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Children's Mental Health Initiative 2.0 Evaluation: Planning Year Site Visit Report

Michael T. Braun, PhD
Yu-ling Chiu, PhD
Theodore P. Cross, PhD
Tamara Fuller, PhD
Steve Tran, PhD

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1. Introduction and Background

1.1 Overview of the Children's Mental Health Initiative 2.0

On October 1, 2018, the Illinois Children's Healthcare Foundation (ILCHF) awarded 13-month planning grants to five Illinois communities to develop partnerships and strategies to build children's mental health systems of care (SOC). ILCHF uses the definition of system of care developed by Stroul, Blau, and Friedman (2010): "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."[1] Children and youth with or at risk of mental health disorders and their families need supports and services from many different child- and family-serving agencies. Often, these supports and services are provided in a fragmented fashion. By creating partnerships and integration among agencies and organizations, systems of care are able to coordinate services and supports to meet the ever-changing needs of children and families, with the idea of improving outcomes.[2]

During the planning phase, each of the five communities worked to build the local infrastructure necessary to implement their CMHI 2.0 plan. This included the development of a formal strategic plan, organizational structure, financial model, and plan for sustainability. The strategic plans included an analysis of the community's strengths (assets) and weaknesses (gaps in services), as well as an analysis of the current system of care in the community. Upon successful completion of the planning phase, ILCHF awarded six-year implementation grants to the communities in order to build or enhance an effective and sustainable children's mental health system of care.[3] Although ILCHF expects that these plans will be unique to each community, the implementation plans must be written in ways that are consistent with the Child and Adolescent Service System Principles (CASSP) outlined by Stroul, Blau, and Friedman (2010):[4]

1. Family driven and youth guided, with the strengths and needs of the child and family determining the type and mix of services and supports provided.
2. Community-based, with the locus of services as well as system management resting within a supportive, adaptive infrastructure of structures, processes, and relationships at the community level.
3. Culturally and linguistically competent, with agencies, programs, and services that reflect the cultural, racial, ethnic, and linguistic differences of the populations they serve

[1] Stroul, B.A., Blau, G.M., & Friedman, R.M. (2010). *Updating the System of Care Concept and Philosophy.* Washington, DC: National Technical Assistance Center for Children's Mental Health, Georgetown University Center for Child and Human Development.
[2] Illinois Children's Healthcare Foundation. (2019). *Children's Mental Health Initiative 2.0 Targeted Invitation for Applications.* Oak Brook, IL: Author.
[3] ILCHF (2019), ibid.
[4] Stroul, et al. (2010), ibid.

to facilitate access to and utilization of appropriate services and supports and to eliminate disparities in care.

The goals of the CMHI 2.0 are to impact the following outcomes related to effective service systems and child and family well-being:

1. Early identification of children and youth for whom there is concern about possible mental health disorders.
2. Increased capacity in the service system to provide families with evidence-based clinical interventions.
3. Increased parent/caregiver/youth 'peer' provided services and leadership in the local system of care.
4. Effective local use of outcomes measurement data to inform operations and changes in the system, including sharing data between service provider systems.
5. Understanding the costs of service provision.
6. Increased service integration among service providers in the community.
7. Development of a well-prepared mental health workforce.
8. Improvement in life domain functioning for children with and at-risk of serious emotional disturbance; including school participation and academic success variables.
9. Strengthened parenting practices and caregiver-child relationships.
10. Reduction in caregiver related stress for parents/primary caregivers of children with mental health disorders; reduction in parental depression.
11. Reduction in unmet basic needs of families participating in the mental health service system.

1.2 Overview of the CMHI 2.0 Evaluation

The Children and Family Research Center (CFRC) at the University of Illinois at Urbana-Champaign has partnered with ILCHF to design and conduct a comprehensive evaluation of the CMHI 2.0. The evaluation will have several components, some of which are adapted from those utilized in the national evaluation of the Children's Mental Health Initiative (CMHI).[5] The components of the CMHI 2.0 evaluation include:

- An *implementation study* will document the processes that are used to implement systems of care in the five communities. The sustainability of the system of care implementation efforts will be assessed toward the end of the evaluation period.
- A *system of care fidelity assessment* will examine whether the five communities implement services in accordance with the system of care principles outlined by CASSP.
- A *descriptive study of the children and families* served by the systems of care in the five ILCHF-funded communities. In the descriptive study, information will be gathered at

[5] ICF Macro. (2011). *The Comprehensive Community Mental Health Services for Children and Their Families Program Evaluation Findings – Annual Report to Congress.* Washington, DC: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. This evaluation will be referred to within this evaluation plan as "the national evaluation" so as not to confuse it with the ILCHF CMHI 1.0 or CMHI 2.0 evaluations.

intake about the demographic characteristics, living arrangements, child and family risk factors, presenting problems and clinical diagnoses, functional status, and mental health service histories of the children served in the systems of care in the five communities.

- A *descriptive services study* will describe the types of services used by families, their patterns of service use, and their satisfaction with services.
- A *longitudinal outcome study* will assess change over time among the children, youth, and families participating in systems of care services in the five communities. Information on a variety of outcomes will be collected from caregivers at intake and at regular intervals for 24 months following intake. In addition, information on system-level outcomes will be gathered from a variety of stakeholders in the annual stakeholder survey.
- A *cost analysis* will assess the costs associated with system of care services.

1.3 The CMHI 2.0 Implementation Evaluation

The purpose of the implementation evaluation is to describe the activities that are undertaken to implement children's mental health systems of care in each of the five sites over the 13-month planning period and the six-year implementation period. A combination of qualitative and quantitative data collection methods will be used for the implementation evaluation. Qualitative data are being collected during site visits that are conducted in each of the five CMHI 2.0 communities. During these site visits, CFRC is conducting focus groups with service providers, parents/caregivers, community planning teams, and other key stakeholder groups. Site visits also include individual interviews with project directors, CQI managers, and other staff/stakeholders with essential knowledge about the implementation of systems of care in the five sites. The goal of the site visit data collection is to provide detailed descriptions of the activities and processes that are being employed in each site to implement systems of care, as well as to document successful strategies for and barriers to implementation. In addition to the qualitative data that are collected during the site visits, quantitative data on implementation will be gathered through an annual stakeholder survey that contains questions related to implementation activities and their effectiveness in producing change in the systems of care in the communities.

This report provides information from the first round of site visits conducted in each of the five sites at the end of the 13-month planning period. During the planning period, sites were expected to "build the local infrastructure necessary to fully implement their CMHI 2.0 plan."[6] They were expected to develop an organizational structure and project leadership, and engage a community planning team in which 25% of its members were self-identified consumers (parents and youth). They also needed to conduct an analysis of the community's strengths (assets) and weaknesses (gaps in services), and of the current system of care in the community. Finally, they had to develop a strategic plan to implement a CMHI 2.0 project that is consistent with CASSP principles and address each of the 11 outcome goals. Given these expectations for

[6] Illinois Children's Healthcare Foundation. (2019, May). *Targeted Invitation for Applications, Building Systems of Care Community by Community 2.0.* Oak Brook, IL: Illinois Children's Healthcare Foundation.

the planning period, this report provides information to address the following topics and questions:

1. What is the current status of the system of care in each community?

2. Describe the leadership that was in place during the planning period. What activities or strategies did the leaders use? Did the participants feel that the leadership was effective?

3. Describe the community planning team. How were people recruited? How did meetings work? What was accomplished during them? What role did the community planning team have in developing the strategic plan?

4. What role did parents and youth play on the community planning team? How were parents and youth recruited? How were they kept engaged? How was their participation shaped?

5. How were activities in the strategic plan selected? What did this process look like? Did the community planning team or executive team play a role in this?

6. What are the next steps for implementing systems of care in the sites? Are they ready to begin implementing now that the funding has arrived, or is there more planning to do?

2. Methods

2.1 Site Visit Participant Recruitment

The evaluation team contacted the project directors in each of the five sites to obtain a list of community stakeholders and parents who were involved in the CMHI 2.0 planning process. These individuals were sent email invitations to participate in a focus group (community planning team members) or interview (project directors and others in leadership positions). The recruitment emails described the purpose of the focus groups and provided information about the location and time of the meeting. The informed consent form was attached so that participants could review the information prior to the meeting and make an informed choice about their participation. Parents were offered a $50 Amazon gift card as an incentive for participation in the focus groups. Table 1 shows the number of community stakeholders and parents who participated in the focus groups or interviews at each site.

