Schools in the County

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Goal Statement

Support McHenry County Schools and ensure School Professionals have knowledge and access to resources for youth and support needed in navigation and crisis situations.

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Background

2023 MCMHB stakeholder survey showed with both quantitative and qualitative data, schools need more collaborative support and services. There's also new legislation such as Louie's Law and other Trauma-Informed laws, to help integrate service information into the schools for example.

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3.4.1: Annual Resource Fair

Host an annual School Resource Fair for updated service information and networking support.

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3.4.2: School Websites

Achieve 100% of school websites in the County with consistent presentation of the McHelp app link.

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3.4.3: Student ID Cards

Modify student ID cards at 100% of McHenry County schools to include the 9-8-8 help line with consistency in presentation on all IDs.

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3.4.4: Illinois Youth Survey

Increase McHenry County School participation in the Illinois Youth Survey by 25% to assist with greater education and awareness of community resources needed to meet youth needs.

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3.4.5: Threat Assessment Evaluations

Make a recommendation to McHenry County Schools regarding a standardized Threat Assessment Evaluation process to assess and mitigate potential risks posed by at-risk youths and to create a safe and supportive environment for their return to school.

**Note** Partnering with the Clinical Navigator position can help in the implementation of the Threat Evaluation program for at-risk youth.

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Tactics and  
Actions to  
Implement

The following tactics and actions will help achieve the objectives:

- Continue to lead the School Professionals meetings to ensure State, Federal and Network Services for youth are promoted and utilized throughout the McHenry County Schools.
  - Continue to help educate on CARES Line and 9-8-8 MCR teams (and support SAP & Clinical Navigation programs if available) to help remove barriers to systemic issues through direct service contacts when needed.
  - Encourage all McHenry County schools to place the McHelp App on their website and promote it to parents and youth and to place 9-8-8 on student ID's.
  - Assist with coordination efforts under Louie's Law in collaboration with SUD providers and schools to provide drug overdose education standards in K-12 schools including Naloxone training.
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**Introduction:**

Pursuant to its statutory duties and mission, the MCMHB is uniquely positioned to act as the hub or nucleus of a local Network representing mental health, substance use, and IDD prevention, treatment, and recovery support services. In its capacity, the MCMHB represents provider agencies, staff, public and private sector organizations, consumers, and community members. Through participation in trade associations, industry-affiliated committees, taskforces, and meetings, the MCMHB attains and disseminates information impacting all residents and sectors of the County.

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**Goal 4.1: Adapting to Change**

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Goal Statement

Advocate, monitor, and adjust to legislative and policy efforts and changes affecting the MCMHB Network.

Background

MCMHB will advocate for policy changes and funding through collaboration with our trade associations, taskforces, committees, and federal, state, county, and local representatives, and stakeholders.

Congress has passed the Bipartisan Safe Communities Act in 2023, legislation to dramatically increase funding for mental health programs and reduce the threat and incidence of violence in America. The Act includes unprecedented mental health funding levels not seen in the last 50 years. It will provide critical investments in mental health and substance use disorder services nationwide by expanding the Certified Community Behavioral Health Clinic (CCBHC) demonstration programs, as well as making available planning grant funds for states to develop proposals to join the program. The legislation includes aid to broaden access to telehealth services and mental health awareness programs, such as Mental Health First Aid (MHFA), and provides additional funding for 9-8-8, the National Suicide Prevention Lifeline.

The Strategic Prevention Technical Assistance Center assists providers in developing culturally appropriate evidence-based and evidence-informed programs. This work focuses on enhancing data-driven decision-making and reducing behavioral health disparities experienced by historically disenfranchised communities. Increase provider grant submissions to Mental Health Block Grants (MHBG), Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) Block Grant and Targeted Capacity Expansion Grants.

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4.1.1: CCBHC Partnerships      Establish a metric for and document the number of partnerships and collaborations with Thresholds CCBHC within the Network and community.

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4.1.2: Child and Adolescent Funding      Increase local and state investments in children and adolescent services in McHenry County by 20%.

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4.1.3: Rate Study Results      Monitor results and implementation efforts related to various state department rate studies and adapt MCMHB contracts as needed.

