

# ABH Leadership Team

## Focus, Priorities, Relationships

summary – 3/17/2015

**FOCUS:** Be strategic – address high level policy & set a direction for the department

*Should this group focus on information sharing, being an advisory group, or being a workgroup?*

- Advisory – speaking in a single voice, bring identified priorities etc to department workgroups, create projects or workgroups elsewhere in the department when appropriate

*Should the focus be on outputs or consultation?*

- Primarily consultation, but outputs are things that have occurred as a result of this group – e.g. Housing project, specific legislative priorities & positions championed by this group.
- Chart where we've been & high level outcomes (e.g. housing project)

*Historical context: In the beginning, EC saw this group having 2 future sessions with them:*

1. For the current & near future mental health system, what are the system gaps?,
  2. Bring recommendations for ensuring the system doesn't get fragmented.
- Consider going back to the EC to suggest where we can be useful (rather than asking for further delineation of the charge)
  - Keep focus concrete but high level

**2015 – 2016 PRIORITIES:** 3 major areas

### 1. Legislation – be proactive

- Work with advocacy groups
  - invite Sue Abderholden (NAMI MN) after this year's session, focus on policy agenda for 2016
  - Continue having Kareem at all meetings when he can attend
  - Continue working with MACSSA, focus on working with Ramsey & Dakota counties
- Housing - continue focus (keep informed of Housing project, HC Board retreat)
  - 1 project already launched from this group (Housing project)
  - HC LPAC – several members of this group are on it – reactive now; can we bring proposals to the group? Yes, we should.
  - Idea for high-level policy proposal: revise Mental Health Authority statutes
  - Discuss with Sue & Kareem

- Look closely at the statute in future meeting, begin discussion about what needs to be revised & what we want to advance [Define advisory roles vs workgroup roles]

## 2. *Recovery Issues (moved to Training)*

## 3. *Training for all of HSPHD*

- Person-centered (department is doing now)
- Stigma (specifically stigma reduction)
- Idea for high-level policy proposal: add to health plan wellness activities for copay reduction
  - Begin by talking with Be Well Clinic –Jill Hamilton

## **RELATIONSHIPS**

### *LAC – Local Advisory Committee*

- Can we develop a stronger relationship?
  - Choose a project or policy to work on
  - Marty is department liaison - support of this group would be helpful, depending on what the group wants to do.
- The 3 priorities discussed today could be our focus with the LAC.
  - Discuss with the LAC what's going on in different parts of the department (represented by members of this group) – especially helpful because there is no “ABH” area in HSPHD anymore – confuses outside organizations like LAC.
  - ABH team member(s) attend the LAC meeting quarterly. Marty could schedule so meetings are focused around specific issues.

### *BH Services Directory (is on HC internet & also internal SharePoint)*

- Review & decide what needs to be there; is anything missing?