

# Ripple Effects of the Hennepin County Community Health Improvement Partnerships (CHIP)

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<b>EXECUTIVE SUMMARY AND KEY TAKEAWAYS .....</b>	<b>4</b>
Theme One: Connecting people and organizations .....	4
Theme Two: Creating safe spaces to address grief and trauma .....	4
Theme Three: Recognizing and supporting trusted messengers to promote community- driven solutions .....	4
Theme Four: Engaging spiritual, faith, and cultural communities to deepen cultural knowledge and practices ....	4
Theme Five: Challenges moving forward .....	4
<b>BACKGROUND.....</b>	<b>5</b>
<b>ABOUT THE RIPPLE EFFECT MAPPING PROCESS .....</b>	<b>6</b>
<b>RIPPLE EFFECTS OF THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP (CHIP) OF HENNEPIN COUNTY.....</b>	<b>7</b>
<b>APPENDIX A – GOING DEEPER: FINDINGS ORGANIZED BY THEME .....</b>	<b>10</b>
Theme One: Connecting people and organizations .....	10
Theme Two: Creating safe spaces to address grief and trauma .....	12
Theme Three: Recognizing and supporting trusted messengers to promote community driven solutions.....	13
Theme Four: Engaging spiritual, faith, and cultural communities to deepen cultural knowledge and practices.....	14
Theme Five: Challenges moving forward .....	16
<b>GRATITUDE.....</b>	<b>18</b>



# Executive summary and key takeaways

The Community Health Improvement Partnership (CHIP) of Hennepin County was established in 2012 to work collaboratively to address complex population health issues. From August to October 2024, members of CHIP conducted Ripple Effects Mapping (REM) evaluation of the partnership, focusing on the period from 2018 to 2024, with help from the evaluator Scott Chazdon. REM is an evaluation method that engages program participants to retrospectively and visually map the chain of effects resulting from a program or complex collaboration. These core themes emerged from the evaluation. Most REM information was collected during two sessions with the CHIP Executive Committee and the Community Mental Wellbeing Action Team, with input from additional participants.

## **Theme One: Connecting people and organizations**

CHIP has created an environment conducive to networking and relationship building. In both REM sessions, participants shared stories of the connections they've made through the partnership - new as well as deepened, individual as well as organizational. The relationships built in CHIP also led to greater efficiencies, as partner organizations were able to share information and tap into each other's resources to enhance services they provided.

## **Theme Two: Creating safe spaces to address grief and trauma**

Participants described the importance of a trauma-informed approach to mental health. They shared examples of how the mini grants were enabling community-based organizations to provide more direct and humane connections with people.

## **Theme Three: Recognizing and supporting trusted messengers to promote community-driven solutions**

Participants in both sessions spoke positively about the ways that community-driven solutions were prioritized in CHIP 2.0. In the Community Mental Well-being session, participants described the importance of "trusted messengers" to promote access to mental health and well-being.

## **Theme Four: Engaging spiritual, faith, and cultural communities to deepen cultural knowledge and practices**

CHIP 2.0 has invited faith-based and cultural communities as conduits, creating a two-way flow of information about public resources as well as cultural understandings and practices of health and wellness. In many cases, this has reduced cultural barriers as well as stigma around health care and mental health services.

## **Theme Five: Challenges moving forward**

Executive Committee members expressed concerns about the sustainability of CHIP efforts moving forward, noting that maintaining authentic community engagement is crucial and that "out of the box" thinking may be necessary to continually bring community voices to the table.

# Background

The Hennepin County Community Health Improvement Partnership (CHIP) was established in 2012 to work collaboratively across Hennepin County to address complex population health issues. CHIP includes representatives from the five community health boards in the county – Bloomington, Edina, Richfield, Minneapolis and Hennepin County. Additional partners come from the public, private, and nonprofit sectors, health care organizations, community-based organizations, spiritual/faith/cultural leaders, housing developers and providers, schools, human services, and more.

