

Fiscal Year 2011/2012 Budget Highlights and Goals

Mental Health

FY 2011 Highlights

- Implemented periodic newsletters and notices to the community on Family CARE and the Board's activities and functions through Constant Contact.
- Provided training opportunities using traditional settings and an array of media based learning for all Mental Health Board staff and system and community partners with a focus on evidence-based/informed practices, recovery principles, and cultural competency.
- Promoted the expansion of psychiatric care through innovative models and the financing of advanced practice nurses at Family Service.
- Expanded awareness of Autism and promoted the development of needed services and support for those individuals who have Autism and Developmental Disabilities and their families, through an Autism Coordinator at Options and Advocacy and Wraparound Services.
- Monitored the states revision of the service system for developmental disabilities; evaluated and planned for modifying the Mental Health Board's funding mechanism to be compliant with the state's revision and funding changes to protect CORE services.
- Encouraged the incorporation of an experiential approach that supports learning through doing in the service continuum, with new providers to the continuum.
- Maintained and increased our partnerships with academic/research organizations through a contract with Northwestern and outreach with Aurora University.
- Completed and distributed the FY12-13-14 Plan by October 31, 2011.

FY 2012 Goals

- Encourage, provide resources, and support evidence based and trauma informed practice to achieve better clinical outcomes in the community and ensure its implementation.
- Create and ensure a culturally proficient system of care.
- Standardize our internal outcomes as models for provider outcome standardization.
- Sponsor consumer training on leadership skills and encourage youth, consumers, persons in recovery and a more culturally diverse representation on Boards and in leadership roles and positions.
- Internally, model efficient stewardship by ensuring that programs are cost effective; measuring staff/client ratio and overall cost per client by service while maintaining low administrative costs and adequate reserves. Externally, focus our resources on agency costs that ensure clinical services availability and delivery.
- Identify and encourage partners to assist in reaching the Latino community.
- Encourage discussions and collaboration to prepare for access/coordination issues when state funding reductions impact larger gaps in access. Require provider collaboration to increase access to critical services.
- Explore potential Crisis respite beds for Substance Abuse and Mental Health or other intensive outpatient programming to support adults with co-occurring disorders.
- Create a more consumer friendly website (mc708.org).
- Use outreach efforts and engage faith based, schools to empower them to better serve their populations and increase access to services through this effort.