

MCHACP “Actionable Items” – Sorted by TA & Resource Needs

BASIC NEED	
1.	Secure TA (for what?)

“NO” TA NEED	
CONSUMER INVOLVEMENT	
2	Strengthen and empower the Community Voices Committee starting with agenda and linkage to committees
3	Amend Bylaws: minimum percentage (33.3%) consumer membership on standing committees
10	Institute Provider Roundtables with the recipient and Council to develop more effective ways of providing care and retaining consumers in care; capacity
SERVICE DESIGN & DELIVERY IMPROVEMENTS	
12	Make sure planning and service delivery adapt to the changing needs of the changing epidemic
NEEDS ASSESSMENT & PLANNING	
14	Sync the Council’s five-year needs assessment strategy with Integrated Comprehensive Plan; include five annual components (1) comprehensive review of existing data; (2) needs assessment survey; (3) provider inventory; (4) focus groups; (5) assessment of unmet need; The plan must include Council Member training as a part of every activity.
15	Establish a “Diversity and Inclusion Working Group” that includes consumers and providers (funded and non-funded) to develop strategies for increasing the interaction with clients from marginalized and historically underserved communities.
16	Establish a “Greater Minnesota Working Group” to conduct a short-term needs assessment based on specific tasks and defined existence that ends when findings are submitted to the Executive Committee; members include consumers, Part B representatives, providers, etc.

“YES” TA NEED	
COUNCIL MEMBER CAPABILITY DEVELOPMENT	
4	Update new member orientation-training; strengthen education for members
6	Improve Membership recruiting; increase membership diversity; nurture potential members Use Standards of Care, Quality Management, and Service Delivery Directives to improve service delivery and the medical outcomes.

“??” TA NEED	
COUNCIL MEMBER CAPABILITY DEVELOPMENT	
5	Expand Consumer Access to and Comprehension of Various Data Resources:
7	Use Standards of Care, Quality Management, and Service Delivery Directives to improve service delivery and the medical outcomes.
CONSUMER COMMUNITY CONNECTIONS	
8	Increase consumer involvement community outreach and service delivery as Survey Administrators, Care Navigators, and Community Outreach Workers; CVC “Speakers Bureau” with individuals to speak to community groups.
9	Use properly trained and managed consumers for community outreach and service delivery in roles such as Survey Administrators, Care Navigators, Community Outreach Workers, and a CVC “Speakers Bureau”.
PROVIDER SUPPORT & INPUT	
11	Ensure funded providers have a genuinely diverse and inclusive staffs and service delivery plans to provide culturally competent care that keeps clients in care.
SERVICE DESIGN & DELIVERY IMPROVEMENTS	
13	Consider funding pilot/demonstration projects that develop innovative service deliver strategies that can be widely replicated.

MCHACP “Actionable Items” – TA & Resource Needs

BASIC NEED			
	Action Goal	TA: Y/N	Relevant Factors
1.	Secure TA (for what?)	N/A	
CONSUMER INVOLVEMENT			
	Action Goal	TA: Y/N	Relevant Factors
2	Strengthen and empower the Community Voices Committee starting with agenda and linkage to committees	N	Resources & Models are available
3	Amend Bylaws: minimum percentage (33.3%) consumer membership on standing committees	N	Resources & Models are available for “named members”
COUNCIL MEMBER CAPABILITY DEVELOPMENT			
	Action Goal	TA: Y/N	Relevant Factors
4	Update new member orientation-training; strengthen education for members	Y	
5	Expand Consumer Access to and Comprehension of Various Data Resources:	?	Resources & Models are available. Trainer may be useful.
6	Improve Membership recruiting; increase membership diversity; nurture potential members Use Standards of Care, Quality Management, and Service Delivery Directives to improve service delivery and the medical outcomes.	Y	
7	Use Standards of Care, Quality Management, and Service Delivery Directives to improve service delivery and the medical outcomes.	?	Resources & Models are available. Trainer may be useful
CONSUMER COMMUNITY CONNECTIONS			
	Action Goal	TA: Y/N	Relevant Factors
8	Increase consumer involvement community outreach and service delivery as Survey Administrators, Care Navigators, and Community Outreach Workers; CVC “Speakers Bureau” with individuals to speak to community groups.	?	Resources & Models are available. Trainer may be useful
9	Use properly trained and managed consumers for community outreach and service delivery in roles such as Survey Administrators, Care Navigators, Community Outreach Workers, and a CVC “Speakers Bureau”.	?	Resources & Models are available. Trainer may be useful
PROVIDER SUPPORT & INPUT			
	Action Goal	TA: Y/N	Relevant Factors

10	Institute Provider Roundtables with the recipient and Council to develop more effective ways of providing care and retaining consumers in care; capacity	N	
11	Ensure funded providers have a genuinely diverse and inclusive staffs and service delivery plans to provide culturally competent care that keeps clients in care.	?	Resources & Models are available. Trainer may be useful
SERVICE DESIGN & DELIVERY IMPROVEMENTS			
	Action Goal	TA: Y/N	Relevant Factors
12	Make sure planning and service delivery adapt to the changing needs of the changing epidemic	N	
13	Consider funding pilot/demonstration projects that develop innovative service deliver strategies that can be widely replicated.	?	Resources & Models are available. Trainer may be useful
NEEDS ASSESSMENT & PLANNING ENHANCEMENT			
	Action Goal	TA: Y/N	Relevant Factors
14	Sync the Council's five-year needs assessment strategy with Integrated Comprehensive Plan; include five annual components (1) comprehensive review of existing data; (2) needs assessment survey; (3) provider inventory; (4) focus groups; (5) assessment of unmet need; The plan must include Council Member training as a part of every activity.	N	
15	Establish a "Diversity and Inclusion Working Group" that includes consumers and providers (funded and non-funded) to develop strategies for increasing the interaction with clients from marginalized and historically underserved communities.	N	
16	Establish a "Greater Minnesota Working Group" to conduct a short-term needs assessment based on specific tasks and defined existence that ends when findings are submitted to the Executive Committee; members include consumers, Part B representatives, providers, etc.	N	