While CHIP has existed since 2012, the current improvement plan (referred to in this report as CHIP 2.0) has been organized around a set of principles to guide all planning and execution of its work since 2018. These principles are:

- We understand that racism is at the core of racial and economic disparities, and the systems that perpetuate these inequities must be dismantled.
- We recognize the harm our systems caused and continue to cause. We will change how our organizations work to prevent harm and advance health and racial justice.
- We will listen as communities define their own goals, then partner with them to achieve shared success.
- We will act collectively upstream, harnessing the power and resources of this partnership to create equitable processes, policies, and collaborations.

CHIP 2.0 has focused on two key public health priorities: community mental well-being and housing stability. The partnership more strongly emphasized community-driven solutions by intentionally lifting up community voices and organizations with small grants to community-led projects across the county. In the area of community mental well-being, CHIP supported organizational efforts to become trauma-informed in their work and support spiritual/faith/cultural leaders to respond to trauma in their communities. Under the umbrella of housing stability, CHIP partnered with rental communities to support social connectedness.

Partnerships such as CHIP are difficult to evaluate. While traditional evaluation efforts may be useful for understanding outcomes of specific activities of the partnership, such as each of the mini grants, it is also important to get a sense of ways the overall initiative has succeeded or fallen short of its goals.

Toward this end, CHIP has identified roles for itself, which can also be seen as evaluable goals. These roles are:

1. **Convene:** Bring different sectors, organizations, and communities together toward action.
2. **Catalyze and collaborate:** Support and learn from people in cultural, spiritual, faith-based, and/or geographic communities, especially Black, Indigenous, people of color, to align interests and resources, and act toward mutual goals to move the dial on community mental well-being and housing stability.
3. **Advocate:** Share decision-making and action with communities who don't traditionally have a voice and advocate for change together with them.

4. **Adopt policies:** Lead policy change within partner organizations, and work with political bodies to adopt policies and practices that move the dial on disparities related to CHIP's priorities.
5. **Use data, including health and racial equity data:** Data will help inform (but not drive) our direction, decisions and actions, and will be used to measure progress and outcomes.

With an interest in assessing progress on these goals and informing future planning for the partnership, the CHIP Executive Committee organized and conducted a Ripple Effects Mapping (REM) evaluation.

## About the ripple effect mapping process

Ripple Effects Mapping is an evaluation method that engages a range of program participants to retrospectively and visually map the chain of effects resulting from a program or initiative. The REM process combines elements of "Appreciative Inquiry"<sup>1</sup>, mind mapping, group interviewing, and qualitative data analysis.<sup>2</sup>

On August 16, 2024, a group of 16 people from CHIP Executive Committee came together for a REM session at the Minneapolis Health Department. The session was facilitated by Angie Oaks, a public health researcher with the Minneapolis Health Department, and Scott Chazdon, an evaluation consultant with expertise in Ripple Effects Mapping. At the beginning of the session, participants interviewed each other in pairs using the following appreciative inquiry questions:

- What is a highlight, achievement, or success you had based on your involvement in CHIP? What actions led to this highlight/achievement/success? What did this highlight/achievement/success lead to?
- What connections with others — new and/or deepened — have you made as a result of CHIP (for example, cross-sector connections, community connections)? What have these connections lead to?
- What unexpected things have happened as a result of your participation in the program?
- Please share any examples of ways that this collaborative (CHIP) is helping residents in Hennepin County live more healthy lives.

After the interviews, participants reported what they heard. These reflections were captured using a mind mapping program, which participants could view projected onto a screen. Participants also wrote their

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<sup>1</sup> Appreciative Inquiry is a strengths-based organizational development process, increasingly used in evaluation, that involves the art and practice of asking questions that build on the successful, effective and energizing experiences of those involved with a program. For an overview see [https://www.betterevaluation.org/en/plan/approach/appreciative\\_inquiry](https://www.betterevaluation.org/en/plan/approach/appreciative_inquiry)

<sup>2</sup> More information about the Ripple Effects Mapping process can be found at <https://extension.umn.edu/community-development/ripple-effect-mapping>.

interview responses on a notetaking sheet so that additional reflections could be added to the map after the session.

The facilitators led a discussion of the themes that emerged as people reported back what they heard in their interviews, asking follow-up questions to get more detail on the effects and how the program activities had influenced these effects.

After the session, all the information from the interview sheets was added to the draft mind map. An additional three people who were unable to attend the July 26 session responded to the Appreciative Inquiry questions online. Once all data was added, the map was organized by key themes with more specific “ripples” extending from the themes.