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Tactics and  
Actions to  
Implement

The following tactics and actions will help achieve the objectives:

- Advocate for increased State investments in children and adolescent services in McHenry County as noted by Children’s BH Transformation Map.
  - Monitor and support the State’s CCBHC demonstration application.
  - Monitor state actions to implement CESSA and continue to participate on CESSA Regional Advisory Board.
  - Continue to advocate on the state and federal level on the issue of behavioral health and intellectual and developmental disability workforce shortages and adherence to GuideHouse Rate Study recommendations.
  - Advocate for improved insurance coverage for behavioral health and disability services.
  - Coordinate across local, state, and federal agencies to increase and maximize use of community mental health funding for client access to housing, employment, transportation, and other needs that impact health outcomes.
  - Encourage Network Providers to partner with SAMHSA to provide a range of technical assistance resources and trainings to enable community needs assessments, community improvement plans, logic models, and workplans.
  - Continue to monitor and support CCBYS, CCSO and Pathways to Success initiatives.
  - Proactively engage administrators, boards, and policymakers at local, regional, and national levels to advocate for policy changes, increased community mental health funding, and improved services for behavioral health and intellectual/developmental disability issues.
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## Goal 4.2: Innovation and Creativity

Goal Statement	Encourage greater innovative thinking and creativity within the MCMHB Network and community partners.
Background	<p>To meet community needs with less than adequate levy funding, evaluate current programs further and explore new evidenced-based solutions, technologies, and approaches to address challenges in the behavioral health and intellectual/developmental disability space while fostering and increasing collaborative partnerships.</p> <p>Collaborative Partnerships are crucial for driving change in the behavioral health and IDD space. Collaborative efforts help identify gaps, share resources, and develop innovative solutions to address the specific challenges faced by individuals in McHenry County. Continue to foster collaborative partnerships between community-based organizations, government agencies, healthcare providers, academic institutions, and advocacy groups.</p>
4.2.1: Telehealth Models	Identify and implement the development of telehealth models for immediate crisis same-day evaluations which would be accessed anywhere in the community.
4.2.2: Mobile Apps and Self-Help Tools	Develop self-help tools throughout the Network. Incorporate in the McHelp App/MCMHB website.
4.2.3: Hub for Peer Training	Develop a hub for CRSS or CPSS, for example, that would promote training of peers to work in provider agencies and offer continued personal development support.
4.2.4: Bell Seal	Obtain Platinum Level Bell Seal for Workplace Mental Health by Mental Health America.
4.2.5: Rent Assistance	Develop a campaign to assist provider agencies in advocating for acceptance of rent-assistance vouchers with Landlords for MI, SUD, or IDD clients.



4.2.6: Grant  
Writer

Contract with a Grant Writer for MCMHB and Network initiatives to tie into Federal, State, and local initiatives and resources.

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4.2.7:  
Proactive Gap  
Analysis

Develop annual report/study on recommendations to add prioritized service offerings to fill identified gaps in time for use in evaluation of annual funding decisions.

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Tactics and  
Actions to  
Implement

The following tactics and actions will help achieve the objectives:

- Support and encourage Network provider adoption and implementation of more telehealth and digital platforms.
  - Support and encourage more integrated care models such as our FQHCs and CCBHCs.
  - Support provider partnerships in the PCP offices in McHenry County.
  - Support the increase in current and new peer support programs such as youth and family peer support.
  - Work with SAO and other provider stakeholders on AOT–Assisted Outpatient Treatment implementation.
  - Work with providers and HFS on NOFO for Family Peer Support.
  - Continue to work with McHenry County Government/HR on enhancements to the Gold Level Bell Seal for Workplace Mental Health by Mental Health America and work toward the obtainment of Platinum status through greater service offerings and activities. Utilize this platform to promote workplace MH initiatives (e.g. MHFA, QPR) throughout the McHenry County business community.
  - Utilize standing Board and ad-hoc committees from Finance & Audit and Ethics & Compliance to evaluate current Network programs further and encourage new service development to fill gaps in the community.
  - Incorporate results from annual Town Hall meetings and Network Council input.
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## EXECUTION AND COLLABORATION

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In conclusion, our Strategic Action Plan serves as a roadmap for enhancing access, quality care, awareness, and advocacy/leadership/empowerment within the behavioral health and IDD services. By attaining these four priorities, our organization aims to create a transformative impact on the lives of individuals, families, and our community as a whole.

