



**Illinois Children's Healthcare Foundation  
Children's Mental Health Initiative,  
*Building Systems of Care, Community by Community***

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**“How Will We Know if a Plan Is Good?”**

The question, “How will we know if a plan is good?” has been discussed at great length by the ILCHF Board of Directors, ICLHF staff, and CMHI Consultants. It is a very good question. It anticipates the task that each will encounter in late May 2011 when the five CMHI grantees submit their plans for implementing a children's mental health system of care.

Essentially, the children's mental health system of care Implementation Plan from each of the communities should answer three basic questions:

- *What is the problem?*
- *What is the proposed solution?*
- *How do we know if it's working? Do children improve?*

The full Implementation Packet will arrive, and each reviewer will be asked to make a judgment – *Will this plan establish an effective and enduring children's mental health system of care for all children in the community?* It is easy to say a plan should be “compelling”, “coherent” and “comprehensive,” and something else again to actually pin down what exactly about a plan makes it so. This document is intended to help the readers come to a sound judgment based on a shared understanding as to what constitutes a good plan for a children's mental health system of care.

**Nine Considerations and What to Look For: Positive Signs and Negative Signs**

<p><b>1. Focus and Direction</b></p> <p>Focus and direction in a plan sets forward the logic of the plan. It asserts how the community will focus its resources and why. It is grounded in a deep understanding of the community and imparts a sense of informed purpose.</p> <p>Focus and direction implies setting priorities. In contrast, a plan that attempts to do everything right away is likely to be no plan at all. The hard decisions about how to allocate limited resources are necessary to drive action.</p>	<p>Positive signs:</p> <ul style="list-style-type: none"> <li>• A sense of strategic purpose unfolding over the five years of the plan.</li> <li>• A clear rationale for how the resources of the plan are put to work in the first year.</li> <li>• An obvious answer to the question “What is the planning building toward?”</li> <li>• The plan uses plain, clear language.</li> <li>• Agencies and providers are making changes that serve the greater good.</li> <li>• There is attention to building a system that is sustainable over the long term, with specific and logical steps to move in that direction.</li> </ul> <p>Negative signs:</p> <ul style="list-style-type: none"> <li>• Bland, global language that does not go beyond vision and values.</li> <li>• An emphasis on more planning and information gathering rather than action.</li> <li>• No real change; more of the same strategies and approaches.</li> <li>• The plan seems designed to sustain agencies rather than help children.</li> <li>• Real changes are put off until late in the implementation plan.</li> <li>• Sustainability relies on a continuous cycle of writing grants and living on soft money.</li> </ul>
<p><b>2. Operational Excellence</b></p> <p>Operational excellence refers to quality at the systems level. If there is operational excellence, children do not “fall through the cracks” because there are no cracks.</p>	<p>Positive signs:</p> <ul style="list-style-type: none"> <li>• There is a clear definition of the target population</li> <li>• There is a bold quality to the plan that has the support of the participating agencies.</li> <li>• For each age group there is a well-articulated system to identify and screen, assess, refer and treat children and a plan to achieve it.</li> <li>• How a medical home for each child is defined and how it is to be achieved is spelled out.</li> <li>• If health promotion, prevention and early intervention are part of the plan, how these activities are integrated into the system of care is made clear.</li> </ul>