The planning team decided to conduct an additional REM with a range of people who had worked with the Community Mental Well-being action team. This session was facilitated by Amanda Crombie of the city of Bloomington and Scott Chazdon, and was held on October 24, 2024, at the Hennepin County South Minneapolis Service Center on Lake Street. Twenty-four people participated in this session, including representatives of organizations that had received mini grants for their innovative ideas during CHIP 2.0. The session followed a nearly identical process as the earlier Executive Committee session, except the more specific phrase “CHIP mental well-being work” was substituted for the “CHIP” in the first two questions.

After the October session, all the information from the interview sheets was added to a second draft mind map. Once all data was added, the map was organized by key themes with more specific “ripples” extending from the themes.

## Ripple Effects of the Community Health Improvement Partnership (CHIP) of Hennepin County

The themes and subthemes from the two REM sessions showed that CHIP 2.0 created a significantly different form of collaboration between public agencies and community-based organizations. For purposes of this report, the authors combined the findings from the two sessions to identify the following core themes about the way CHIP 2.0 is having an impact.

- Connecting people and organizations
- Recognizing and supporting trusted messengers to promote community driven solutions
- Creating safe spaces to address grief and trauma
- Engaging spiritual, faith, and cultural communities to deepen cultural knowledge and practices

The paragraphs below summarize key findings about these themes.

### **Theme One: Connecting people and organizations**

CHIP has created an environment conducive to networking and relationship building. In both REM sessions, participants shared stories of the connections they’ve made through the partnership – new as well as deepened, individual as well as organizational. The relationships built in CHIP also led to greater efficiencies, as partner organizations were able to share information and tap into each other’s resources

to enhance services they provided. In a popular handbook on the power of social networks, Plastrik and Taylor (2006)<sup>3</sup> write that “in practical terms, networks can boost efficiency and effectiveness, attract supporters and resources, and help increase focus, sustainability, and capabilities. They transform one’s capacity to act” (p. 23).

### **Theme Two: Creating safe spaces to address grief and trauma**

In both REM sessions, participants described the importance of a trauma-informed approach to mental health. An Executive Committee member noted that CHIP 2.0 directly influenced the broader adoption of trauma-informed practices in the county through implementation of training programs for county staff as well as CHIP partners. In addition, CHIP spawned a trauma informed onboarding process for new employees that is being used by Minneapolis Health Department. During the mental well-being action group, several participants shared examples of how the mini grants were enabling community-based organizations to provide more direct and humane connections with people.

### **Theme Three: Recognizing and supporting trusted messengers to promote community-driven solutions**

From the local government perspective, CHIP was a very different way of doing business. Participants in both sessions spoke positively about the ways that community-driven solutions were prioritized in CHIP 2.0. In the Community Mental Well-being session, participants described the importance of “trusted messengers” to promote access to mental health and well-being. Where government agencies have had difficulty reaching BIPOC community members, the mini grants supported BIPOC-led organizations as this type of trusted messenger to conduct outreach around mental health and mental wellbeing.

### **Theme Four: Engaging spiritual, faith, and cultural communities to deepen cultural knowledge and practices**

Closely related to the themes above about trusted messengers and safe spaces was an important theme about engaging spiritual and cultural community leaders to make a difference in community health. Through the mini grant process, CHIP 2.0 has invited faith-based and cultural communities as conduits, creating a two-way flow of information about public resources as well as cultural understandings and practices of health and wellness. In many cases, this has reduced language barriers as well as stigma around health care and mental health services.

### **Theme Five: Challenges moving forward**

Executive Committee members expressed concerns about the sustainability of CHIP efforts moving forward, noting that maintaining authentic community engagement is crucial and that “out of the box” thinking may be necessary to continually bring community voices to the table.

In closing, the REM evaluation provided evidence that CHIP 2.0 succeeded in achieving four of its five goals: The partnership has succeeded in **convening** a wide range of organizations across sectors and communities. Through the mini grant effort, CHIP has sparked **collaboration** and advocacy. The REM sessions highlighted a shift in health care **policy** and practice towards being trauma-informed, at the organizational, county, and city level. The REM process itself did not highlight evidence of health or racial equity data use. However, it is likely that a review of partnership activities would highlight the ways that health or racial equity data have been employed in the efforts of the Community Mental Well-being and Housing action teams.

