

Summary of Orientation Interviews

January 13, 2020

<p>Who we interviewed</p>	<p>Executive Committee: Pat Dale, Liz Gronert, Cheryl Holm-Hansen, Jenna Mitchler & Cindy Slowiak</p> <p>Other Key Individuals: Curt Peterson, Margaret Sullivan, Mike & Melissa (NAMI)</p> <p>Upcoming/Suggested: Krista Phillips, Mark Sander, Adesola Jaiyesimi</p>
<p>What of the current CMHC structure & operations should be maintained</p>	<ul style="list-style-type: none"> • PCLG • Respect for statutory requirement that gives parents and providers equal say in what is funded • Training dollars are important, but need to affirm that goals/criteria/resources put towards it align with system of care • Important to keep SBMH Committee engaged in transition as they are a key to sharing this vision back to school-based providers • Having Governance Committee and smaller Executive Committee seems to work well • Diversity of representation from different fields (e.g. providers, schools, parents, public health, corrections, etc.) within the Collaborative
<p>Opportunities for change & growth through the adoption and implementation of the system of care framework</p>	<p>Opportunity to build/rebuild the CMHC:</p> <ul style="list-style-type: none"> • Bring in more people with new perspectives, and with the ability to move from vision to implementation with respect of system of care • Strengthen the relationship/communication between PCLG and CMHC: <ul style="list-style-type: none"> ○ Currently operate almost independently; there is an opportunity to reframe work under an overarching umbrella and happening in concert towards a more singular goal ○ Opportunity to develop better communication and familiarity between CMHC Coordinators and PCLG members ○ PCLG taking more ownership and action, and being given the support to do so • More transparency about who is a part of the CMHC/the structure (people seem to come and go, etc.) • Clearer budget format than what has been offered before <p>Implementation of System of Care:</p> <ul style="list-style-type: none"> • Education and communication on what we are bringing forward through system of care framework. • Develop shared understanding of our starting point: <ul style="list-style-type: none"> ○ What do we know about kids in Hennepin County? ○ What’s working well/what isn’t working well? What is a good system for kids/families? ○ Shared, common goals/strategies for system of care

	<ul style="list-style-type: none"> ○ Help folks understand what it means to change a system ● Because things are always changing (context, kids, society), need a process & to become fluent in the way we do it, not just a single “system of care” plan with a timeline ● Stakeholder engagement <ul style="list-style-type: none"> ○ Representative model does not seem to work very well ○ Identify the hook for school districts <ul style="list-style-type: none"> ▪ “If you’re making a difference when it comes to mental health, we’ll come up with the money” ▪ CMHC bring people together to develop strategies to close gaps ○ Data! <ul style="list-style-type: none"> ▪ Gather data to understand the problem we’re trying to solve (schools have data on their youth!) ▪ Engage stakeholders to say how to resolve (not to identify the problem!) ▪ Minnesota Student Survey, REACH, etc. ● More invention, innovation, and creation in terms of changing the system ● CMHC possibly becoming the community that helps determine what a “working model of the ideal community mental health system” looks like ● CMHC acts as the “community voice” of the system of care – informs the County’s system of care work; desire to change the perception that County is the driver of this effort
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Work has to feel different from business as usual, and it is important to DO something fast in order to keep folks engaged!

- Take advantage of the energy and momentum with framework & new Coordinators
- Cannot spend a year developing vision; folks want to feel like there is something we are doing today that is helping kids