Table 1. Number of Participants per Site

	Community Stakeholders	Parents	Total
Site A	10	3	13
Site B	12	1	13
Site C	7	5	12
Site D	9	2	11
Site E	8	2	10
Total	46	13	59

2.2 Focus Group and Interview Procedures

All focus group and interview procedures were reviewed and approved by the Institutional Review Board at the University of Illinois at Urbana-Champaign. The focus groups and interviews were conducted by two researchers from the Children and Family Research Center during two-day site visits at each site that occurred in October and November 2019. A separate focus group was conducted with parents in each site, and individual interviews were conducted with project directors and other individuals in project leadership positions. The focus groups and interviews were conducted in a variety of locations, typically in provider agency conference rooms. All interviews and focus groups were audio recorded and transcribed for analysis. Signed informed consent was obtained from each participant prior to participation.

The focus group protocols were developed by the CFRC to assess a range of topics related to system of care planning. The list of questions that were asked in the stakeholder and parent focus groups, which were conducted separately, are included in Appendix A. The focus groups and interviews took one to two hours to complete.

2.3 Data Analytic Approach

The transcripts of these interviews and focus groups were reviewed and analyzed by the research team, with the goal of producing "a comprehensive summary of an event in the everyday terms of those events" (Sandelowski, 2000, p. 336) Each research question was addressed with a summary of relevant information that provided "an accurate accounting of events that most people (including researchers and participants) observing the same event would agree is accurate, and interpretive validity, or an accurate accounting of the meanings participants attributed to those events that those participants would agree is accurate" (p. 336).[7] The results are expressed in the terms used by participants themselves and aim to present the depth and breadth of responses gathered at all five sites. The analysis is not written

[7] Sandelowski, M. (2000). Whatever happened to qualitative description? *Research in Nursing and Health, 23*, 334–340. doi: 10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G

on a per-site basis; instead, information from all sites was synthesized together to show the range of experiences across sites.

3. Results

3.1 Current Systems of Care in the Five Communities

Participants were asked to describe the system of care in their community as it currently exists, prior to any implementation of activities funded as part of CMHI 2.0. Most participants—including parents as well as other stakeholders—described a system that is "Swiss cheese" and "difficult to navigate." The difficulty starts with entry into the system. Providers identified the absence of a single, clearly identified point of entry into the system as a challenge for parents. "Often… our families, if they haven't had extensive services before…have no idea where to go…" Another provider shared her own experience and highlighted how parents with fewer resources may be left out of the system entirely.

> I would have never thought of needing mental health services until I was in that position and where do I go? Well, I went to my health care provider, my primary [care provider], but some people don't have primaries, especially those of low income and at risk. So they're kind of left out…They don't know at first where the first contact should happen.

In addition to finding entry points into the system, coordination between service systems, which is a hallmark of a well-developed system of care, was lacking in all of the communities. Coordination between the mental health and school systems was mentioned as a particularly challenging area. Some participants identified schools as needing more help in all domains. "Schools [need] more support in that social emotional learning area. It's not really mental health issues. It's just everything else mixed with that. We're hearing a lot of that."

Parent perception that legal action may be required to get schools to provide services emphasizes the friction that can exist between parents and school personnel. In one community, parent leaders have stepped in to provide support for parents dealing with schools and other challenges. "[One person committed to the community] is the family resource developer [for a] community mental health agency… She goes with parents to… IEP [Individualized Education Plan] meetings and she has a parent support group that she staffs every week…".

Current systems of care can be confusing for families even after children begin to receive mental health services, especially when children have multiple service providers. When parents leave one provider and go to another, they may begin the process of explaining their situation all over again:

> We have typically youth that have very high needs going to multiple different service organization to get all of their needs met, and I think that there is not a good connection between those different systems that are sharing information on the youth's care.

Additionally, parents described struggles with having to travel for services, with long wait times, and with confusion over what insurance was accepted. Even children with urgent needs could face intolerable wait times. "We were looking for a psychiatric evaluation, and we were told six to nine months."

Difficulties with insurance providers were common, and often led to delays in receiving needed services:

> One [provider] didn't take our insurance and then she's like, "But you can just pay as you go." I said, "Well how does that work?" She's like, "Well it's $450.00 the first appointment." I said, "Well that doesn't make any sense because I have insurance." So then the next one it was like, "Well, we don't have any openings but you can go to our [locations in other cities]." I'm like, "Well, that's like a 50-minute drive." The one close by, they're like, "Well, we're not taking any new patients." So it was a very frustrating two days.

Parents also cited instances in which insurance providers and doctors did not coordinate to provide the necessary documentation for children to receive services.

> Because we have an HMO…we have to have referrals for everything. I have to have authorizations for everything. So it's like I told the doctor...'You knew that you needed to make this, you needed to fill this form out. Why didn't you do it?'

Different agencies may also have duplicative processes required by insurance, which can leave parents feeling frustrated.

> [One agency] I called [for my son]… told me that he had to see their medical doctor, too. He has a doctor. Why do I want him to see your doctor, when you're going to counteract what my doctor's already doing?

Some providers noted that some services they can only provide to children if they Medicaid, not if they have private insurance. "We have a lot more that are available for children with Medicaid than children with private insurance and we just wish we had the same programs available to everybody."

Another barrier to coordination of services in the current systems of care is the lack of effective and timely communication among providers. For example, a provider might refer a family to another service, but that provider has no way of knowing that the family took advantage of the service. "We don't know that they haven't followed through with services that we've tried to link them with, and we don't know till a month later that they didn't show up for the appointment." Because the agencies are not connected and sharing information, there is no transition assistance for families going from one agency to another. "We have a lot of great organizations doing a lot of great things, but [we need] to ensure that those warm handoffs are

happening." A warm handoff—an introduction of the family from a provider who knows them to a new provider—can help shore up gaps in care and make a family feel more comfortable trying to navigate the system.

Service providers in some sites described previous efforts at providing service coordination through programs such as wraparound, but funding for these efforts has been inconsistent:

> We did wraparound… through [an earlier Illinois Children's Healthcare Foundation grant] and so we had flex funds available via that grant, which is now over, so we don't have our flex dollars, anymore. We're back [to] attempting to do wraparound without being able to provide that support for families.

When funds are no longer available, groups created through earlier grants may still meet, but they reported that "they don't have any funds" to drive their work. Some of the funds that are available are only used for a small group, like juvenile justice programs, which, in one community, was described as "a mini system of care." This program is available to few youth.

3.2 Leadership

Planning and implementation efforts require effective leaders in order to accomplish their goals. During the site visits, participants were asked to describe the individual(s) who provided leadership and the strategies that they used to guide activities during the planning stage. Similar to the sites themselves, there was diversity in the leadership structures that were in place during the planning year. In most sites, project leadership was provided by more than one person, with leadership tasks apportioned based on individual skills and aptitudes. In one site, however, almost all of the leadership activities were provided by the project director. Both types of leadership (shared and individual) were described as effective by the majority of stakeholders who participated in the planning process. One variable that seemed to contribute to the effectiveness of project leadership was whether or not the team members had worked together on other projects in the past.

In one of the sites, participants described a shared leadership structure in which several people took on responsibilities during the planning year:

> “I can think of a lot of [leaders] and I think that’s why it went so well, because you had a lot of people from different areas that were really excited about this project…. you’ve got people in different stages and aspects of this mental health system, and they’re all putting it together, and the different agencies are like yes, now we can work with these people, and it’s not muddy.”

In this site, the project manager took the lead in organizing the community planning team meetings, but also tried to “filter the leadership out a little bit. My goal was always to – yes we’re the lead agency, but this is a community project.” Team members agreed that this message of shared ownership for developing the plan came across as intended: “[They] did a

good job of saying 'this is us, this is a collective voice'… So they may have put the agenda together and facilitated the meeting. But they really encouraged input, that we all understood that this was a collaborative effort."

The shared leadership that developed at this site was effective, in part, because many of the individuals on the planning team had worked with each other on previous grants and projects before, which provided them with a shared history and knowledge that facilitated decision-making:

> And being able to sit around the table and assess, or know what gaps are there. And what this [project] could fill. And sometimes that makes the conversation so much easier, because we already, like the shared history, we already have a pretty good idea where those gaps are and what can we do, how can we structure ourselves to fill those…. [S]ome of it is the relationships that are already there. So you're sitting around a table with people that you maybe have worked with. So, you can go well, it was just like that time, remember? Oh, okay, okay. Let's do that.