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<sup>3</sup> Plastrik, P., & Taylor, M. (2006). Net gains: A handbook for network builders seeking social change. Innovation Network for Communities. Retrieved from [https://soaz.info/network\\_handbook.pdf](https://soaz.info/network_handbook.pdf)



This evaluation will inform planning for the next improvement cycle, CHIP 3.0, which is currently under way. Using CHIP's roles/goals proved to be a helpful framework for the evaluation, and appropriate for future evaluation. Small grants for community initiated and led projects furthered CHIP's goals and had meaningful impact on residents across the county. Sustainability will be a key factor moving forward.

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# Appendix A – Going Deeper: Findings organized by theme

## Theme One: Connecting people and organizations

CHIP has created an environment conducive to networking and relationship building. In both REM sessions, participants shared stories of the connections they've made through the partnership – new as well as deepened, individual as well as organizational. In a popular handbook on the power of social networks, Plastrik and Taylor (2006)<sup>4</sup> write that “in practical terms, networks can boost efficiency and effectiveness, attract supporters and resources, and help increase focus, sustainability, and capabilities. They transform one’s capacity to act” (p. 23).

During the Executive Committee session, group members shared examples of how this connectivity had improved their effectiveness in their jobs. A participant who was new to her job noted that her connection to CHIP **has eased her into this role. She has received consultation and guidance and the ability to connect with peers in her own health department, other health departments, other nonprofit organizations outside of her direct workplace.** Another group member leading the Bloomington, Edina, Richfield (BER) community health assessment noted that having a connection to their Minneapolis counterpart **“gave me guidance in leadership and having someone to bounce ideas off of for accreditation, sharing narratives that have previously been written about mini grants”.**

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*New connections among behavioral health, community health, public and spiritual health workers are new or rare.*

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The relationships built in CHIP also led to greater efficiencies, as partner organizations were able to share information and tap into each other’s resources to enhance services they provided. A participant noted that **partners are all at this table and they share information about projects. They touch base on other related things. One conversation leads to another conversation.**

Another Executive Committee member noted that her affordable housing organization, Aeon, was able to work with a state public programs group and they had COVID dollars they had set aside to support a back-to-school family health event. **This effort was money outside of CHIP that was funneled through relationships built because of CHIP.** This back-to-school family health event, in addition to leveraging resources from outside of CHIP, had significant ripples of its own. Through collaboration with Reading is Fundamental, they were able to distribute 2,000 diverse cultural and language books (\$5,000 value) with different illustrators. **Even during COVID, Huntington Place apartments got books directly to people: there was food distribution, backpack distribution, parks team was there, police, YMCA signing people up for after school and swim safety.** From that there were other conversations about how to partner around health needs in education through Huntington Place.

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<sup>4</sup> Plastrik, P., & Taylor, M. (2006). Net gains: A handbook for network builders seeking social change. Innovation Network for Communities. Retrieved from [https://soaz.info/network\\_handbook.pdf](https://soaz.info/network_handbook.pdf)

At the Community Mental Well-being session, a group member shared the story of the St. Mary's health clinics, held at the Ecuadorian consulate. These health clinics connected Spanish-speaking people with mental health resources, breaking language barriers as well as some of the stigma around mental health. In addition to bringing many organizations together at one place, the clinic deepened St. Mary's connection with NAMI (National Alliance on Mental Illness): ***They have a Spanish-speaking representative who was able to provide resources in Spanish.*** The two organizations have had ongoing relationships. A participant stated that the clinic has ***"deepen[ed] connections with newcomers, having them talk about their journeys to get here, listening to their stories - has helped me understand how we can help and refer or direct for help"***.

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*Through distribution events [for the Strollers for Health program], we also learned that people weren't getting birth control counseling so [we] have worked with partners to get that information to them.*

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CAPI (formerly known as the Centre for Asian and Pacific Islanders) got CHIP funding in 2024 and used it to hold a health resource fair and community gathering for residents at Sounder Point, an apartment building with many elderly individuals and intergenerational families. They did it to have a positive health impact on the individuals in that building, but the results of the event were also an ***increased sense of inter-reliance on one another. [People] became more than just neighbors, actually became friends.*** At this event, CAPI also offered voter registration resources, partnering with ACER (African Career Education and Resource) to register ten new voters.