	<ul style="list-style-type: none"> <li>• The plan anticipates difficulties based on prior experience and includes actions to overcome these difficulties.</li> <li>• The plan includes periodic reviews that stress continuous improvement.</li> <li>• The plan refers to hard-to-reach populations.</li> <li>• The plan is realistic and does not expect everything to happen all at once.</li> </ul> <p>Negative signs:</p> <ul style="list-style-type: none"> <li>• The plan is primarily based on small adjustments – “tweaks” to things as they are.</li> <li>• The plan is long on screening but short on assessment, referral and treatment.</li> <li>• There is little or no reference to how a child without a medical home will find one.</li> <li>• Health promotion, prevention and early intervention are part of the plan but are not well-integrated into the full plan.</li> <li>• The plan ignores Murphy’s Law; it is brittle rather than robust and can be easily disrupted by foreseeable events like personnel changes.</li> <li>• The plan focuses solely on population centers and says little about hard-to-reach populations.</li> </ul>
<p><b>3. Professional Excellence</b></p> <p>A strong plan takes into account the lack of professionals with training and experience in serving children, especially young children.</p>	<p>Positive signs:</p> <ul style="list-style-type: none"> <li>• The plan states the community’s existing resources – the planners know who they have and what professional resources are missing.</li> <li>• There is a training plan that addresses both near-term and long-term needs for professional resources.</li> <li>• The plan includes the full professional community – those who serve Medicaid populations and those who do not.</li> </ul> <p>Negative signs:</p> <ul style="list-style-type: none"> <li>• The plan is blind to gaps in professional resources.</li> <li>• The plan to build access to professional resources is not realistic.</li> <li>• The plan relies upon only a part of the professional community.</li> <li>• The plan relies on general training with no relationship to the hoped-for outcomes.</li> </ul>

<p><b>4. Human Resource System</b></p> <p>High turnover is common in mental health, especially at the front lines. This is where a system of care can be most vulnerable. Correspondingly, an effective human resource system can make a positive impact.</p>	<p>Positive Signs:</p> <ul style="list-style-type: none"><li>• For all key roles there is an effective way to recruit, select, orient, train and utilize people.</li><li>• The plan makes provision for handling people who are mismatched to their roles and are unable to competently serve children and families facing mental health issues.</li><li>• A committee or other structure responsible for the continuous learning/improvement of those who serve children and families in the system of care.</li></ul> <p>Negative signs:</p> <ul style="list-style-type: none"><li>• No plan for funneling people into key roles in the system of care.</li><li>• Little or no investment in training people.</li><li>• Assigning people who are known to be incompetent to the system of care.</li><li>• Leaving the assignment of people to chance.</li></ul>
<p><b>5. Evaluation</b></p> <p>Evaluation is driven by the goals and objectives developed through the planning process. There must be a clear idea of where the program is headed and how to know when it gets there.</p>	<p>Positive signs:</p> <ul style="list-style-type: none"><li>• Over-riding goals with clear, measurable objectives provide a path for review, feedback, and revision on an on-going basis and for final evaluation.</li><li>• The goals and objectives are achievable.</li><li>• Both process and outcome measures are being used.</li><li>• Clear data points are presented with an explanation of how they will be collected, managed, and analyzed.</li><li>• The local evaluation supports the cross-site evaluation.</li><li>• HIPAA and human subjects protection issues are considered.</li></ul> <p>Negative signs:</p> <ul style="list-style-type: none"><li>• There is no sense of how the programming piece and the evaluation piece “hang together.”</li><li>• Process and outcome objectives are not measurable.</li><li>• There is no explanation of how data will be collected, including standardized instruments, focus groups, etc.</li><li>• The local evaluation does not address the requirements for the cross-site evaluation.</li></ul>

