Children's Mental Health Initiative
CHMI 3.0

No Wrong Door

APRIL 26, 2021

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CHMI 3.0

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Overview

- The Children's Health Initiative or CHMI 3.0 is a need identified by the Greater Peoria Mental Health Initiative, led by UnityPoint Health Methodist Medical Center.
- The overall goal is to provide children and their families, with lived experience, a formalized System of Care in Peoria, Tazwell, and Woodford Counties.

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What is a System of Care?

- Broad, flexible array of effective services and supports for a defined population
- Organized into a coordinated network, integrates care planning and management across multiple levels
- Culturally and linguistically competent and trauma-informed
- Meaningful partnerships with families and youth at service delivery, management, and policy levels
- Supportive policy and management infrastructure
- Data-driven

Logic Model

Program: Greater Peoria Mental Health Initiative **Logic Model**

Inputs	Outputs		Outcomes -- Impact		
	Activities	*Participation*	*Short (0 - 6 months)*	*Medium (6 - 18 months)*	*Long (18+ months)*
Existing relationships with children and families with lived experience Community Planning Team with documented commitment to improving behavioral health care for children throughout the region The Partnership for a Healthy Community convened by local Hospitals and Health Departments to implement a community health improvement plan which addresses priority health issues in Peoria, Tazewell, and Woodford Counties with a desire to provide integrated community-based health and behavior health supports for overall well-being of the tri-county population Dedicated community partners with expertise in children's mental health care, education, public health Passion and commitment for the work and CASSP Principles Experience in program and system development Dedication to the integration of behavioral health services in the regional school systems Strong technical infrastructure ICHF resource guides for implementing a community system of care	Create consumer advisory board of those with lived experience to inform all elements of care management Continuous engagement of youth and families utilizing system Develop executive leadership committee and planning/implementation committee System-wide training on system of care terminology and philosophy of care Standardization of intake forms across organizations Establishment of a HIPAA/FERPA/Confidentiality Act compliant process for data sharing across organizations Determine measurement methodology and create a regional children's mental health dashboard to efficiently share outcome metrics with all regional partners	Dedicated 1.0 FTE Project Director and 1.0 FTE Data Manager Children and Families with lived experience in the region UnityPoint Health as Lead Organization Partner agencies Leadership and decision-makers Lead Agency and Partner agencies.	Hire Project Director Schedule and format for all committee meetings (executive leadership, planning/implementation, and consumer advisory board) Formalized process for incorporating input from people with lived experiences to guide implementation plan Consistent understanding of terminology and system of care philosophy across partner organizations Development of data system and collection of baseline data Develop modality for transparent and on-going communication and information sharing with community	Formal strategic plan Continued engagement, communication, and transparency with youth and families accessing system Development of outcome metric dashboard to ensure ongoing data analysis to assess progress towards system initiatives and system of care goals Increased coordination and communication between providers Implementation of coordinated system of care Ongoing qualitative process journals	Continuous improvement process outlined and implemented advised by measurement and analysis to ensure long term sustainability Improved outcomes including CMHI defined outcomes, and those added by youth, families, and local partners supporting children, youth and families with or at risk of mental health issues Formal integration of community voices across all service providers Ongoing commitment to the process reflected as the standard of care in the community Implementation plan and toolkit in order to assist in the rollout of system of care model in other regions Long term sustainability plan and financial model

Approach: No Wrong Door

Coordinated Care

- Any child and their family can be entered into this new system of care through any provider
- They will receive coordinated care management across all the providers that are a part of this System of Care.

Statistical Motivators

- 2019 Tri-County Area CHNA Survey: Residents were asked to identify the most prevalent health issues in the community.
- Mental health was identified as the most significant issue (69% of the population).