In another site, a shared leadership model was slower to emerge, in part because the project manager and stakeholders involved in the community planning team did not have a history of working together on similar projects. Site visit participants reported that although the agencies were used to sharing community resources, they needed some direction from the project director on how to move forward with the planning process:

> What's the best philosophy of how we implement this in our community, when one of our strengths is we tend to like each other, share resources well, maybe not in a very organized way, maybe not in a way that's easy for parents to figure out. But I feel like the agencies have great relationships. It was a long journey to even get to the point where we could articulate leadership.

In addition, the leaders in this site were less adept at assigning roles and tasks to the community planning team members, which led to feelings of frustration and confusion during the first few months of the planning year:

> When it came to implementation – one of our first implementation steps, that was a rough patch, a lot of starts and stops… And then we realized the need for more of an infrastructure, and that's when the executive team was formed, and they began to work on a governance board. We began to define some of those roles, and the purpose of each, and then it helped clarify the role of the community planning. I think we only got there a couple months ago, and then all our stuff had to be turned in.
>
> There was work groups going on but some of the work groups didn't know what they were supposed to be working on, so that became an issue. Which group was I on? Governance, and then where do I start? What do I do? Bylaws? I don't know. So I think we were all just fishing for what are we supposed to be doing next.

One suggestion that emerged from this site was that it would be helpful to have a template or guide for accomplishing the tasks that were outlined for the planning year:

> I wish that there would have been some kind of structure that said, "Okay. This is where you need to start, and if you've already nailed that process down, here's the next step that you need to do." I really felt like a fish out of water [be]cause I've never done something like this before. I mean we bring people together around issues to talk about how do we resolve them, but this was so specific as to those objectives that we needed to accomplish. Yeah, it would have been nice to have a template.

Another site had a more traditional leadership structure in which one individual organized and guided the planning team and provided the overarching vision from which most of the activities emerged. According to one participant from this site, "[T]his all started in [name's] head, and I think she's done a phenomenal job…I didn't know [name] outside of this project, so the respect that I have of her as a leader and her vision and her way to communicate that and pull others into it, I mean, I think she's unbelievable at what she does." All of the participants we spoke with at this site identified this individual as the leader of the planning efforts: "She's the one who sort of came up with all of this, and I think she was strategic with pulling [another project leader] in…I think that's very clear; she's the leader of this."

The leader/project manager at this site did not organize and execute all of the planning year activities by themselves. They were able to engage with and assemble a small group of individuals that functioned "almost like a little bit of an executive committee of the core team" to "make sure that we're progressing in the areas that we're establishing." A member of this executive team agreed that they looked to the project manager for direction and were able to contribute suggestions and move forward with implementing the ideas:

> So I think they kept us focused and sort of gave us the outline for what we should be contributing to, but I think that the core group meetings you had a group full of leaders. So all they had to do was throw the bone, and we all were offering suggestions and ideas and things like that. But definitely they organized us into how to contribute to that process.

One of the sites had a traditional leadership structure in which one person recruited all the members of the community planning team, organized all the meetings, and developed most of the activities that were included in the site's strategic plan. This individual put a lot of effort into engaging community partners and building enthusiasm for the project, often meeting with potential partners for one-on-one meetings at their agencies:

> So I think part of it was meeting with them one-on-one and having conversations about what they feel like the community needs and how we could enhance and strengthen the mental health wellness of our youth and families…They're connecting with me. I am like a person that they can trust and if they have a question they can come to me. So I'm not

> just this random person who's … they don't know. They know me and they know what I'm about and so I think that has helped with the buy-in too.

This strategy was successful in engaging people in the planning process. Every single person that we spoke with had high praise for the efforts of the project manager, describing her as "warm and inviting and very collaborative:"

> [the project manager] pulled it all together…I mean, I can't emphasize this enough: you're always going to have a lead agency, and if you're going to have someone be in a lead agency that's going to do that, you have to have a champion. And she's been phenomenal. It hits right at where her strengths are, which is really, really good. You have to have someone who's passionate about it, otherwise it could flounder.

> [the project manager] is very organized. She's very passionate about the project, and has been from the very beginning. She has a – her strengths are that she is willing to go wherever she needs to go, and meet with people one-on-one, as well. I do think that's helped, actually, now that you mention that. She's the type of person she'll, "Oh, I can come to you and I'll meet with you," and I think that's made a big difference, because people don't have to come to you or they don't have to do it over the phone, so she's been able to make connections that way. Hm – I think of her as very task-oriented, like, if this is what she's supposed to do [laughs], like, she's that kind of person. And with this project, that's a – like, if she knows she's supposed to do these things, she – and she's able to set her own, you know, agenda, and follow through on those things.

> I can only speak to how [the project manager] made me feel, and she made me feel that it was vital. And she would constantly send me, you know, just a reminder and say, "You know, your role is very important for me to be aware of, you know, your thoughts on this and what role, because you do so many different programming." So, I will have to say, she made me feel vital to the process.

The project manager in this site went above and beyond to make sure that the community stakeholders felt valued as part of the planning process and the efforts paid off. However, the project manager also spent a great deal of energy in engagement efforts and expressed a desire to share the leadership responsibilities with other members of the community planning team. Despite her efforts to turn over some of the leadership responsibilities to others, she felt like most of the responsibility for decision-making fell on her:

> You know I would love for some to say you know, "Let me come along side you." Like, "This isn't my effort, this is a collective effort." But I have very much been the leader and sort of the orchestrator of all the parts. So basically I'm coming up with like a million ideas and then I'm like, "What do you all think?" "What do you all think?" "What do you all think?" I mean never maybe like, "I've got ideas." And not because I don't allow for ideas, they just they don't, they don't have any ideas or how we can solve things or how we can… So that's where we've been.

Clearly defined decision-making processes were a source of frustration in another site as well. One participant expressed confusion over the differences between the decision-making authority of the leader and the role played by the community and the Executive Planning Team:

> I feel like there's really wonderful people on the planning team with all really great intentions. And there's tons of possibility. But I think there's some challenges about how to make decisions collectively. And I asked a lot of questions about that, and it's… unclear how much [the planning team compared to the funded agency makes decisions]. Does [the funded agency] just make the decisions, and the planning team just approves them? It's never been totally clear, and I think that we've been trying to figure out what exactly is the role. Do they vote on stuff? You know, and it's kind of like, "Well no, we're the ones actually carrying it out. We're the ones who got the grant so then we're going to decide." I've never been totally clear on that decision-making process.

The result of this confusion was that some participants felt they did not understand where the project was going or what it was trying to achieve. "I'm never totally clear about exactly where the decision is going to get made or when…. I don't always feel like I'm totally plugged into what the vision is." When roles and responsibilities are unclear, the sites' planning teams may struggle.

As the projects expand in scale and scope during the implementation period, it may no longer be possible for sites to depend on one leader. Some sites suggested the planning team may need to break into several subgroups for implementation, which can provide more layers of leadership.

> Moving forward they were going to designate the leaders of the implementation committees, and then they asked people to e-mail where they were interested in landing on the implementation stage. Then the leaders would contact us to have a meeting, and we were supposed to have the first meeting by December. Then [our site's leader] would convene all the leaders to the executive board committee meeting to discuss the first stage of implementation.

Several sites mentioned that the leadership structures in place for the planning process may need to change as the project goes forward. One site noted that their current leader was the right person for the planning process, but may not be the person to see the project through six years of implementation. Other sites noted that their projects themselves were going to change, and this could require them to adapt leadership structures to meet new and unexpected demands.

> It's really seeing what life actually looks like once we walk through the door, and then having ongoing discussion where we're sharing that experience, and trying to sort of finalize the process. We have an idea of "This is how [providers] are going to identify

> clients" and "This is where referrals are going to go" and "This is how they're going to come back to us" and "This is what we're going to do" and we have a blueprint of what that all looks like… But I'm interested to see how much of that in real life plays out the way that we think it's going to and how much of that that we're going to have to come back together and have some discussions. We [are building] the airplane in the air as we're flying it… We have a great idea, but we're really building it as we're doing it.

This plan to expect change may be the most effective form of leadership. Leaders who are flexible and know when to turn over a piece of a project to a champion may ultimately be most effective at guiding their sites to success implementing their plan for system and community change.

