Creating a Strategic Plan

Illinois Mental Health Planning and Advisory Council

PROCESS

A team representing the Illinois Mental Health Planning and Advisory Council (IMHPAC) met for several months with Ted Johnson, Senior Consultant with Advocates for Human Potential (AHP) to discuss initial elements of a strategic plan for the IMHPAC. AHP is contracted by the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide technical assistance to mental health or behavioral health planning and advisory councils.

The Illinois Team included Andrea Cooke, Ann Irving, Dennis Hopkins, Fred Friedman, Irwin Kerzner, John Shustitzky, Lee Ann Reinert, Margo Roethlisberger, Matt Perry, Nanette Larson, Ray Conner, and Ron Melka. Team meetings were held via conference call.

The Team met June 13, 2018 at the Chicago School of Professional Psychology with John Hudgens, Senior Program Manager with AHP and Ted Johnson, AHP Senior Consultant to further discuss proposed Mission, Vision, and Values and identify IMHPAC strengths, weaknesses, opportunities and threats. This material was recorded and circulated to the Team members.

The Team then met with Ted Johnson via teleconference July 6, 2018 to develop recommendations for priorities for the IMHPAC.

This document displays Team recommendations for IMHPAC Mission, Vision, and Values. It lists strengths, weaknesses, opportunities, and threats for the Council. It describes recommended priorities (in priority order) for the next 18 months for the Council.

Information and recommendations are to be presented to the full Council at its next meeting, for consideration, possible revisions, and possible adoption.

IMHPAC MISSION

The mission of IMHPAC is to advocate for a robust mental health delivery system on behalf of the people in the State of Illinois by bringing together stakeholders to advise the State on the development and implementation of mental health plans, programs, and policies.

IMHPAC VISION

IMHPAC is a change agent that collaborates with stakeholders to create and advance an accessible, integrated, reliable system of care reflective of the most current mental health research and practice, leading to communities that support wellness and self-determination.

IMHPAC VALUES

Inclusiveness, Respect, Integrity, Collaboration, Leadership, Hopefulness, Diversity, Honesty, Thoroughness, Observant, Nurturing, Supportive, Advocating, Passionate, Dedicated, Transparency

IMHPAC STRENGTHS

Support of the state
States resources
Other state agency representation
Dedicated individuals
Persistent / resilient
Open to new ideas
Institutional and personal knowledge
Like-minded and committed to quality mental health services
Open to all voices - inclusiveness, value each other
Varying backgrounds
State-wide representation
Diversity
No hidden agendas
Reasonableness
Support and participation from DMH Director and senior leadership
Governance structure

IMHPAC Weaknesses

No real authority
1.5-year hiatus created participation issues
Some areas of the state are underrepresented or not represented
Difficult for remote members to participate equally
Lack of consumer representation
Weak diverse representation - age, LGBTQ, etc.
Meeting statutory requirements - State and Federal
Antiquated bylaws
Lack of adherence of bylaws
Inertia
Susceptibility to political influence stifles members
Lack of new perspectives
Not welcoming or orienting of new members
Difficult to become a member
Conflict resolution not established
Coopting

IMHPAC OPPORTUNITIES

INTERNAL

Good response in recruiting new members – 15 new members

Willingness of members to take leadership roles

1115 Waiver input

Funding for stipends – for Council attendance

Strategic Planning Group – AHP consultation

Rebuilding Council as a force

EXTERNAL

"Stock" of mental health is on the rise

New parity law ("best in nation")

Law suit against DOC re: mental health services

1115 Waiver

More resources for treatment (Federal sources)

Greater public awareness due to national tragedies of celebrity suicides and the opioid crisis

Increasing support for behavioral health issues in the Illinois General Assembly

IMHPAC THREATS

EXTERNAL

Austerity – decrease in State and Federal funding

Governor's election (political culture in general)

Misinformation and disinformation

Negative assumptions about mental illness

Stigma

Discrimination

INTERNAL

Over reliance on state's resources – lack of funding

Inertia

SCANNING THE ENVIRONMENT

(What is happening in the environment surrounding IMHPAC or internal to the organization that might affect IMHPAC's plans?)