<p><b>6. Organizational Structure</b></p> <p>Structure is about who does what.</p> <p>At the macro level it requires clarity about what each institution/agency is responsible for in the system of care.</p> <p>At the micro level it means there is clear accountability for each professional in the system of care and, importantly, for how professionals relate to one another across organizational boundaries.</p>	<p>Positive signs:</p> <ul style="list-style-type: none"><li>• Each institution/agency that serves children has a role in the children’s mental health system of care, and the role is clear.</li><li>• Letters of commitment from each agency spell out the expectations, the role of the agency, and the financial commitment on both sides, including “in kind” services.</li><li>• The process for creating the communication protocols and memoranda of understanding needed to link the institutions/agencies are part of the plan. This includes a way to share information.</li><li>• The plan describes how referrals are managed and what follow-up is needed when a child is at risk for falling through the cracks.</li><li>• All members of the system of care seek to avoid service gaps and service redundancies.</li><li>• There is a group who will see to it that every institution/agency lives up to its part of the system of care.</li></ul> <p>Negative signs:</p> <ul style="list-style-type: none"><li>• The children’s mental health system of care appears to be the province of a few organizations rather than the whole community.</li><li>• Roles are global and/or vague.</li><li>• Inter-agency cooperation and communication is espoused but there is no way to systematically build toward a really strong system of care.</li><li>• There is no way to challenge the tendency for institutions/agencies to operate within their silos.</li><li>• Letters of commitment are carbon copies of one another.</li><li>• Letters of commitment are more a letter of support rather than a commitment to be part of the action.</li></ul>
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<p><b>7. Management/Leadership</b></p> <p>Managing is about making a system of care operate at a high level. It focuses on providing on-going oversight.</p> <p>Leadership is about innovation and change. It focuses on anticipating change and challenging the system of care to become better.</p>	<p>Positive signs:</p> <ul style="list-style-type: none"><li>• The plan has a way to measure effectiveness and feeds that information to those who are responsible for the system of care.</li><li>• There is stable leadership.</li><li>• The participating institutions/agencies are included in the decision-making that affects the system of care.</li><li>• There is a method for resolving disagreements regarding the system of care and the expectations it has for each of the participating institutions/agencies/professionals.</li></ul> <p>Negative signs:</p> <ul style="list-style-type: none"><li>• The system of care operates without on-going feedback.</li><li>• There is no continuity plan. That is, after the first generation leadership of the system of care moves on, there is no mechanism to assure that the system of care will be handed off to well-prepared and committed people.</li><li>• The management and leadership of the system of care are within the lead agency and consequently may lose the support of the wider community.</li><li>• The participants in the system of care are not committed to a model of shared leadership. They are too willing to allow the system of care to become the project of one agency or a very small number of people.</li></ul>
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<p><b>8. Medical Home</b></p> <p>Definitions of a Medical Home converge around certain common denominators:</p> <p>Trusting Relationship – seeing a child/family over time;</p> <p>Improved primary care – knowing a child/family’s medical history;</p> <p>Prevention – makes optimal use of prevention and early intervention;</p> <p>Comprehensive – responds to all the child’s needs, including mental health; and,</p> <p>Connected – able to refer with confidence and coordinate needed treatment.</p>	<p>Positive Signs:</p> <ul style="list-style-type: none"> <li>• Medical providers understand the medical home feature of the system of care and how they and their patients can benefit from it.</li> <li>• There is a strategy for re-directing a child/family from relying upon ERs and ambulatory care settings for primary care to a medical home.</li> <li>• The schools and other touch points in a child’s life play a role in helping a child/family establish a medical home.</li> <li>• The system of care facilitates the sharing of information needed to support a medical home approach, especially the communication among providers.</li> <li>• There is a plan to link all children who receive an assessment to have a physician integrated into the assessment team.</li> </ul> <p>Negative Signs:</p> <ul style="list-style-type: none"> <li>• Referring a child/family to a medical provider without follow-up is the extent of the medical home feature of the system of care.</li> <li>• Medical providers are unclear on how the medical home feature of the system of care works.</li> <li>• The concept of a medical home is seen as a mechanism to build medical practices rather than as a key feature of a system of care.</li> <li>• The sharing of information among providers is inconsistent leading to poorly coordinated assessment and treatment.</li> </ul>
<p><b>9. Financial Sustainability</b></p> <p>Building in “financial sustainability” to a plan in a time of financial uncertainty and recession is challenging. There is a balance to be struck between investing in new strategies while retaining (and building upon) what is already in place.</p>	<p>Positive signs:</p> <ul style="list-style-type: none"> <li>• Investing in people and systems which have a long-term payback potential.</li> <li>• A plan which identifies low cost-moderate/high payoff strategies.</li> <li>• A balance of upstream (health promotion, prevention, early intervention) and downstream interventions.</li> <li>• A community consensus in support of maintaining the system of care using a broad array of funding resources.</li> </ul>

	<p>Negative signs:</p> <ul style="list-style-type: none"><li>• Investing in people and systems that may not be available to the community long-term.</li><li>• A plan which relies upon expensive technological features that may require on-going updates.</li><li>• An imbalance of strategies favoring expensive interventions for children in their middle and late teens.</li><li>• A plan that hires personnel in the hope their salaries will be covered by yet-to-be specified revenue after the CMHI funding ends.</li><li>• A plan that is publicly identified with one or two agencies rather than as a community-wide enterprise.</li></ul>