3.3 Community Planning Teams

One of the first tasks of the planning year for each funded community was to assemble a community team of stakeholders who would guide the planning process and remain involved in the grant for the duration. To accomplish this, each funded organization recruited broadly from the community, using guidance from ILCHF to identify who should be invited.

> We looked at the requirements for who needed to be involved in a system of care. So schools, primary care, and mental health were the three main categories we needed to have. And so since we were already in the schools, we sent invitations out to everybody that we have MOUs with. And so that's almost every school district in the four counties that we serve. We also already have working collaborations with a lot of people in either primary care of community health or schools through those community coalitions. And so we invited all of those people as well.

Some of the connections to other organizations in the funded communities already existed, and this helped assemble the group. For this site, building on existing relationships helped create a strong team from the beginning.

> I think our strongest point for getting the grant in the first place is we're already very collaborative. We have to be because we have no services. All these companies or community partners, they already have collaborative—they're already working together, so it felt natural to have something.

Though one organization received the funding in each community, part of their recruitment pitch for the community team was noting that the grant was for the community, not for any one agency.

> We're trying to get everybody together and really say, "How can we help you? How can we support you?" Because we know that this… whole thing is really hard. It seems very stressful and really we want to support you so you can support the kids.

Participants also noted that representatives from some organizations and areas were not represented on the community team. Participants across communities identified a diverse array of organizations or professionals that were under-represented or not represented at the meetings, including churches, schools, primary care physicians and others from healthcare organizations, child welfare, juvenile justice, and governmental bodies connected with substance abuse and mental health.

To keep the large groups organized, participants identified efforts to set convenient meeting times with agendas set in advance by the organization that received the grant. "It was a structured meeting. You had an agenda, and then you would go over where you had been and where you're expected to go today. It's definitely structured as you would have any business meeting." Participants appreciated that their time was respected because the meetings were organized. "I never felt like there was a waste of time or I could have been doing something more important. It was really well thought out and progressing appropriately." Having meetings at breakfast or lunchtime with food provided was one strategy that participants appreciated. "A lot of the meetings were scheduled around lunch hour or first thing [in the morning]. [The project leader] always provided food, which I think brings people in." By fitting the meetings to people's schedules and holding organized meetings, participants felt committed to the group and its mission.

As the meetings progressed, one of the main activities was brainstorming what the grant could do for their community. Community team members tried to address "what… we really want to see come out of this" and "what services already exist, what services need to be, how can we reach those goals…" This process generated a lot of ideas for what specific activities the group should pursue.

Community team members were often in agreement with each other. This was sometimes a strength for the group. "Luckily we all are pretty much on the same page. We know what our gaps are. They're all active members of the community and there was never really any discord with deciding things." "It's whoever wants to speak up and share an opinion. We haven't had to do any votes for anything yet, not even for the exec team. It's been pretty much like everybody's on board." When everyone comes to consensus quickly, the group can move on to other matters, including planning how to implement chosen activities.

Several of the sites would break the larger community planning team into two (or more) subcommittees, such as a community team and an executive team (sometimes called other names by sites). The executive team focused on more in-depth issues and offered more guidance for the exact activities of the project. The community team was focused more on creating buy-in and allowing people from diverse backgrounds and organizations to have a say. Many organizations also created working groups to focus on specific areas of need, like planning an event or involving perspectives of a certain group like parents or youth.

One challenge with the community planning teams was keeping people engaged throughout the planning year. One participant shared a story about a member who was involved early but became burned out by the end of the process.

> [This member] was very active in the beginning and then finally said, "I can't be on the exec team anymore... It's too much. My people are overwhelmed, I'm overwhelmed, I can't do this. I support you... but I can't physically [stay involved]." He doesn't have enough staff to just be like, "Come hang out at a meeting," [and] I respect that.

The churn of the community team also meant that there were times when there was no work team members could easily undertake, in part because there were frequently new people coming to community planning team meetings.

> When you have different people come to the table at different meetings, you're always at about the same starting point. It's that reset button that keeps spinning. So for those who have been all in, jumping two feet, there becomes a sense of frustration for me, because I'm wanting to plan and let's get moving, and we keep introducing new people, and they come and go, and they get listed as being a part, then they go. So I felt like… because of inviting all the people and everybody in all the groups, it can impede a planning process.

For some groups, early momentum was lost as the planning year dragged on without specific tasks to complete: "I think the heavy lifting was done fairly early on, [and] then… it's the hurry up and wait stuff." One participant wished they had had more guidance for how to structure the planning year to avoid lost momentum.

> My thought with the grant [is] maybe to provide the leadership some direction and some key planning strategies that work well with groups of people, then train them up in those types of ways, how to manage discussions when for example somebody wants to dominate the discussion, how to keep the structure, how to stay to a timeframe… Some people have never used those kinds of things before, and that would be very helpful for them, and maybe to find particular roles in planning.

3.4 Parent and Youth Involvement in the Planning Process

One of the funding requirements for the sites was that at least 25% of their community planning teams be mental health consumers (i.e., parents/caregivers, youth). Project leaders from all five sites recognized the importance of listening to parents' voices during the system of care planning process and each project made considerable efforts to recruit parents to join the community planning teams and to maintain their involvement over the course of the year. Four of the five sites were able to recruit parents to participate in their community planning teams, while the fifth site struggled to find parents who were able to commit to the process, "People

would commit to coming and then they wouldn't come. Things would happen for them personally, which that happens, particularly already if…you probably do need extra supports."

The sites used different strategies to locate and recruit parents to join their community planning teams. The project leaders and agency staff who were on the planning teams often used their personal connections to parents that they knew and invited them to be on the planning teams. Once one or two parents were involved, they were often asked to use word of mouth to recruit other parents to join the team:

> A friend of mine who was involved with the program I think in the beginning when they were applying for the grant, she said they're looking for parents, and you'd be great, go do it. So I did, and I ended up going to the interview…for us to get the grant, so I've been involved since then as a parent.
>
> At each meeting they would say, if there's anyone else you think should be involved or you think would benefit, send us their contact information, and we'll reach out to them and get them all in the group. It encouraged each member to recruit, and I think that's how we grew at the beginning. The members kept spreading the word.
>
> And so we just asked people, do you know of a parent who you think would be good for this? And so we just kept asking and we – I don't even really know how we found a lot of them, but it was just really word-of-mouth of finding a parent and then that parent finding another parent.

One site used a unique method for recruitment that involved a community survey in which parents who have children who have been served by the mental health system were asked to self-identify if they were interested in becoming involved with the project planning process. One of the project leaders then met with interested parents to hear their stories and provide more information on what their involvement would look like. This process worked really well for the site and they were able to recruit and involve a sizeable number of parents early on:

> So, we identified parents who are interested in the planning team through our REDCap survey. So, we kind of created this database of parents and professionals, so we put out this initial survey just with some basic questions about, "Are you a parent? Are you a professional? Are you both?" Questions for the parents, we asked them, you know, "Do you have a child who has had any experience with the mental health system?" And then just some other questions about, you know, "Would you be interested in participating on the planning team? So, we were able to identify several people from those surveys, who [project staff] later…sat down with them and just kind of got to know their story. I think she had a structured interview that she asked them some different questions about their experiences and their interests. And then, once she had identified a person as a good candidate for the planning team, then we had an onboarding process for parents, just to get them up to speed.

> [A]s part of the onboarding, she talked about what the system of care was and what the grant was and what we're trying to do…the different areas of focus and system of care. So she provided them with a lot of education about what we were trying to do, the grant deliverables, you know, all of that. And then again, just kind of what it means to be a parent member of the planning team, like, why that's important to us, and, you know, why getting their feedback is important to the whole system of care principles and values.

One site had agency staff members who also were parents of a child with mental health needs, so they were able to serve a dual role on the community planning team: "[An] agency had a parent that worked for them, so even though they were an employee, they could still be there as a parent because they had valuable input as a parent. We had a couple of organizations who had brought those."

Four of the five sites provided monetary incentive to parents to increase participation, including stipends for meeting attendance and reimbursement for mileage and child care.

> We provided mileage stipends and childcare stipends and participation stipends when they came to meetings. And so they got a certain amount for the length of the meeting and then they got mileage stipend if they wanted it. They were offered childcare stipend, which no one ever asked for until our very last meeting when someone was like, oh yeah. So we tried to remind them of those things, but for the most part they got mileage stipend and participation stipends for coming.

> We had a stipend of $25.00 for every meeting that they attend…And then with meetings, when we had meetings here, we provide on-site child care if they need child care, or the other site would do child care for the parents if they were coming down.