A participant in the Community Mental Well-being session noted that in her role, she gets to connect with other counties and other communities outside of Hennepin. She's seeing through these conversations that other communities are not focusing their resources as well as communities in Hennepin County due to CHIP. She shared that ***inside of [place of employment], she's making connections to community health, spiritual/faith folks and culturally based health folks professionally and personally. Having information and sharing is key. We plant the seeds; we don't always see them grow.***

A participant representing Stratis Health shared that ***CHIP has led to connections with spiritual and cultural communities and how they view managed care. They are now receiving information through new avenues and resources, and she took in information as well. As we (Stratis Health) saw the impact of all the work that was happening, we helped organizations get additional grants.***

A staff member summarized the importance of CHIP's relationship building activities: ***What have these connections led to? Greater community participation in CHIP at various levels, including mini grant application review panels, internship interview panels, planning committee for community celebrations, and more.***

## Theme Two: Creating safe spaces to address grief and trauma

In both REM sessions, participants described the importance of a trauma-informed approach to community mental health. An Executive Committee member noted that CHIP 2.0 directly influenced the broader adoption of trauma-informed practices in the county through implementation of training programs for county staff as well as CHIP partners. Another participant added that the ***mental well-being action group pushed forward trauma-informed work. They were like an incubator for this work. All these people from different sectors thinking about how to address trauma.*** This has led to systems change efforts in the county as well as a survey to try and measure systems change over time. In addition, CHIP spawned a new trauma informed onboarding process for new employees that is being used by Minneapolis Health Department.

During the mental well-being session, several participants shared examples of how the mini grants were enabling community-based organizations to provide more direct and humane connections with people, ***giving a safe place to express vulnerable emotions, get in touch with grief, sharing what they experienced from visiting the space.***

A group called Before, During, and After the Bullet is leading family conversations about violence. A participant shared that ***children were afraid to share how they feel about gun violence. [The program is] giving people a space to pour out.*** As a result, the group will be starting a program of grief circles, as well as strengthening relationships with other community-based organizations that are using trauma-informed approaches to connect with people.

African American Survivor Services, another recipient of a mini grant, created a cohort program to address racialized and intergenerational trauma and how it impacts drug abuse and sexual violence. They focused on harm reduction, offering support with pre- and post-treatment for people, some with mental health and chemical dependency issues. They got more people interested and engaged in the work they are doing. It was ***unexpected that they had people from a myriad of cultures that became a cohesive group over the course of the program. As a result, people were getting more services.*** A member of their team spoke passionately about his work conducting “street outreach,” making connections with people with substance use disorder on the street, offering them his cell phone number and his willingness to help them.

A representative of another grantee organization, the Other Side House, described their project, a “pop-up” physical place where people gather around grief. The space is set up in about two hours in residential neighborhoods and can move to different places. A group member commented that at the Other Side House ***participants are able to express vulnerability in a trusted, safe space.*** The project has also ***led to people focusing on their grief even if they don't visit the project.***

The Raices Sagradas mini grant trained people in two churches to spread awareness of healing circles in which people can be vulnerable and share experiences. They also provide free therapy services in Spanish. One participant shared, ***“thanks to the grant from CHIP we were able to target people at churches, creating awareness because people feel safe in those spaces . . . people learned through these circles to open up and ask for help. More open . . . Helping themselves to heal by sharing their stories”.***

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*CHIP was like the seed where everything started for them. CHIP allowed them to take a risk, and they maintained the project once the funding ended by shifting on of their positions.*

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Beyond these examples, several other mini grants were provided to organizations that were creating safe spaces for healing. The Legal Rights Center held a series of three restorative practice / restorative justice healing circles for youth who were part of the juvenile justice system. Funding from CHIP allowed them to take a risk. They hadn't done circles like this before. ***They learned that these folks experience isolation and need safe emotional spaces to come together . . . People wanted more of this. They have now shifted one of their positions at the Legal Rights Center to create these spaces on an ongoing basis.***