For the successful achievement of our 3-year plan, these strategies will need to be implemented in a comprehensive and coordinated manner with our Network and Community stakeholders for significant impacts.

To ensure the successful achievement of our plan, a comprehensive and coordinated approach is paramount. We recognize the importance of collaborating with our Network and Community stakeholders, including service providers, individuals with lived experience, advocacy groups, and policymakers. Their diverse perspectives and expertise will help shape and refine our strategies, ensuring they meet the unique needs of each provider, individual, family, and our evolving community.

By fostering partnerships and actively involving stakeholders throughout the implementation process, we can create a continuum of care that surpasses traditional boundaries. Together, we will work towards a more inclusive and accessible system, delivering high-quality services that meet the needs of all those seeking behavioral health and IDD support.

As we embark on this three-year journey, our commitment to collaboration, innovation, and stakeholder engagement will be unwavering. By working collectively, we can overcome challenges, seize opportunities, and make a lasting impact on the lives of those we serve. Our Strategic Action Plan acts as a guiding document, aligning our efforts towards a shared vision of empowerment, growth, and well-being. Let us move forward with determination, compassion, and a relentless pursuit of excellence in behavioral health and IDD services.



## ACRONYMS

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Term	Definition
ACEs	Adverse Childhood Experiences
ACHMAI	Association of Community Mental Health Authorities of Illinois
ACT	Assertive Community Treatment
AOT	Assisted Outpatient Treatment
ARPA	American Rescue Plan Act
BH	Behavioral Health (includes both MI and SUD)
C&A	Child and Adolescent
CARF	Commission on Accreditation of Rehabilitation Facilities
CDD	Community Development Division responsible for housing grants
CCBHC	Certified Community Behavioral Health Clinics
CCBYS	Comprehensive Community-Based Youth Services
CCSO	Care Coordination and Support Organizations
CDC	Centers for Disease Control and Prevention
CESSA	Community Emergency Services and Support Act
CEU	Continuing Education Unit/Credits
CILA	Community Integrated Living Arrangement
CISD or CISM	Critical Incident Stress Debriefing or Management
CMHA	Community Mental Health Act
CMHC	Community Mental Health Centers
CMS	Centers for Medicare & Medicaid Services
CPSS	Certified Peer Support Specialist
CRSS	Certified Recovery Support Specialist
CST	Community Support Team
DDD	Division of Developmental Disabilities (part of IDHS)
DMH	Department of Mental Health



DSP	Direct Support Professional
EBP	Evidenced-Based Practices
EMDR	Eye Movement Desensitization and Reprocessing
FQHC	Federally Qualified Health Center
FY	Fiscal Year
HB	House Bill
HFS	Healthcare and Family Services
HHS	Health and Human Services
IDD or I/DD	Intellectual/Developmental Disabilities
IDHS	Illinois Department of Health Services
IHFS	Illinois Healthcare and Family Services
IPLAN	Illinois Project for Local Assessment of Needs
IYS	Illinois Youth Survey
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer, and Intersex
MAT	Medication-Assisted Treatment
MCMHB	McHenry County Mental Health Board
MCR	Mobile Crisis Response
MH	Mental Health
MHB	Mental Health Board
MHFA	Mental Health First Aid
MHP	Mental Health Professional
MI	Mental Illness
NOFA/NOFO	Notice of Funding Availability or Opportunity
PCP	Primary Care Provider
PR	Public Relations
PSH	Permanent Supportive Housing
PUNS	Prioritization for Urgency of Need for Services (i.e. IDD Services)
QIDP	Qualified Intellectual Disability Professional
QMHP	Qualified Mental Health Professional
QMT	Quality Management Team



QPR	Question, Persaud, Refer – Suicide Prevention Training
SAMHSA	Substance Abuse and Mental Health Services Administration
SAO	States Attorney’s Office
SAP	Student Assistance Program
SDOH	Social Determinants of Health
SMI	Serious Mental Illness
SPTF	Suicide Prevention Task Force
SUD	Substance Use Disorder
SUPR	Substance Use Prevention & Recovery
SUPTRS	Substance Use Prevention, Treatment, and Recovery Services
TIP	Treatment Improvement Protocol
YOY	Year-Over-Year
3-YP	Three Year Plan