> And so I wanted it to be more welcoming for parents and just for them to be able to attend we moved it to the evening. We added a meal so that it would just be easier. If you're asking people who have children to come to an evening meeting then that just takes one thing off their plate, that at least they don't have to try to eat before they get there…We're also providing stipends for their time in the form of gift cards and mileage reimbursement to try to make it possible so that we're valuing their time. Since we're all being paid to be there, why not value their time too?

This seemed to be an effective strategy for facilitating parent engagement in the planning process; the site that had the most difficulty maintaining parent involvement was the one site that did not utilize incentives for parent participation.

During the site visits, separate focus groups were conducted with parents and other members of the community planning team, so that parents could describe their experiences as part of the planning team in a confidential setting. Although all of the parents felt that their voices were

valued during the community planning team meetings, some parents felt intimidated about speaking up in the presence of mental health professionals and other service providers.

> [I was] asked to co-facilitate… a workgroup project. …Just [as] a parent—I'm not a clinician, I work at a university, I don't have any clinical background…—I sometimes do feel overwhelmed… when they start [using technical or medical jargon]. And it's hard to follow. Several people do stop and [ask], "Well, for those that don't understand, what is this? What does that mean?"

Parents at another site describes similar feelings:

> *Participant:* Yeah I mean I'm sometimes a little intimidated.
> *Participant:* Yeah because sometimes they say it's like, um, because I used to work for a psychiatrist too so I have a little bit of knowledge as well, but it's think like you know they are like more into depth, because they work with that on a daily basis so it's theirs is a little more extreme. So it's like it's pretty much just us coming in as a parent you know feedback.
> *Participant:* Right.
> *Participant:* But they do listen and they work well. They always ask, "Well what do you guys think?"
> *Participant:* Right.
> *Moderator:* So did anyone facilitate the conversation? Like help you out? Like you say sometimes you feel intimidated so does anyone help you out in the team?
> *Participant:* I think they're, I mean I think like for me it was just having the confidence to finally speak up and then they're very validating of what you say, which I think –
> *Participant:* I don't speak up. *[Laughter]*
> *Participant:* I think I only did once. I mean it's a lot to take in too, because like they're very – it's a very knowledgeable group of people from all different organizations.

And at a third site, a parent describes feeling frustrated to the point of walking out of a meeting with her son:

> But as a parent, I felt we were overshadowed by providers in the community coming to present a commercial: "This is what my place provides." "This is what my place provides. *[Affirmative group response]* We need to add this to it." And it was very frustrating, to the point that my son walked out.

Some professionals were aware that there may be times where parents felt uncomfortable or left out by the way other planning team members spoke in jargon. They discussed wanting to make parents feel comfortable:

> Sometimes my heart went out to some of them because I felt like sometimes we can make them feel uncomfortable unintentionally. I don't know the answer to that because you want people to be involved, and yet we tend to create that uncomfortableness in our setting through our acronyms, or language… Sometimes comfort is more important, and you can show more respect, and hear their voice more when they're not in a large

> group with a multidisciplinary team… Sometimes I know as an educator we can intimidate parents. I always try very hard not to, but sometimes it just naturally happens.

To address this, one site encouraged parent participation by directly soliciting verbal contributions from parents who were not speaking during the meeting and calling for parents to provide "updates on other things they were involved in in the community." Site leaders made an effort to recognize parent involvement and help them understand the importance of their contributions. A participant from another site noted that their site encouraged parent participation by asking first to "hear from our families, and then… to hear from providers." This literally prioritized parent voice and increased feelings of involvement from parents. One parent noted how they felt their voice was prioritized over other stakeholders, even when those stakeholders held important professional positions.

Another site utilized parent voice primarily in small group settings, finding this was more effective for encouraging parents to contribute and keeping meetings on task. "[We eventually learned] that parent voice was better heard and more supported when our community planning meetings had specific tables with tasks, and that those tables were facilitated like a small group, rather than having an open large meeting."

Another difficulty that occurred in some sites was that some parents, especially those that had traumatic or turbulent histories with social service systems in the community, had a difficult time moderating the amount of sensitive or personal information they wanted to share during meetings, which sometimes led to conflicts or uncomfortable interactions with other parents and members of the planning team. Several people at one site described a situation that occurred at a community planning team meeting that left the participants feeling uneasy:

> So as we reach out to parents from diverse places, we're finding their ability to – like I said it resulted in an explosion, and we realized we weren't ready. We didn't have the supports in place to even help a family participate in a meaningful way.
>
> But what she did was very inappropriate in a planning committee, and I think that should've been stopped. Because we had youth that were sitting back there…There's a time and place for everything, and I've always been taught, when I share my story…you need to share it safely.
>
> I think there were efforts made, but there was a realization, these folks, some of these families are in such hard places that they really need someone one-on-one walking alongside with them. We have folks who will sit with particular parents, but often the parents have experienced incredible trauma.
>
> I think we were unprepared, and it was a learning experience for the level of anger that people bring into meetings, like that this was going to be just like every other interaction. We weren't educated ourselves yet to really facilitate those community

> planning meetings in a way that really would foster discussion – and we didn't want to do harm.

There was acknowledgement in several sites that coaching parents on what the community planning teams do and how to balance the amount of information that they share was beneficial. According to the project director at one site: "we talked to them about it on a one-on-one basis and then talked to them all together…to let them know what the process was going to be…never leaving them out in the dark." The project director at a second site described the process that she uses with parent members of the planning committee that seemed to help parents navigate their experience on the planning team:

> I met with them individually...the interviews had a two-fold purpose in that I wanted to get some more data about the people's experience with the system, but then I also wanted them to be able to connect with me and have a relationship with me and feel safe with me with their story. And we talked a lot about like what does it mean? What does your story mean? Are you going to have to share your story in the context of the planning team? And saying like, no you only have to share what you're comfortable with, because I would say this is your kid's privacy. It's a delicate balance. That they want to be advocates and talk about theirs, but they don't necessarily want to share all the details of everything that's happened in their own family. So we had some conversations about that.
>
> And then we had an initial on-boarding meeting where we talked about their role on the team as much as I understood it was. And tried to give them a chance to get to talk to each other and to provide some support for each other in that context too…I want to have another meeting to make sure that they're having space to connect and tell their stories and see how they're feeling about the process and stuff…You want to make sure that people are feeling comfortable and like they can speak up.

3.5 Development and Selection of Strategic Plan Activities

An important task for the sites in the planning year was to develop a strategic plan that contained specific activities that would be implemented over the course of the six-year implementation period to address the 11 outcome goals. The sites used several different strategies to gather input from their community planning teams during the planning year and to select the activities to include in their strategic plan.

Some of the sites started with the activities that they had listed in their planning grant applications and then had their community planning teams work to identify the activities most likely to address community needs. During the initial phase, all the sites used group exercises or work groups with the executive or community team to discuss and select activities tied to the 11 outcome goals set by ILCHF. For example, one site dedicated tables in the room to each outcome goal and had planning team members rotate between tables and discuss what activities could address that goal.

> At two of our community planning meetings, each table had one of those outcomes. Parents got to choose where they went and begin to speak into those, as well as professionals, and that's where we started to see a little synergy, and some things start to come together, and all that information would go back to [the program staff]… and then bring it back to the teams that worked on it again… The community planning piece really is to give people a voice, and to build relationships.

Another site used a large group meeting to start to refine possible activities and to set priorities.

> At one point, we put up posters on different walls, and we walked around and wrote ideas, and we had a lot of different ideas that were written. But I think then we started to hone in and I think the parents' perspective was really needed, at that point… for parents to say what they tried or what they heard of other parents being able to utilize, and what they heard of other communities.

Another site distributed information about the outcome goals and created a document with space dedicated to each goal. This allowed the planning team members with interest or expertise related to each goal to work on the "activities and metrics and timeline and responsibilities" separately and then for the entire group to review and make "modifications to them based on… feedback." This helped create a practical plan for activities by work groups with expertise instead of having a big group produce a list of all possible activities, only some of which may have been feasible.

Starting with a large list of ideas necessitated methods to identify what the teams thought was most promising or practical. Because parents had direct experience that some other planning team members lacked, they could provide clarity on what ideas were actually helpful. Most of the sites had parents involved in the planning process, and some parents provided ideas of specific activities and offered feedback on the ideas of others.