- There will be an election in November 2018 – many local, state, and national positions in government will be up for election. This includes the governor's office and all Congressional representatives.
- There is a continuum of beliefs that extend from those who support involuntary treatment for people with mental illnesses to those who believe that mental illnesses do not exist.
- A new director has been appointed for the Department of Healthcare and Family Services – the Medicaid authority in Illinois.
- There is increased attention nationally on rising suicide rates.
- The IMHPAC has several new members, resulting in more statewide perspectives and a possibility of rejuvenation of the IMHPAC.
- There are changes in rules and regulations at both the state and national levels.
- There is a growing focus on the whole person – with a focus on offering and providing integrated (health, mental health, substance use treatment) care.
- There is an Illinois council concerning substance use disorders prevention, treatment, and recovery: the Illinois Advisory Council on Substance Use Disorder.
- Nationally there is an increasing stratification between the rich and the poor.
- Supports for people with mental illness extend beyond mental health treatment services.

RECOMMENDED IMHPAC PRIORITIES FOR NEXT 12 MONTHS

(1) Assure a fully functioning IMHPAC by ensuring State agency representatives are actively participating in IMHPAC meetings and new members are oriented and integrated into the IMHPAC.

(2) Insure access to data based on services provided and needs being met; include stories and experiences presented by people with lived experience; have hearings throughout the state on the mental health system.

(3) Recommend or support legislation that aligns with our goals.

RECOMMENDED IMHPAC PRIORITIES (12-18 MONTHS)

(4) Formalize a way to communicate information from IMHPAC to the State.

(5) Determine why Illinois may not be attractive to providers in order to develop strategies to increase the number of providers.

(6) Identify psychosocial, innovative, and evidence-based approaches to recommend to policymakers and funders.

POSSIBLE WORK SHEET FOR PRIORITIES			
PRIORITY	COMMITTEE OR GROUP ASSIGNED	DESIRED OUTCOME(S)	ANTICIPATED COMPLETION DATE
Assure a fully functioning IMHPAC by ensuring State agency representatives are actively participating in IMHPAC meetings and new members are oriented and integrated into the IMHPAC.			
Insure access to data based on services provided and needs being met; include stories and experiences presented by people with lived experience; have hearings throughout the state on the mental health system.			
Recommend or support legislation that aligns with our goals.			
Formalize a way to communicate information from IMHPAC to the State.			
Determine why Illinois may not be attractive to providers in order to develop strategies to increase the number of providers.			

POSSIBLE WORK SHEET FOR PRIORITIES			
PRIORITY	COMMITTEE OR GROUP ASSIGNED	DESIRED OUTCOME(S)	ANTICIPATED COMPLETION DATE
Identify psychosocial, innovative, and evidence-based approaches to recommend to policymakers and funders.			

COMMITTEE OR GROUP PLAN AND PROCESS

Each committee or group assigned to address an issue should create a plan to address the issue. Each group may create its own plan, but it should include the elements included in the chart below. Reports to IMHPAC leadership and/or the full Council can then address each of the items in the plan.

COMMITTEE OR GROUP			
ISSUE OR GOAL	CURRENT STATUS	ANTICIPATED STATUS	WORK PLAN: WHO, WHAT, WHERE

ISSUE OR GOAL: Which issue or goal (from list of priorities) is the group working on?

CURRENT STATUS: Where is IMHPAC now in relation to this goal? What is the need for this goal? How does this goal relate to IMHPAC's mission? What is happening in the environment (internal and external) that might affect achievement of the goal?

ANTICIPATED STATUS: Where does IMPHAC want to be relative to the goal? Review IMPAC's vision. Review IMHPA's organizational capacity. Estimate revenue or other resource needs.

WORK PLAN: Program, capacity, funding, evaluation strategies. Who, what, when, where?

ADDITIONAL TASKS

- → Monitor and evaluate implementation
- → Celebrate achievements and successes
- → Refine or modify goals
- → Identify new issues