

Hennepin County Community Health Improvement Partnership

Key Informant Interviews

Final Report



Table of Contents

Introduction.....	2
Mental Wellbeing in Communities.....	3
Mental Wellbeing in Communities Advice for CHIP	3
Theme: Youth	3
Theme: Desire for a Vibrant Community.....	4
Theme: Trauma and Racism.....	5
Theme: Stigma and Stereotypes	6
Successful Models	7
Housing stability	9
Housing Advice for CHIP	9
Theme: Affordable Housing Issues and Availability.....	9
Theme: Housing Stigma and Stereotypes that Impact Renters.....	10
Theme: Tenant Education and Skills Training.....	11
Theme: Landlord Issues, Training and Competency.....	12
Successful Models	13
Conclusions and Next Steps.....	14
Key Informants.....	15
Appendices.....	16
Appendix 1: Key Informant Interviews	16
Appendix 2: CHIP Principles	19

Introduction

Background on CHIP and its roles

The Community Health Improvement Partnership (CHIP) was formed in 2012 to foster alliances across public and private organizations to target important community health issues together for greater impact. It was founded by the Community Health Boards of Hennepin County, Minneapolis, Bloomington, Edina, and Richfield and their partners.

In 2016, CHIP began closing out its first five years and planning for the next five, calling it CHIP 2.0. Planning included data collection and community input that were incorporated into the community health needs assessments completed by the health systems and a joint [Community Health Assessment](#) carried out by public health the public health boards. Two priorities rose to the top through the data collected and community input received: 1) mental wellbeing in communities and 2) housing stability as a determinant of mental and physical health.

Planning continued throughout 2017 to narrow down these two broad priorities into strategies and potential actions. CHIP hosted learning sessions on 1) historical trauma and structural racism, 2) mental wellbeing in communities, and 3) housing stability as a social determinant of wellbeing. A diverse group of stakeholders was invited to each learning session; these stakeholders included persons and organizations from CHIP 1.0, community partners, local government, foundations, cultural communities, and topic area experts. CHIP partners then identified potential partners in the chosen priorities and established a new decision-making body, called the CHIP Executive Committee, which kicked off in December 2017.

At that initial meeting, the new Executive Committee had a robust discussion regarding community input and participation in CHIP 2.0. Members decided that key informant interviews would help committee members learn from organizations and individuals with intimate knowledge of the two priorities above, and that their expertise was needed to more clearly determine and drive our direction.

Executive Committee members conducted 23 interviews from January through June 2018 with individuals representing various types and sizes of communities, businesses and organizations. Key informants provided their knowledge and perspectives on both priorities. This report is a compilation of advice, findings, potential models and impassioned quotes from those interviews.

Mental Wellbeing in Communities

Mental Wellbeing in Communities Advice for CHIP

1. Help impact things at a structural level. Create tangible evidence of the community being able to affect policy through inclusion in the process.
2. Create a seamless ecosystem of support – one program ends and another picks up with shared targets, goals, communication, language.
3. Be intentional with collaboration. It's frustrating having these conversations about community health and wealth without showing that this isn't just an exercise. If you're going to talk about Public Health issues ... but don't have the most impacted people at the table, what sense does that make?
4. It is myopic to simply have discussions that relate to issues. There are always going to be new issues in terms of interest and urgency. Your picture needs to be much bigger, to build resilience and capacity in communities.
5. Partner with and fund community based organizations that already have community trust.
6. Engage faith communities. They want to get involved and are doing great things. Tap them!
7. Talk to people when you see them no matter how they look. They need to feel like a part of our community in a positive way. Mental health is robbing people of their communities.
8. You need to look at mental health and housing together – don't pull them apart. There's been lots of lip service to this, but we need to make the model work.