> One of our parents on the planning team suggested the parent cafes because she had participated a few years ago and she liked those. And we had a conversation with planning team members where they talked about how they wished that they could provide more informal, non-billable supports for parents… That conversation then led us to pursuing the parent café model.

One site was even able to incorporate youth voice into the process.

> When we would have our meetings …the kids might say "this isn't something that I feel is really important." … And, we were trying to mix up, have the tables mixed with professionals, youth, adults. Sometimes we would have all the kids at one table at different meetings. [We would] try to sometimes not have them with their parents, because they would talk a little more freely if they weren't with their parents.

In addition to activities selected through group exercises or work groups, several activities were selected because the project leaders or agency staff had previous experience with implementing the specific activities. For example, a staff member from one site had many years of knowledge related to wraparound services. "I have deep, deep experience with wraparound before there was even high-fidelity wraparound. I've probably been guiding [the planning team] through this process just because of my experience with it, like we should be doing this right now." This planning team member created strong buy-in from the other stakeholders, as another participant explained. "We more followed [her] lead absorbing this or adopting this model… It was definitely [her] vision, and then I think she pulled the rest of us in by just exposing us to it." A knowledgeable, passionate team member helped the group center around an idea and move forward with it in their implementation plan.

Sites mentioned several other unique sources of ideas for activities. One site used community surveys to understand the needs of their community. Another site convened a community summit that led to several activity ideas, especially ideas about youth participation. And another site used consultants to look for evidence-based practice related activities.

To finalize their list of activities in their applications for implementation funding, all the sites had their community planning team review or vote on their final set of activities before turning in their implementation plan.

> I took all the information that they had during the planning team meetings, and I put it all together for the group… We went over this at the planning team meeting [and] made sure that people were in agreement and that we had their feedback, and that everybody was onboard and felt like this was the right direction that we were headed.

This process was intended to create buy-in for the final activities that were selected, but several participants expressed concerns or encountered challenges with the process. In some cases, it seemed no one on the planning team was willing to criticize an activity someone else wanted to include. “I think people were trying to be very polite… It might have been a squirrelly idea, and nobody wanted to say, 'Are you serious? That will never work.'” The same issue occurred at one site in which a participant felt the community planning team was prepared to approve anything the project leader proposed.

> We haven't had to do any votes for anything yet, not even for the exec team. It's been pretty much like everybody's on board… We have a lot of CEOs and a lot of presidents and a lot of directors. You would think they'd have all the things to say. They don't. They're really quiet, just more introverted, I think. And so… as of right now they haven't expressed any concerns… There's one or two that are super outspoken and the rest are just like, "This is great. I love it."

Without critical feedback, it was hard to know if the planning team was passionately behind the activities or just felt the need to concur with whatever she suggested.

Through their different methods, the sites found some consistency in the activities they chose, with all sites selecting some form of family-team meetings, in which the youth receiving treatment, her/his family, and other people contributing to the youth's care gather to discuss the treatment progress and other issues to help coordinate activities and allow the youth and family to guide the treatment process. Sites also selected activities tailored to their community's unique needs.

3.6 Readiness for Initial Implementation

At the time of these interviews, sites were just completing their planning year and moving into the implementation phase of the project. Sites were asked to describe what their next steps looked like, including what additional planning would need to be done to move forward with their proposed projects. All sites described substantial additional planning that was needed before they would be ready to implement activities designed to address the 11 outcome goals of the project.

> I would say we haven't begun to put meat on those bones at all. We've done a few things because people say "I can do this, I can do this," and we can see how we connect those with our goals, … but now beginning to put detail to the strategy, my perception is we haven't begun to do that yet.

> We've come to an agreement on the interventions that we want to do, but now it's, like, the nitty-gritty of, like, "Okay, so we know we want to do wraparound. What exactly is that going to look like? When can we do the trainings? Where are the trainings going to be at," you know, things like that more detailed level planning.

> [The site's strategic plan is] all color coded and it's huge. It's overwhelming. So how do you break that down in six years and make sure it all sticks? So that concerns me. It's such a lofty [goal --] all of these objectives that you need to address. It's a lot, yeah.... there's times where I would come to a meeting and just go, "Okay. What are we doing, again? Okay, let's explain this, again." It's just so huge.

Funding for the implementation activities in each of the five sites was contingent on approval of the implementation applications that were submitted in August 2019, and all the sites were waiting to begin activities until decisions about continued funding were made: "We also obviously have to wait to secure the grant funding to make sure [we have the money available] before we start really digging into some of this stuff." Even though all sites were funded soon after the site visits and it appears there was little doubt about that decision, sites may not have committed all available resources to starting right away because they could not sign agreements or even make promises until the funding was secured.

There were several specific areas sites discussed in terms of next steps for their plan. One involved the need to promote and sustain the involvement of professionals in the system of

care. No site was able to build relationships with every organization they wanted to during the one-year planning period and they are continuing to promote and build the involvement of professional stakeholders in the system of care.

> One thing that we'll need to do is really look at our list of who's involved and see who else we need to re-engage, because I've noticed [some group members] haven't been coming in a while. I wonder why they haven't been coming. We need to re-engage some folks and really solidify the subcommittee teams. The leadership team is pretty solid. That's still probably at least 10 or 15 people. But we need to solidify who can help with the subcommittees that we want to establish for implementation.

> Sometimes it's easier to get money than it is to get a commitment of time from people. I think that's something we want to really look to continue building toward is what are the courts doing, what are the schools doing, how are the mental health providers interacting, how are substance abuse treatment centers working. I think that will be a big one for us, but I would say we're very early on in all those conversations.

Without ongoing community involvement, the sites' plans may never be realized. Sites came to feel that the process of organizing and creating joint partnerships was not something that happened during a single year and was then complete; it is instead work that will be ongoing and will require building on existing relationships.

> This is a campaign. We need people's hearts and minds. We need to do a better job of getting out, and I think this is part of my responsibility—really selling this to people so that they say, "Yeah, I'm willing to pull teachers out of the classroom to send them to your training because this is part of something." "I'm a doctor's office and yeah, I've been hearing and seeing what you're doing. So sure, you can talk to my office manager about maybe us adding a new screening or something like that." Because if we just show up cold and we're isolated, that's a hard sell… because you're asking people to do extra work.

A few sites discussed a continued lack of commitment from key agencies in their communities. A participant from one site talked about how competition between providers was continuing to hamper their efforts to create a unified system of care. "The hospitals [are] competitors… They'll show up at the same meetings, but they don't jointly do much. And the private providers are out there… but to the best of my knowledge, they don't do a lot together." The site also acknowledged that they had not yet reached out to the private providers in "any consistent, organized way." Because the providers in their area are competitors and not jointly organized, creating a body that would bring them all together is a daunting task that could not be accomplished in one planning year. Another site cited DCFS as a desired partner that they had yet to get onboard. "We have been trying to engage DCFS, and we actually reached out to them to have someone from DCFS on our planning team, as well, and just haven't been able to get them engaged."

Sites also wanted to increase the involvement of parents and youth as their projects go forward.

> We have four pillars. Number one is the family and youth engagement piece, which is a requirement, you know, and core part of system of care…And we may have a difficult time maintaining a 25 percent youth and parent representation in every group, and even on the planning team.

One way sites hoped to maintain and increase parent involvement is through trainings. A participant at one site noted they would provide "leadership training for parents who want to become involved." Some possible leadership training would help support groups like "regional councils where the parents will [host] their own meetings." Some sites wanted to train community organizations to help them learn how to increase parent involvement. "We have also decided that we're going to be doing a training with an organization in our community that… talks about how they can incorporate parent leadership within the organization."

One interviewee talked about expanding parent peer mentoring as one of their next steps:

> We would also like to see us really look at a structure for the parent peer mentors… We haven't gotten into this a lot. There has to be an infrastructure to support them, and a place where they can go for that support. I don't think we've worked out all of that, but I would like to really tackle creating a system for that and getting some parents trained. But I feel like they need a place to reside.

One professional identified mentorship as a component of increasing youth involvement too, including building from a successful event involving high school students that the site hosted in their planning year.

> We want to build off of [our mental health] summit where the juniors and seniors led the summit, and we invited those freshman kids. So now the freshman this year will be the sophomores, and training kids to be ambassadors in their own buildings, looking for signs [of mental health challenges], how to recognize signs, and where to go for help.