A participant in the community mental well-being session summarized the improvements of CHIP 2.0 by noting: ***Unfortunately, the old CHIP wasn't so impactful. The new version has been impactful - collaborative. The funding going out for community organizations, and helping organizations become more trauma informed.***

### **Theme Three: Recognizing and supporting trusted messengers to promote community driven solutions**

Participants in both sessions spoke positively about the ways that community-driven solutions were prioritized in CHIP 2.0. At the Executive Committee session, a participant highlighted the ***intentionality behind CHIP shifting to community centered focus - getting money into the hands of community organizations - supporting communities to lead through mini grant opportunities.*** Another group member noted how CHIP 2.0 had ***deepened respect for community organizations that are doing important work.***

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*Grantees were able to provide community-driven solutions for the people they were focused on. CHIP provided financial support and then got out of the way.*

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From the government perspective, CHIP was a very different way of doing business. An Executive Committee member shared that prior to CHIP 2.0 they ***had conversations about how what we were doing was not getting to the most important actions, that communities needed to decide the actions they would take.*** Through the mini grant process, government agencies and staff learned ***about different ways that community supports each other and how powerful it is to let people define and address their needs in their own way.*** A participant shared that ***they did talk quite a bit about sharing power and that money is power.***

Another participant added that through the mini grants, they were ***amazed at the wonderful work that organizations are doing with a minimal amount of money.***

The partnership model ***has bridged the "great divide"[between government agencies and community-based organizations] and given each entity a contact name, number, email to keep in contact with and to ask questions of.*** As a result of this partnership model, ***community members became more interested in being involved in CHIP and CHIP members/Executive Committee showed community members greater respect and shared investments of time, energy, thoughts/ideas, shared resources, and more.***

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*Many community members commented in their mini grant/grantee reports that they were grateful for the funding, and for the recognition that "community knows what community needs" and when funded, can be the hyper-local solution to community needs.*

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In the Community Mental Well-being session, participants described the importance of "trusted messengers" to promote access to mental health and well-being. Where government agencies have had difficulty reaching BIPOC community members, the mini grants supported BIPOC-led organizations as this type of trusted messenger to conduct outreach around mental health.

For example, the Latino Youth Development Collaborative connected people in the Latino community with county resources, bringing them into safe spaces so they could be introduced to public spaces and services. A participant shared that ***people are apprehensive to go into spaces like parks, public libraries, so she invited her community in and was with them when they had questions about how to use resources that were there. How those systems work.*** This sensitivity to cultural context meant doing things differently, such as ***serving the whole family together*** and ***creating space for people with special needs, such as autism.***

Many other examples of engaging community-based organizations as trusted messengers emerged during the REM sessions and are further discussed in the third and fourth themes below.

## **Theme Four: Engaging spiritual, faith, and cultural communities to deepen cultural knowledge and practices**

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*Even after CHIP, we are using pastors and religious leaders, Christian and Muslim, to shape opportunities for conversations.*

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Closely related to the themes above about trusted messengers and safe spaces was an important theme about engaging spiritual and cultural community leaders to make a difference in community health. CHIP 2.0 has ***led to connections with spiritual and cultural communities and how they view managed care. They [community members] are now receiving information through new avenues and***

**resources.** A group member noted that **the more their organization knows and deepens knowledge of different cultures, the more they can help their patients.**

Acknowledging the importance of faith leaders in promoting public health, a representative from Allina noted that their organization will be joining the Minnesota Multifaith Network's annual conference as a co-sponsor.

An Executive Committee member shared that his work with the community well-being team reminded him of the ways that **spirituality is understood differently and how it's this huge connection between community spirituality and public health.**

Ebenezer Community Social Services used mini grant support to create group conversations around trauma. Their invitation was to African immigrant communities **where trauma was taboo and held in. Service providers reflected the communities they served. This led to folks one-to-one deciding to talk further. . . This created a space to be in relationship with African immigrants and affirm their experience and pathway to healing with no judgment.** As noted by a representative of Ebenezer, most African immigrants are not accustomed to thinking about mental health and **what we've done at Ebenezer is use our churches to encourage people to get involved in conversations about mental health.**