Theme: Youth

I. Main concerns/special challenges

1. Perception that youth are joining gangs because of lack of parent involvement and programs not having the funding they need to succeed.
2. Concern about homelessness for young people, and the accompanying mental issues, lack of support, or whatever caused youth to leave home. They drop out of school, so their disparities in education are huge. They make poor choices with other relationships, with peers. It's a downward spiral that's hard to get out of.
3. Immaturity and hopelessness play a big part. Kids don't care if they live or die, so they say "why should I even bother to learn any skills on my own?"
4. Young people with felonies who have kids when they're kids themselves, and that's our future. How do we get these young people to feel like they're a part of our community and tell them that they're going to live, they're going to be prosperous, and that gangs and drugs do not need to be part of their lives?

II. Most effective strategies

1. Help youth to start believing and hoping that through education, good health, and good nutrition they can be successful. Help them avoid making the poor choices that keep their lifestyle and character in decline. Choices like holding a gun and thinking that it's fun to shoot and kill.

2. Connectors can cause an epidemic; change it from negative to positive. Vice gang leaders in North Minneapolis have strong personalities that resonate with people. Give them a good vision and start to see something positive.
3. Youth leadership and development can bring youth to your table to change cities and systems.

III.Quotes

1. Bishop Richard Howell, Shiloh Temple: Youth feel they have permission to live any way they want. They're planning on dying before they are 30, so their despair and hopelessness has created this live large, live wild, live short mentality. Very Sad.
2. Heather Huseby, Executive Director, Youthlink: Have some cohort action studies going on. Too often people are sitting around the table – let's TRY some things and show some results and have some evaluation around it to share.

Theme: Desire for a Vibrant Community

I.Main concerns/special challenges

1. The community isn't what it used to be. If you see a kid doing something and his momma's right there, she'll say mind your business. If you see someone get shot, you have to mind your own business.
2. The concept of feeling safe in my neighborhood when out walking is not equally shared in some of our communities. The spiral of violence and unsafe outdoor spaces cause stress. We need to provide safe parks and or/spaces in our environment that foster improved health and wellbeing. There's a strong connection between mental health and safe spaces in our environment. This is a community and civic issue.
3. Gentrification – there's a relationship between people moving out of places they've lived for a long time and their sense of health, connectedness, and things that help people be in good emotional and mental places to make decisions about their lives.

II.Most effective strategies

1. Build community capacity and resiliency. It has to be intentional.
2. Work toward a sense of connectedness to other people and to places and a sense of stability that I know where I'm going to be and I'm not guessing at it and am not worried about where I'm going to sleep, my kids are not going to be moving to another school.
3. Create predictability in that connection.
4. Re-think stability – in the black community you can have a kid who lives 6 months with mother, 3 months with grandma and 3 months with auntie. That is still stability and predictability in that family.
5. Find the strength of the family and build upon that. Parents are leaders in their communities; provide pathways for them to achieve their goals.
6. Recognize the wisdom in the community and celebrate that. Identify community healers who may not be recognized by title or degree, but are incredibly valuable to their communities.
 - A. Create opportunities that are safe for children and families (including and beyond community violence). Strive for a community that is thriving and doing well.
7. Foster cooperative ownership: Mental wellbeing happens when people who own businesses, provide service, and work with you are people who look like you. This

shifts people from trying to get by – to success, and they end up buying homes in that same community and having a sense of place.

8. Historical institutions – Use the power of the Black church [and other faith communities] as a platform to bring initiatives together. For Black folk, the church is an effective strategy, not that different than what MLK did.