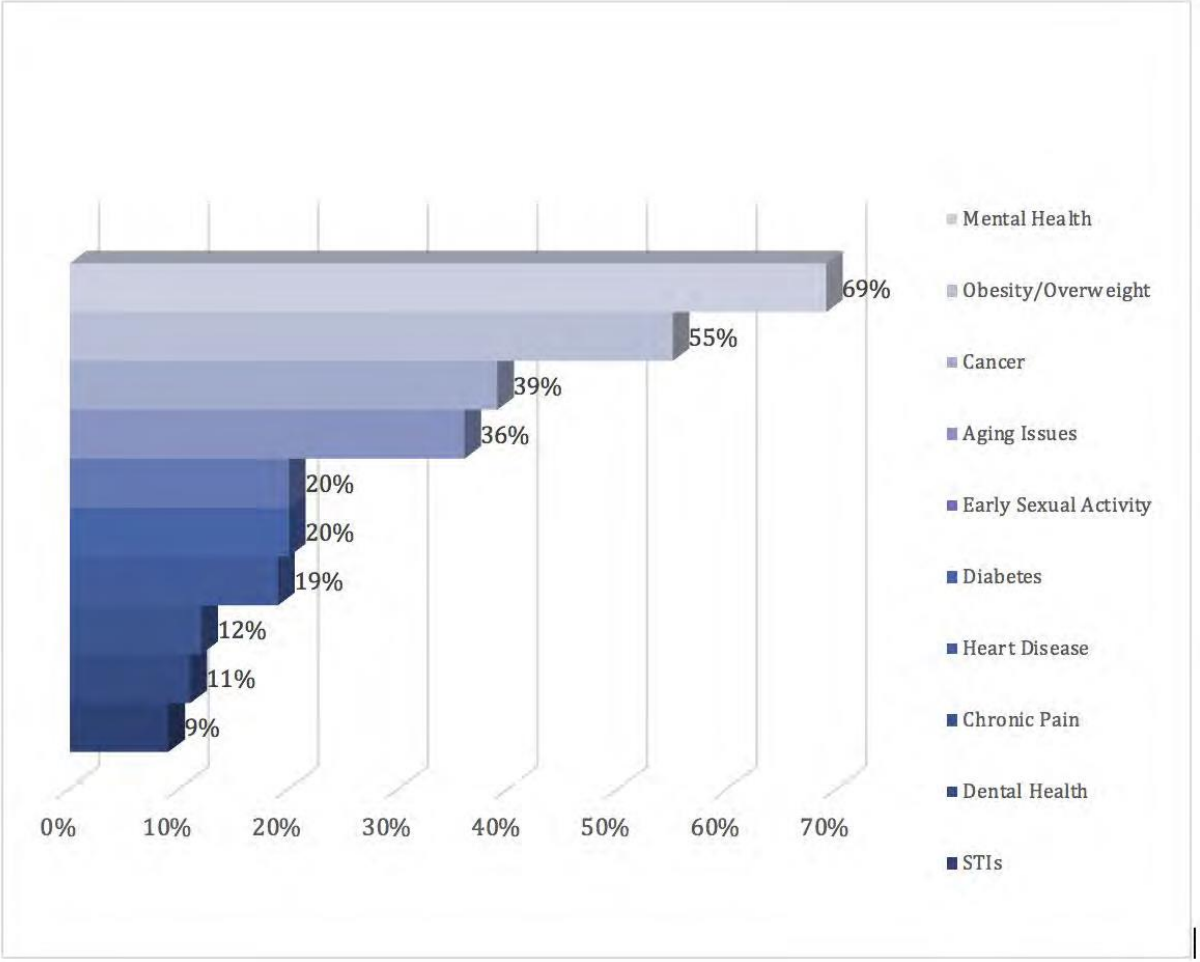


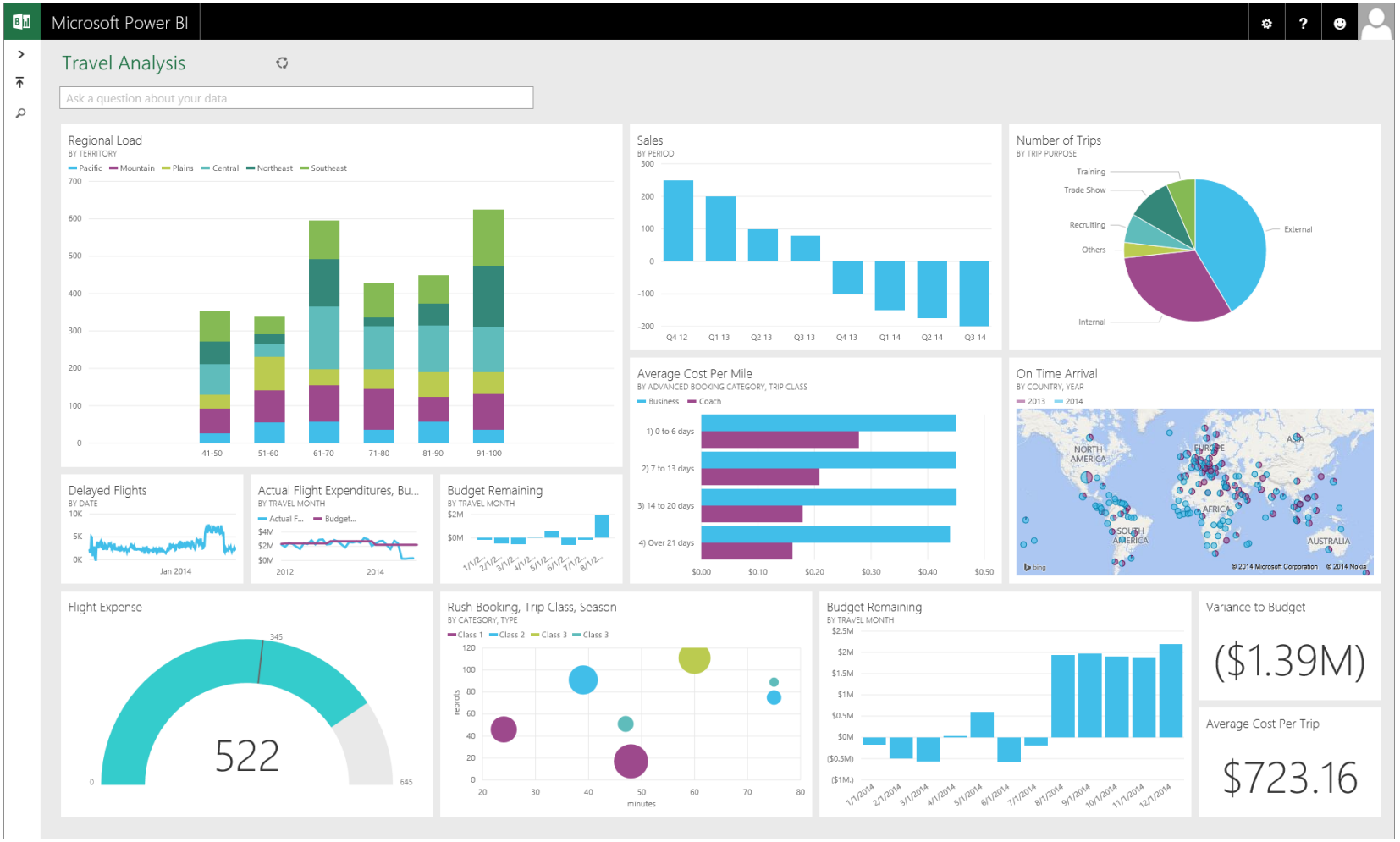
Figure 2-20: Perception of Health Issues Peoria Tri-County Area, 2019
*Note: Percentages do not equal 100, as participants could select up to three issues.

Referral Network Tool & Power BI

- **Referral Network Tool:** web-based referral tool to help close the gap between the company that gave the referral and the company that is offering their services.
- **Power BI:** data visualization tool that helps take complex data and provide accurate and professional looking dashboards.
  - Able to send daily dashboard reports that can be set to automatically refresh and update your dashboard up to 8 TIMES IN ONE DAY!

