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| **MCHACP “ACTIONABLE ITEMS” DECISION MAKING GRID** |
| **BASIC NEED** |
|  | **Action Goal** | **TA: Y/N** | **Resource/Fund Needs** | **Time Frame**  | **Committee** | **Priority** |
| **1.** | **Secure TA (for what?)**  |  |  |  | EXEC |  |
| **CONSUMER INVOLVEMENT** |
|  | **Action Goal** | **TA: Y/N** | **Resource/Fund Needs** | **Time Frame**  | **Committee** | **Priority** |
| **2** | **Strengthen and empower the Community Voices Committee starting with agenda and linkage to committees**  |  |  | Complete | **CVC**, M&T, DEC | 1 |
| **3** | **Work towards minimum percentage (33.3%) consumer membership on standing committees** |  |  | Ongoing, as possible | **M&T,** EXEC | 1 |
| **COUNCIL MEMBER CAPABILITY DEVELOPMENT** |
|  | **Action Goal** | **TA: Y/N** | **Resource/Fund Needs** | **Time Frame**  | **Committee** | **Priority** |
| **4** | Update new member orientation-training; strengthen education for members  |  |  |  | M&T | 12 |
| **5** | **Expand Consumer Access to and Comprehension of Various Data Resources:**  |  |  | Ongoing | **NA&E**, PAC | 11 |
| **6** | **Increase the council’s success in complying with federally mandated requirements for representativeness and diversity by improving methods used for membership outreach and recruitment** |  |  | Ongoing | **M&T**, DEC, CVC | 1 |
| **7** | Use Standards of Care, Quality Management, and Service Delivery Directives to improve service delivery and the medical outcomes. |  |  |  | **PAC**, NA&E | 9 |
| **CONSUMER COMMUNITY CONNECTIONS** |
|  | **Action Goal** |  **TA: Y/N** | **Resource/Fund Needs** | **Time Frame**  | **Committee** | **Priority** |
| **8** | **Improve communication strategies and practices** |  |  | Ongoing | **EXEC**, DEC, CVC | 1 |
| **9** | **Use of properly trained and managed consumers for community outreach and service delivery in roles such as Survey Administrators, Care Navigators, Community Outreach Workers, and part of a CVC “Speakers Bureau”.** |  |  | In progress | **CVC**, M&T, DEC | 1 |
| **PROVIDER SUPPORT & INPUT** |
|  | **Action Goal** | **TA: Y/N** | **Resource/Fund Needs** | **Time Frame**  | **Committee** | **Priority** |
| **10** | Institute **Provider Roundtables with the recipient and Council to develop more effective ways of providing care and retaining consumers in care;** capacity building and mentoring for smaller providers |  |  | Complete | AD HOC | 8 |
| **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.** | Already completed or established (part of service standards) |
| **SERVICE DESIGN & DELIVERY IMPROVEMENTS** |
|  | **Action Goal** | **TA: Y/N** | **Resource/Fund Needs** | **Time Frame**  | **Committee** | **Priority** |
| **12** | Make sure planning and service delivery adapt to the changing needs of the changing epidemic |  |  | Ongoing | **DEC,** NA&E, PAC | 1 |
| **13** | Consider funding pilot/demonstration projects that develop innovative service deliver strategies that can be widely replicated. |  |  | Ongoing | PAC | 13 |
| **NEEDS ASSESSMENT & PLANNING ENHANCEMENT** |
|  | **Action Goal** | **TA: Y/N** | **Resource/Fund Needs** | **Time Frame**  | **Committee** | **Priority** |
| **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. | Already completed or established |
| **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.** |  |  | Ongoing | **DEC**, CVC | 1 |
| **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.**  |  |  |  | **NA&E**, DEC, EXEC | 10 |