III.Quotes

1. Abdullah Kiatamba and Fata Acquoi, African Immigrant Services, joined by Imam Mohammed Dukuly and Pastor Holdo from Ebola Taskforce: When you bore the hole in your ear you need to put an earring in or it will be for naught. Know of the issues. What are the resources?
2. Antony Stately, CEO, Native American Community Clinic: Community Wellbeing: a sense of community; a sense of place and space; a community that helps one another.
3. Jen Polzin, CEO, Tubman: The most effective strategies are realizing intersection of all social determinants of health. It's simplistic but huge! Also the prevention aspect and working upstream. The ability to see the both/and. Use a public health aspect and viewpoint.
4. Kelly Chatman, Pastor, Redeemer Lutheran Church and Center for Life: The health equity work we did on the Bottineau Line was very empowering, data was very interesting and told a story. The work involved learning from each other and developing partnerships. That's a very effective strategy.
5. Repa Mekha, President and CEO, Nexus Community Partners: What if the properties near Plymouth where Jamar was killed were owned by the people who live there? Would that have happened?
6. VJ Smith, President, MAD DADS: If a person gets shot right there on Lake Street and you and me see it, they'd just cover the body and tell us to stay out of the way but if it happened in Edina, they'd provide mental health counseling to us.
7. Yvette Hewitt, volunteer nurse, Black Nurses Association: We've had some families who've come to the church office for gas cards or food, and in the summer we give away a couple of bags of food a day.

Theme: Trauma and Racism

I.Main concerns/special challenges

1. Underpinning of trauma to the health and wellbeing of Native American people. Addiction (to changing substances) is a significant issue.
2. Violence and hopelessness is a pandemic among African American youth.
3. Lack of knowledge around trauma informed care in dealing with People Of Color (POC).
4. Disorders of Despair is tied to a history of colonization and disrupted natural ways of healing. The community has been denied the resources needed to help itself. We need both intervention and prevention, spiritual too.
5. How white culture responds to trauma and inequities is a concern.
6. Trauma increases the likelihood of mental health concerns (i.e. PTSD, depression, anxiety), yet acknowledging these concerns might negatively impact (stigmatize) a person who may be fighting in family court for custody of their children, for example.

7. People are not steady enough to make good decisions about themselves, their families and extended families and it shows up as mental health and it's just the complexity of the lack of stability.
8. Petty laws that add up to disproportionate traumatic impact in communities of color.
9. Your community cannot be in the game if large portions of your population are incarcerated.

II. Most effective strategies

1. Target racial equity issues to solve for change as opposed to simply maintenance.
2. Post-Traumatic Stress Disorder (PTSD) and undiagnosed mental health issues are extremely common. Awareness training of what trauma looks like, how it presents itself in behavior, and training on trauma-informed sensitivity and responses all help staff be better equipped.
3. Mental wellness is not just a health issue, it's a sense of hope and possibility as much as it is about addressing health related things like stress. Hope is medicine. It is wellness.
4. Build capacity to understand trauma and promote resiliency. City staff carry trauma in their work with community. Police get traumatized as well.
5. Educate the general population that trauma is a causative factor for many mental health issues as well as on Adverse Childhood Experiences (ACEs) and that children who experience trauma have much greater struggles moving through this world than those who do not.
6. Emphasize "anchors" – people as anchors to others in communities.

III. Quotes

1. Ebony Adedayo, Program Manager, ReCAST: Communities of color have a lot of historical trauma that manifests in different decision making strategies when trauma strikes. We need to see this as more than just cultural responses.
2. Michelle Wincell O'Leary, Vice President of Housing, Clinic and Fitness, Touchstone Mental Health: What's needed is a trauma-Informed skill set, and same day flexibility to address issues on the spot. If a client has to come back, they will likely be lost.
3. Repa Mekha, President and CEO, Nexus Community Partners: A community cannot be stable when so many people are scooped up, held, and then put back in again. The capacity and resiliency of the person, family and community gets lessened each time. The person doesn't know how to act and be in relationship, family doesn't know how to accept them back, and community can't absorb them well. And technology leaves them behind while they're in prison.
4. VJ Smith, President, MAD DADS: When it comes to mental health, this phone goes off 24/7 but for the white orgs they can go click and turn off their phones. In my community there's so much trauma that we don't have that luxury. And not everybody needs to go to the psych ward. They may just need someone who cares, who listens and is understanding.