Tools

Power BI

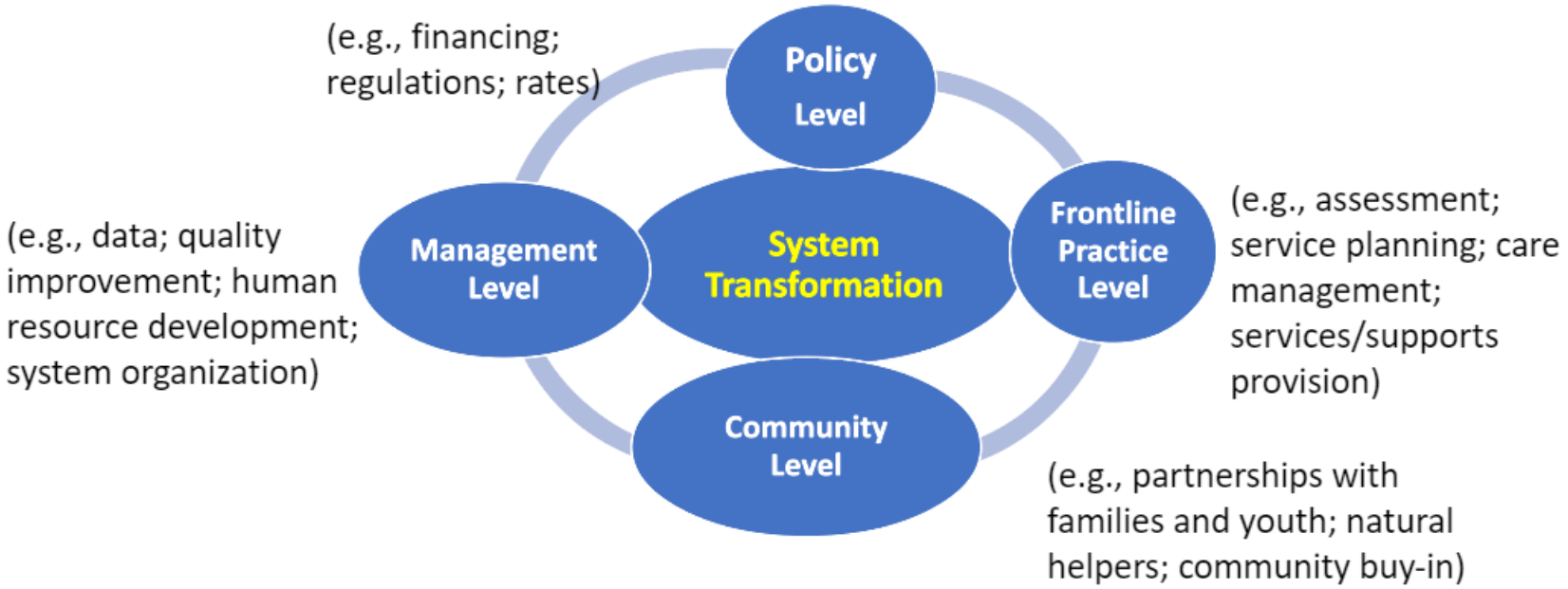

Microsoft Power BI
Travel Analysis
Ask a question about your data
Regional Load
BY TERRITORY
Pacific
Mountain
Plains
Central
Northeast
Southeast
700
600
500
400
300
200
100
0
41-50
51-60
61-70
71-80
81-90
91-100
Sales
BY PERIOD
300
200
100
0
-100
-200
Q4 12
Q1 13
Q2 13
Q3 13
Q4 13
Q1 14
Q2 14
Q3 14
Number of Trips
BY TRIP PURPOSE
Training
Trade Show
Recruiting
Others
Internal
External
Average Cost Per Mile
BY ADVANCED BOOKING CATEGORY, TRIP CLASS
Business
Coach
1) 0 to 6 days
2) 7 to 13 days
3) 14 to 20 days
4) Over 21 days
$0.00
$0.10
$0.20
$0.30
$0.40
$0.50
On Time Arrival
BY COUNTRY, YEAR
2013
2014
NORTH AMERICA
EUROPE
ASIA
AFRICA
SOUTH AMERICA
AUSTRALIA
© 2014 Microsoft Corporation
© 2014 Nokia
Delayed Flights
BY DATE
10K
5K
0K
Jan 2014
Actual Flight Expenditures, Bu...
BY TRAVEL MONTH
Actual F...
Budget...
$4M
$2M
$0M
2012
2014
Budget Remaining
BY TRAVEL MONTH
$2M
$0M
Flight Expense
345
522
0
645
Rush Booking, Trip Class, Season
BY CATEGORY, TYPE
Class 1
Class 2
Class 3
Class 3
120
100
80
60
40
20
0
repros
20
30
40
50
60
70
80
minutes
Budget Remaining
BY TRAVEL MONTH
$2.5M
$2M
$1.5M
$1M
$0.5M
$0M
($0.5M)
($1M.)
1/1/2014
2/1/2014
3/1/2014
4/1/2014
5/1/2014
6/1/2014
7/1/2014
8/1/2014
9/1/2014
10/1/2014
11/1/2014
12/1/2014
Variance to Budget
($1.39M)
Average Cost Per Trip
$723.16

Power BI

Power BI
Executive Metrics Dashboard
Share Dashboard
Ask a question about the data on this dashboard
Expected Revenue
$85.22M
Total Invoice
$2.22M
Discount Savings
$4.07M
Total Invoice
Total Invoice
Marketing Site Traffic
Feedback Ratings
AccountCount
Customer Feedback Trend
Variance to Budget
Sales Pipeline
Customer Size vs Revenue
Total Invoice, Budget Amount
AccountCount
NORTH AMERICA
EURO
Number of Visits, Expenditures (SMil)
Marketing Campaign Stats
Marketing Campaign Metrics
9515
7112
1343
747054

Collaboration Is The Key

Building Systems of Care = Transforming Systems



Pires, S. (2010). *Building systems of care: A primer, 2nd Edition*. Washington, D.C.: Human Service Collaborative for Georgetown University National Technical Assistance Center for Children's Mental Health.

Human Service Collaborative

Thank You

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