MISSION
PROMOTE – INITIATE – EMPOWER (PIE)

To transform the mental health System of Care in Central Minnesota by:
- Promoting interagency cooperation to fill service gaps;
- Initiating family friendly, culturally competent, assessment driven treatment and supports; and
- Empowering parents and youth to fully participate in decision-making.

VISION

The development and implementation of a rural four-county children’s mental health delivery system providing a comprehensive, coordinated, seamless continuum of care that is individualized, family driven, youth guided, community based, culturally competent and coordinated with timely and thorough assessment processes including continuous quality improvement feedback procedures.

ONGOING EVALUATION OF SYSTEM ACTIVITY

CONTEXT

- **Population**
  - The System of Care is designed to appropriately respond to any child or family with a mental health need in the four counties of Benton, Sherburne, Stearns and Wright. The target populations are families with a child/adolescent (0-17 yrs) identified as having an emotional disorder that puts them at risk of out of home placement and young adults (18-21 yrs) in need of transitional services due to a mental health diagnosis.

- **Assets**
  - History of collaborative efforts between counties and providers
  - Existing parent involvement/leadership
  - State support for system change
  - Established array of mental health services

CHALLENGES

- **To improve family/youth centered services**
- **To fill gaps in essential services**
- **To improve coordination of services**
- **To improve accessibility**
- **To improve culturally competent services**
- **To develop sustainable services and systems**
- **To reduce stigma and lack of understanding surrounding mental illness**

STRATEGIES

- **Activity**
  - Recruit
  - Train
  - Support

- **Process**
  - Actively involve family and youth in all meetings/discussions
  - Deliberately provide and design new services and enhancing existing services
  - Offer proposal (RFP’s) to community agencies for new cooperation/services
  - Facilitate networking opportunities

- **To involve state, county and 3rd-party payers in all program development funding discussion/decisions**

- **To develop social marketing process for each program element**

- **Recruit**
  - Family and youth advocates/data collectors
  - Train
  - Parent/youth input into program design

- **Support**
  - Mobile crisis intervention team
  - Sub-acute care beds
  - Respite care

- **Promote**
  - Mobile crisis intervention team
  - Training on culturally sensitive treatment
  - Culturally sensitive treatment implementation

- **Promote/Initiate**
  - Continued funding for each new service that has been committed to by state/counties/3rd-party payers/private payers/United Way/foundations

- **Social Marketing campaign has been developed and implemented regarding each program element**

- **Community campaign to address mental health issues**

- **Underserved groups report satisfaction with level of culturally appropriate planning/case management, treatment and evaluation**

- **Improved level of functioning of underserved clients**

- **Parents/youth report satisfaction with treatment planning/case management and evaluation processes**

- **Reduced cycling in and out of treatment**

- **Improved level of functioning of children and families**

- **At least 5% of population using the system of care is underserved**

- **Needed services are locally available and accessible**

- **Increased willingness to access services for mental health**

GOALS

- **Initiate**
  - Parents/youth training as parent/youth advocates/data collectors
  - Parents to assist with case management (own & others)

- **Empower**
  - Parents/youth input into service design

- **To improve family/youth centered services**

- **To fill gaps in essential services**

- **To improve coordination of services**

- **To improve accessibility**

- **To improve culturally competent services**

- **To develop sustainable services and systems**

- **To reduce stigma and lack of understanding surrounding mental illness**

- **Parents/youth report satisfaction with treatment planning/case management and evaluation processes**

- **Improved level of function of children and families**

- **Effective treatments are available**

- **Seamless continuum of care exists**

- **New services are used by community**

- **Reduced out-of-home placement rates**

- **At least 5% of population using the system of care is underserved**

- **Underserved groups report satisfaction with level of culturally appropriate planning/case management, treatment and evaluation**

- **Improved level of functioning of underserved clients**

- **Parents/youth report accessible effective services**

- **Reduced cycling in and out of treatment**

- **Improved level of functioning of children and families**

OUTCOMES

- **Individual**
  - Parents/youth report satisfaction with treatment planning/case management and evaluation processes
  - Improved level of function of children and families

- **Community**
  - Parents/youth report satisfaction with treatment planning/case management and evaluation processes
  - Improved level of function of children and families

CONTINUOUS QUALITY IMPROVEMENT

- **Provide feedback to stakeholders**

PROVIDE FEEDBACK TO STAKEHOLDERS

- **Refine processes/Implement change**

1/17/07