Theme: Stigma and Stereotypes

I. Main concerns/special challenges

1. Stigma that causes some POC to avoid therapy or similar services. People don't want people to talk about them so they won't ask for help.
2. The separation between health and mental health is a problem. You need to bring them together and take a more holistic approach.
3. Mental health services are not well utilized and providers are not very diverse. There's a lack of knowledge around trauma informed care, and when you're dealing with POC there's some type of trauma to be addressed.
4. People are afraid or distrustful of systems; they're not sure where to get help. If they've gone through the system they may feel that they haven't gotten what they needed.
5. Jails are now hospitals (that's where organizations are doing much of their case management). Sheriffs are frustrated with being mental health providers and hospitals don't have any beds.

II. Most effective strategies

1. De-stigmatizing mental health concerns and treatment would be effective for persons who fear that acknowledgement of having mental health issues could harm them in courts and in the work world.
2. Consider terminology around PTSD for use on the ground. It's not just with veterans. These things need to be marketed and told in layperson's terms so people understand and are comfortable seeking help.
3. If we're going to do this right, really, we've got to fund the people who are doing the work so we can keep doing what we're doing.

III. Quotes

1. Mary Martin, Director of Outreach, Dignity Center: One thing that works for us is that we know everyone by name. At the end of the day we discuss caseloads and who's doing what and how they're doing. It's building that trust.
2. Ruth Pauley, Director of clinical programs, Jewish Family and Children's Services: The separation between health and mental health is a problem. Bring them together and take a more holistic approach.
3. Yvette Hewitt, volunteer nurse, Black Nurses Association: People don't want to be the Guinea pig. People come here and get what they need and then they leave. The systems that come in who are proposing this (CHIP), hopefully they have lay persons on the ground rather than people at the corporate level. They don't want to be the test. People also don't want to get their hopes up too much.

Successful Models

1. Downtown 100 looked at youth that are arrested in downtown Minneapolis. Youth are the highest group arrested there. Groups are working collaboratively to do something different. Arrests have dropped by 70% - take a look at this model – collaborative bundled approaches. They're doing an ROI on 2011 Downtown 100 cohort (6 year study) now to show that youth are working, they are an investment versus charity.
2. Next Step is a hospital-based violence intervention program at HCMC that connects youth and young adult victims of violent injury to resources and support. The program, which started as a pilot in 2016, aims to help interrupt the cycle of community violence. The one-year pilot program was funded through grants from the

City of Minneapolis Health Department, Minnesota Office of Justice Program. Additional funding has been secured for another two years at \$140,000 per year, and it is expanding to North Memorial. Cities in other metropolitan areas like Chicago and Baltimore have similar programs. The goals of Next Step are to:

- a) Reduce re-injury and re-hospitalization for youth who are victims of violent injuries.
 - b) Support positive development and holistic healing for youth and families who are affected by violence.
 - c) Help interrupt the cycle of community violence.
3. Community Wealth Building: Cooperative ownership of businesses and housing to create more opportunities. Brooklyn Park (BP) has adopted this model for its community work such as with retiring business and property owners. In the near future, older owners could sell to employees or residents to become cooperatively owned, many by people of color, rather than sell in the open market.

Housing stability

Housing Advice for CHIP

1. Advocate for policies that would give purchasing priority to communities to purchase properties within their community ahead of outside investors. Examples: tax breaks, housing co-ops, community benefit grants.
2. Advocate at the federal level to revise Rapid Re-housing (RRH) eligibility standards (length of subsidy, needs a requirement for case management, etc.). Current experiences of some landlords is that it does not set up the renter and landlord for success. Clients can cycle in and out of shelter with different landlords making it potentially significantly more expensive than Sec. 8 voucher system.
3. Advocate for and create awareness on the need for systemic changes on the correlations between housing, minimum wage and health. Many of our communities are voting on these issues.
4. Develop expanded and consistent screening criteria for landlords so they don't screen the majority of low income or section 8 people out from getting into housing. Most landlords won't rent to someone if they've had an eviction filing in the last 3 years.
5. Review and revise emergency assistance eligibility at the county to better serve clients in advance of eviction notices.
6. Review and revise crime free/drug free and domestic violence ordinances and responses in cities to better serve families.
7. Work with the Government Alliance on Race and Equity (GARE) to develop a legislative platform for housing.
8. Collaborate with organizations such as the Suburban Hennepin Housing Coalition, the Minnesota Multi Housing Association, Minnesota Housing Partnership and the Governor's Task Force on Housing as well as St. Stephen's, Catholic Charities and the Minnesota Assistance Council for Veterans. They have resources that keep people housed and give them a second chance to remain housed and on track.
9. Partner with and fund community based organizations that already have community trust.
10. Have the most impacted people at the table!
11. Consider the benefits of communal environments/living in community for some populations to help them get their feet on the ground.