One barrier to parent and youth participation may be the availability of services in people's preferred languages. One person hoped a newly formed workgroup would help to address that need as the site rolled out more services:

> So we have a specific workgroup just for the cultural and linguistic competence, to address… the biggest barriers related to inclusion, diversity, and equity that are affecting [families in our area]… We have a cultural and linguistic competence self-assessment, [which is] something that we're pushing out to all the providers in our community… It identifies different areas of needs related to training and education, policy changes, [and] administrative changes.

Sites understand the importance of providing services that are culturally and linguistically competent but cited this as something that cannot be achieved in a planning year and something that will require much additional planning and trial and error as the sites begin implementing their plans. Training was cited as a means to address cultural and linguistic competence, and other goals as well. Planned trainings sites discussed included an array of topics: wraparound, diversity, LGBTQ, immigration, trauma, parent engagement, evidence-based practices, and youth mental health first aid. One site formed a workgroup specifically focused on training, and another site is doing a survey of their system of care to identify training and education needs. The complexity of trainings forces sites to do more planning before implementing the full range of trainings they hope to offer.

Workforce issues were another oft-mentioned issue that sites said they needed more time to address. Their strategic plans acknowledged the need for more service providers, but in practice, no site had the ability to fill these needs, even after getting approved for the remaining six years of funding.

> We don't have enough early childhood mental health providers. Who are these little kiddos supposed to go to? And I just kept hearing it over and over and over, and I reached out to [a mental health agency] and, "What are you guys doing?" [They said] "We're working on it." They can only do so much at this point, too, and they've brought on more mental health providers for children.
>
> We really need to do a resource mapping to see where there's also a work force shortage and then where people can be plugged in. So for example, we have shelter staff across the city that have social workers, but because they're not a Medicaid-certified agency, they're not delivering the services, but with training, they could potentially deliver services, so we're really taking a look at that… I feel it's going to be quite possible that when we get 500 kids in here, there are going to be unmet work force…needs.

Several sites have plans for enhancing availability and use of electronic data and referral systems:

> …how can we get it to where every single person that has client contact, maybe outside of clerical, that they can get into Iris or make contacts so we have an appropriate person in Iris that can make that referral so that that's done?
>
> So, a referring agency can click any and all the agencies they want to make a referral to. The nicest thing and the key to this thing, and that's what makes the system prior so ineffective, is it electronically closes the loop. … I've seen, from a technology standpoint that really could make a difference and be a game-changer.
>
> I've already gathered all the data [for a dashboard]. It's just a matter of me designing and making it. I'll be making it in Tableau and then it will be housed on our behavioral

> health council website...I know what the content is. I have all the data. I just have to make it…
>
> My highest priority, actually, in this strategic plan… is the data sharing; [the software they are considering provider] a really cool online portal where a clinician can start entering the presenting problems and then all of the evidence-based practices populate. …So we're looking at getting that as a resource across the board to inform more evidence-based practices with the kids that come into the program.

As a participant noted, however, it is not enough to simply create the system and hope other agencies use it. "You've got to have someone that goes in and look at it every day…" and this requires sites to continually engage providers to ensure they are using the system and not ignoring it.

Several sites discussed plans to implement wraparound services in 2020. One site has a concrete plan to implement wraparound services with a selected group of families. A wraparound coordinator has been hired and participated in training from a national wraparound program. Other wraparound staff have been hired and supervisors for wraparound providers have been designated. One site is planning a pilot wraparound program with six partner organizations, including several schools or school districts, an early daycare provider, and a pediatric practice. These organizations are planning to screen for children in need and connect them to wraparound services. In another site, professionals from three mental health service agencies at the site looked forward to utilizing wraparound services once the implementation phase of the project began. They had implemented wraparound successfully in their agencies in previous years. Agencies had formerly used state funds to provide flexible funds for wraparound and one agency had previous funding from ILCHF on another project that they used to support wraparound. But this funding was no longer available and wraparound has fallen off. Now the site is planning to implement wraparound again soon. Sites' commitment to wraparound is illustrated in the following quotes:

> I think if we get to that place particularly for wraparound if…that's our culture like some of it will just be built in as part of what we do, instead of this extra perk we get or this extra thing we have to do. It's more of, "This is part of our process."
>
> [name of agency], they're already doing some wraparound work within the community. … we've had some individual meetings with them, just to talk more about, you know, their experiences with wraparound, and how we may, you know, kind of roll this out throughout the entire county… And so, you know, so we're looking at it kind of from two different levels of, "Okay, with the mental health organizations, what do we need to do for them, to get them kind of up and running with wraparound." …But then, for the planning team, we want to keep them involved in wraparound…providing them kind of an overview of the wraparound training and… how – you know, what their role might be.

Sites also had other concrete plans for upcoming changes in service delivery:

> The community navigator will do a basic needs assessment with the family, and see what other chaos is going on in the house, that we might be able to address – food insecurity, housing, family, the parent needs mental health services – so we will work with them. We've just spent a considerable amount of money, in our first year, beefing up this…our plan is to develop parent peer mentors – peer parent mentors – but also, if you have a neighbor, a friend, a relative that you want to journey with you, we will train that person about being a mentor
>
> One of the things that I know we'll be kicking off this fall…[the mental health agency] worked with the schools to apply for the National Council for Behavioral Health Pilot of teen mental health first aid. They were selected for that and I know they're going to be going to training here in the next month.
>
> …we kind of see the…initial screenings coming from the schools. And if someone that is identified as having some behavioral health needs, then they'll get referred.

In summary, at the end of the planning year, sites were still busy with further planning that was needed to address the 11 outcome goals of the project. They had plans to increase engagement of both professional stakeholders and families. Several hoped to take steps to enhance their workforce. Across sites, a wide variety of trainings were planned as well as efforts to improve electronic data and referral systems. Sites had specific changes in service delivery they anticipate implementing, and several sites' plans for the next year included implementation of wraparound services. However, although all sites had some activities that were ongoing or ready to start, no site said all their activities were ready to implement. The uncertainty of funding, the need for re-application when the planning year ended, and the overall complexity of these projects left all sites only partially ready to begin their proposed work when their proposals were accepted for the implementation funding.

4. Discussion and Recommendations

To prepare their applications for an additional six years of funding, the five sites selected by the Illinois Children's Healthcare Foundation embarked on a 13-month planning period in which they assembled community planning teams, engaged parents and youth, and planned activities designed to address the 11 outcome goals of the Children's Mental Health Initiative (CMHI) 2.0. As part of the evaluation of this project, the Children and Family Research Center conducted focus groups and interviews in each of the five sites at the conclusion of the planning period to understand how stakeholders approached each of these tasks. The information collected during the site visits also allowed us to describe the mental health systems of care at the beginning of the planning period as well as the readiness in the five sites for implementing the activities in their strategic plans during the next phase of funding.

Our analysis found that all sites accomplished the broad goals of the planning year. They identified gaps in their current system of care and selected activities designed to address these gaps and achieve the outcome goals specified by ILCHF. Sites chose leaders for their projects and assembled planning teams made up of diverse groups of stakeholders. Most of the sites were able to involve parents as active participants in the planning process, although one site struggled to involve parents and all of the sites had a difficult time involving youth.

There were challenges to the planning year as well. Project leaders in some sites had difficulty bringing key partners, such as primary health care providers and child welfare, to the planning team. Planning teams managed different areas of expertise as well as varying interests and priorities. Almost all sites noted that they had few programs or activities that were ready for implementation immediately after their applications for funding were approved.

The information collected during the site visits with the CMHI 2.0 sites suggests several ways in which efforts to implement systems of care could be enriched:

1. Leadership emerged in different ways across sites; some sites divided leadership roles among several individuals and in other sites one person maintained most of the leadership functions. The leadership in each site was successful in guiding the development of the community planning team and the strategic plan; but different interviewees reported some stress related to leadership tasks. As sites move into the implementation phase of their projects, some interviewees discussed the need to adapt leadership structures to meet new demands.

   Recommendation: Each site could benefit from devoting time in the community planning team to assessing its current leadership structure and adapting it to meet the project's needs during the initial implementation phase. If needed, sites are also encouraged to take advantage of the consultation around leadership that is available from the University of Maryland.

2. Crafting the infrastructure needed to implement a system of care from whole cloth is daunting, especially for leaders and planning teams that have not worked together on projects of similar scope and size in the past. Sites were provided with many resources during the planning year, including regular required meetings, opportunities to meet with mentors from past sites, and presentations from experts. ILCHF also had a partnership with system of care experts at the University of Maryland who are available to provide technical assistance to sites in the SOC development process. Yet interviewees from at least one site wished for a more specific template or guidelines for system-building efforts and felt that this type of guidance would have made their planning year more efficient.