To strengthen services for Spanish-speaking people, St. Mary's Health Clinics hosted a health fair at the Ecuadorian consulate —connecting Spanish-speaking people with mental health resources —**breaking language barriers as well as some of the stigma around mental health.** Through this health fair, they assembled many organizations at one place where community members were able to learn about mental health services and what is covered by insurance. St. Mary's deepened their connection with NAMI (the National Alliance on Mental Illness), and their Spanish-speaking representative who was able to provide resources in Spanish. A group member from St. Mary's commented that they deepened connections with newcomers, having them talk about their journeys to get here: **listening to their stories has helped me understand how we can help and refer or direct for help. . . We now have a lot of people from Ecuador and now they reach out to us because they know they can talk with us about their story. We have people who can help at all of our locations.**

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*It's not just the individuals; it's also for the community. Most of the time, we treat people separately from their ecosystem. Everybody is involved. The mother can be part of the work. Uncles, nephews, nieces, will join the effort with the youth.*

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Restorative Justice Community Action, in collaboration with Koinonia Leadership Academy, used a mini grant to create a year-long cohort of circle keepers, who are youth who learned different restorative ways of being, learning about Indigenous circle keepers, for example. For an entire year, they worked with youth from across the Twin Cities. The youth **designed programs specific to their own communities. They take all the learning out to their communities.** A representative shared that their restorative approach was not just for the individual youth, but also for the community: **young men often feel like the world is after them. Instead, they learn that the world is with them. We're not where we were before.** Regarding CHIP mini grant funding, a group member noted that **we needed the flexibility that**

**CHIP funding provided. We couldn't do this if we didn't have the flexibility to give them a ride/offer transportation. We needed to offer food. We need to offer stipends. We tailored supplies for the individual students based on our knowledge of them.**

## Theme Five: Challenges moving forward

Toward the end of the Executive Committee Ripple Effects Mapping session, the facilitators asked participants to describe some of the challenges they faced with implementation of CHIP 2.0. The discussion focused on two themes: sustaining the work and clarifying CHIP's role.

Group members described several concerns about CHIP funding moving forward. A participant noted that **we don't have a structure to sustain the funding through CHIP. None of these conversations have happened at this point.** Another participant questioned whether it is a good idea to fund nonprofits to do projects when the funding can't be sustained. A group member stressed the importance of **continuing the journey of building trust between CHIP and community organizations and individuals. The mini grant process helped open these doors, but now those are over. I know this is a deep desire of this partnership.**

Executive Committee members expressed concern about the continuity of the effort given staff turnover in partner organizations. A participant shared:

**As with any organization, even if not intended, when staff changes occur, continuity of thought, intention, plans, and follow-up can be lost. That has its own ripple effects within the community and the CHIP partnership. Community members might, once again, believe that government and executive leaders are absent... and leaving the community behind. This is a historical occurrence that CHIP worked very hard to overcome . . . and I hope we are able to overcome this perception and act on our newfound belief in community wisdom and community-driven solutions.**

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*The "pay for play" model is unsustainable. Eventually we'll run out of these funds. We may come into a situation where we really need input but we don't have money.*

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Group members also noted the continuing challenge of authentic community engagement. CHIP 2.0 was successful in supporting a wide range of community-based organizations, but there is more work to do to engage community-based organizations in shared leadership of the effort. A participant noted that **it is huge challenge to get people to the table . . . most of the people who come are paid —hard to get people downtown and have them afford things like parking. Need to build structures to get people to the table.** This same participant added: **We've talked about potential solutions, but our grants can't be applied to support lived experience participation. Government has tight controls over how money can be used.**

Executive Committee members also discussed the challenge of clarifying CHIP's role in public health. A group member asked: **What is government's role? Are we just the big fiscal agent, are we a partner that has a specific type of information, are we the investigator, are we the problem solver?**



CHIP has succeeded as a convenor of organizations, but a group member noted that because CHIP is a partnership, ***on some level, we can't control the things we launch.*** Another participant commented that ***our opioid partners are not connected the way we are. If we're trying to change something in well-being and mental health, we still struggle coordinating this internally (at the county level). We do a lot of work on housing, but we often don't have housing people at the table. It's difficult to get them at the table.***

# Gratitude

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