Theme: Affordable Housing Issues and Availability

I. Main concerns/special challenges

1. Community organizations don't know what resources exist and where to find them to help their clients.
2. There is not enough affordable, safe housing in the community. This is keenly felt by survivors of domestic and sexual violence.
3. The affordable housing that's available does not match the needs of families (most affordable housing units are 1 bedroom).
4. Individuals are one crisis away from homelessness and the impacts can last for years. For example, people are still homeless in 2018 from the May 2011 tornado in North Minneapolis.

5. We are seeing an outmigration to the north and west because families can't find affordable housing. But they don't know what kinds of services are available there.

II. Most effective strategies

1. Advocate for gradual increases in rent to wean people off assistance rather than spikes.
2. A portion of rent could be placed in a separate account for people as an incentive to move toward better housing (qualify and move from subsidies at 30% or 50% Area Median Income (AMI) housing to 80% AMI, etc.)
3. Have more emphasis on "anchors" – housing, and social determinants of health.
4. Streamline the information and referral process for affordable housing and communicate that. Share website links, etc.
5. Short (ST) and long term (LT) solutions are very different. ST is the county or a non-profit paying the rent that's due or in arrears. That only works for 30 days. LT is preventing the issue from happening.

III. Quotes

1. Alfred Babington-Johnson. Founder, President and CEO, Stairstep Foundation: If you increase home ownership for African Americans, is that your hooray moment? If so, how does that change the disparity and the critical issues people are facing?
2. Andre Dukes, Director of Organizational Learning and Practice, Northside Achievement Zone: Families don't come in pieces – need to think about how to address the entire family. CHIP – align with all the supports that a family needs – and be intentional with collaboration.
3. Chuck Peterson, Executive Director, Clare Housing: Wouldn't it be amazing if a doctor could write a prescription for housing and Medicaid would pay to get that person housed?
4. Gordon Goodwin, Midwest Project Manager, Government Alliance on Race and Equity (GARE): If you don't have stability or certainty about your housing, it puts a number of things in jeopardy: physical and mental wellbeing; ability to count on social networks, education and economic opportunities, etc. Whether renting, owning, co-housing--if it's not stable and livable, you are at risk for not being healthy, not being part of the community. It's foundational.
5. Linda Bryant, VP of Community Based Services, Emerge: Trauma is probably linked to why they're homeless in the first place, then there's trauma at the shelter, past history comes up so they can't get housing, and if you can't get housing for you and your kids, a pillow to put your head, that's trauma. It's about stability. There might be Mental Illness or Chemical Dependency issues, and they struggle with that at the same time they're figuring out how to pay the rent each month.

Theme: Housing Stigma and Stereotypes that Impact Renters

I. Main concerns/special challenges

1. There is an underrepresentation and misrepresentation of tenants, including at housing court, and Unlawful Detainers and felonies follow you for life.
2. People are afraid that the system will attach a label that will be used against them, of being in court trying to get their kids back and they can't because they have been labeled a felon or mentally ill.

3. People who know about emergency services know it can only be used once a year. Maybe they wait until they need it, but many people use it once a year like clockwork.
4. There's a lack of confidence that housing and human services system priorities help families. It is not transparent and seems to set people up to fail. For example, a woman can't get her children back without an apartment but she doesn't qualify for a section 8 apartment without them.
5. Change happens incrementally for most persons, so adequate time must be given to people dealing with mental health and housing crises. It seems like when someone begins to make some headway, they're penalized by losing childcare or having other benefits cut.