   Recommendation: Sites may benefit from greater use of available technical assistance on system-building efforts. The sites and ILCHF may especially want to take steps to increase the use of resources in the latter part of the planning year, when the

community planning team has progressed and work on system-building and development of a strategic plan is particularly critical. Sites may also be able to help each other by sharing news of their successes with system-building and strategic planning during the planning year.

3. It was sometimes challenging to keep community planning team members engaged throughout the planning year. Some members became "burned out" and inconsistent attendance sometimes limit the team's effectiveness. Lulls in activity could lead to loss of momentum. Some important agencies and professionals were not yet involved in the team.

   Recommendation: Leadership in each site should endeavor to make sure that community planning team members gain something from their participation throughout the planning process. Proactive methods to recruit, engage and support community planning team members seem to be necessary. It would be helpful for sites to share information about their most successful strategies. Those sites that have struggles in this area may want to seek technical assistance specific to the development of community planning teams.

4. Sites had varying success engaging parent and youth participants in planning and all sites needed to recruit more consumers. Monetary incentives were helpful in engaging caregivers in several sites. Methods such as letting parents speak first in meetings, and engaging them individually and/or in small groups before involving them in the larger community planning were also helpful methods. Each site had some methods that were successful but could also try others. The development of a multi-site caregiver learning collaborative has been promising in CMHI1.0 sites and could be developed in the current project.

   Recommendation. Sites could improve caregiver and youth strategies by sharing their best ideas. They could consider developing cross-project best practices for family engagement. Sites could also collaborate on developing a cross-site parent learning collaborative to support and engage caregivers, potentially increasing awareness and motivation of caregivers to participate in the project.

5. In this project, the Illinois Children's Healthcare Foundation provided one year of funding for planning and six years of funding for implementation, contingent on a successful implementation application. Structuring funding in this way presented some challenges for sites. Several sites noted that momentum on the development of the project slowed because their early accomplishments could not be followed up with more action. Even though all sites received the additional six years of funding, sites received no advanced assurance that this would happen. This meant that some sites could not sign partnerships or commit resources in advance of receiving their funding. Sites who made early progress reported that they were held back by a lack of funding

Across sites, considerable planning remained to be done even after the one year planning period. All sites needed to do more planning to determine how they were going to address the entire set of 11 outcome goals. ILCHF requires a one year planning period before it provides funding specifically targeted for implementation, but recognizes that the distinction between the planning and implementation periods is somewhat arbitrary. They understand that planning beyond the initial year is needed, and also that sites may be ready to implement certain service activities before the planning year is over. Note that the fact that sites' strategic plans in their implementation grant proposals included more planning activities to address the 11 outcome goals was not a barrier to receiving implementation funding.

Recommendation. The sites and Foundation would benefit from an explicit understanding that the division between a planning year and implementation years is somewhat arbitrary. If sites are ready to start partial implementation in the planning year, sites could re-allocate part of their planning year funds to implementation activities. ILCHF could consider establishing benchmarks for sites to meet to gain earlier access to additional implementation funding.

Appendix A – Focus Group Protocols

Focus Group with Service Providers/Community Stakeholders

1. **Introductions:** Before we get started, let's go around the table/room and do some introductions. Can you tell us your name, the agency or organization you work at, and a little bit about how you have been involved in the SOC implementation planning process to date? If needed, follow up with questions about the type of services their agency provides, and the length of time their agency has been involved in the SOC implementation planning process.

2. **Current SOC**: The definition of system of care used by the ILCHF is: "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."

   Can you describe the current mental health system of care for children and youth in your community? Specifically, talk about the level of coordination or integration of services in your community.

3. During the past 13 months, your community has been developing a long-term plan to implement SOC, and those efforts have been supported by a planning grant from the ILCHF. We want to learn more about the methods you used to develop your strategic plans for implementation. We have reviewed the implementation grant application that your site submitted, so we are familiar with the activities that are contained in the strategic plan. We are interested in learning about the different **ways** that sites worked together to develop their plans. We have a series of questions to learn more about that.

   Can you tell us about the **community planning team** that worked on the planning process? To what extent were you/your organization involved in the team? What processes were used to gain buy-in for the SOC planning process from different child-serving agencies? Were there any organizations/agencies were not involved in the planning efforts that should have been?

4. Can you tell us about the community planning team (CPT) meetings? How often did you meet? Who set the agenda? What types of activities were on the agenda? Were the meetings conducted efficiently, in other words, were important tasks prioritized and accomplished at the meetings?

5. Were parents and youth involved in the planning process? If so, how? What strategies were used to recruit and involve them in meaningful ways? Which strategies were most successful?

6. Leadership: Who provided leadership during the planning process? How were these individuals selected as leaders and what kind of guidance did they provide for the project?

7. Communication: How did teams and individuals communicate with one another during the planning process? Was the information that you received through these communications adequate, in terms of frequency and content? In other words, did the communication allow you to continue to work effectively in planning for the SOC implementation?

8. Developing the strategic plan: What processes did your CPT use to decide which activities to focus on in your SOC strategic plan? In what ways did different members participate? How were the final set of strategies selected? What additional planning does the CPT need to do?

9. Were any data collected during the planning phase to inform the team's decisions? If so, what data and how were they used?

10. As your community moves forward into the next phase of implementing systems of care, do you have a formal structure for management of the SOC implementation? Can you describe what that looks like and how it was developed?

11. Has the CPT thought about a model of financing the new system of care? What are your plans for developing a financial model?

12. Looking back on the planning activities that occurred during the past 13 months, were there any barriers to working effectively together as a team? If so, what were they? (Alternatively…….what lessons were learning about effectively working together as a community planning team?)

13. Is there anything else you think it is important for us to know about the planning phase for your SOC grant?

Focus Group with Parents

1. **Introductions:** Before we get started, let's go around the table/room and do some introductions. Can you tell us your name and a little bit about how you have been involved in the SOC implementation planning process to date?

2. **Current SOC**: The definition of system of care used by the ILCHF is: "a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life."

   Can you describe the current mental health system of care for children and youth in your community? Specifically, talk about the level of coordination or integration of services in your community.

3. During the past 13 months, your community has been developing a long-term plan to implement SOC, and those efforts have been supported by a planning grant from the ILCHF. We want to learn more about the methods you used to develop your strategic plans for implementation. We have reviewed the implementation grant application that your site submitted, so we are familiar with the activities that are contained in the strategic plan. We are interested in learning about the different **ways** that sites worked together to develop their plans. We have a series of questions to learn more about that.

   Can you tell us about the **community planning team** that worked on the planning process? To what extent were you involved in the team? Were there any organizations/agencies were not involved in the planning efforts that should have been?

4. Can you tell us about the CPT meetings? How often did you attend? Who set the agenda? What types of activities were on the agenda? Were the meetings conducted efficiently, in other words, were important tasks prioritized and accomplished at the meetings?

5. How was parent feedback and input integrated into the work during the planning year? Do you think that parents were equal partners during the planning process?

6. How were parents recruited to be part of the CPT? What strategies could be used to increase parent involvement in the planning and implementation efforts?

7. Leadership: Who provided leadership during the planning process? How were these individuals selected as leaders and what kind of guidance did they provide for the project?

8. Communication: How did teams and individuals communicate with one another during the planning process? Was the information that you received through these communications adequate, in terms of frequency and content? In other words, did the communication allow you to continue to work effectively in planning for the SOC implementation?

9. Developing the strategic plan: What processes did your CPT use to decide which activities to focus on in your SOC strategic plan? In what ways did different members participate? How were the final set of strategies selected? What additional planning does the CPT need to do?

10. Were any data collected during the planning phase to inform the team's decisions? If so, what data and how were they used?

11. As your community moves forward into the next phase of implementing systems of care, do you have a formal structure for management of the SOC implementation? Can you describe what that looks like and how it was developed?

12. Looking back on the planning activities that occurred during the past 13 months, were there any barriers to working effectively together as a team? If so, what were they? (Alternatively…….what lessons were learning about effectively working together as a community planning team?)

13. How do you think that your participation in the community planning team has benefitted the planning process? Has your participation benefitted you personally? If so, how?

14. Is there anything else you think it is important for us to know about the planning phase for your SOC grant?