II. Most effective strategies

1. Expungement of Unlawful Detainers (UD). If there's not one already, set up an alternative mediation court system like they do with child custody and support, etc. District court would have to embrace that to do it. Ask the District Court GARE team if this is something they would / could help with this.
2. Pairing services with housing. Client follow through (monthly home visit is strongly recommended) by community health workers or other entry level staff.

III. Quotes

1. Cheryl Kolb-Untinen, Community Advocacy & Training Manager, Cornerstone: Recognize that almost 40% of women that are homeless, are homeless due at least in part to domestic violence and the impact that trauma has on an individual's mental/emotional health.
2. Derek Burrows Reise, Executive Director, St. Louis Park Emergency Program: A person's current landlord is much less likely to renew someone's lease if they've filed against them during the current lease period, and then most landlords won't rent to someone if they've had an eviction filing in the last 3 years.
3. Jake Gale, Director of Operations, People Serving People: When proposing changes, it is effective to engage the families we serve and meet with people to give them a voice. Seeking input is time-consuming and challenging, but so valuable to long-term outcomes.
4. Linda Bryant, VP of Community Based Services, Emerge: At Collaborative Village we had mental health services right in the building. There's such a stigma for people of color to receive mental health services.

Theme: Tenant Education and Skills Training

I. Main concerns/special challenges

1. Many people in affordable housing have never learned how to be a successful tenant.
2. What are we doing with this next generation (youth) to teach them about housing and home ownership, being good tenants or owners?

II. Most effective strategies

1. Create a place / venue for education that will teach soft and social skills, to train people for the future, develop families that will be sustainable.

2. Help people/clients/communities be accountable for their behavior and in order for this to happen, they need to feel welcome, and motivated to get help.

III.Quotes

1. Asher Gavzy, Director of Operations, Property Solutions & Services, LLC: There are people who don't know how to vacuum or mop the floor and don't have one. We tell them to go to goodwill and get one.
2. VJ Smith, President, MAD DADS: People have never been taught how to maintain a household and how to fix a toilet, regulate heat and put plastic in their windows in winter. People have the window open because they're hot but they have the heat on because they've never been taught to not do that. They don't know how much soap and bleach to put in the laundry too. Have them come to a class, saves a lot of cost and pain.

Theme: Landlord Issues, Training and Competency

I.Main concerns/special challenges

1. Many owners of Naturally Occurring Affordable Housing (NOAH) properties are running very tight budgets and need rental income to pay the mortgage and live off of. It may be challenging for them to rent to people with perceived risks.
2. Some landlords don't want to rent to persons perceived to possibly bring issues with them, especially domestic violence, drugs, mental illness.
3. Landlords' don't understand historical and current trauma and their impact on renters.
4. You can't assume building managers will see value in getting training. Who would pay for their time spent attending training? For profits will be concerned.
5. PTSD, chemical health, and undiagnosed mental health are extremely common issues and often trigger eviction
6. Mom and pop landlords probably don't have a good relationship with government in general because it's perceived to be the landlord's fault if the police are called, so they don't want to take any chances. There's tension between landlords and government.

II.Most effective strategies

1. Landlords must participate in the conversation or you won't be able to move forward.
2. Mental Health First Aid, Psychological F Aid, trauma informed response, cultural awareness, sensitivity and competency
3. Loop landlords into the domestic violence system more so they have greater understanding of its impact on women and children, and know how and where to get help. Also work with police so they don't wear uniforms on these calls so people are calmer, like they are starting to do for mental health crises.
4. A discount on rental licensing by the city might incentivize landlords to attend training, as would real estate credits for fair housing. Robin Williams specializes in housing law for owners and teaches fair housing classes.

III.Quotes

1. Linda Bryant: Landlords have so much control over people's lives. What I mean is that if you get an Unlawful Detainer (UD), your life could be destroyed for 10 years and it may have been because you had a landlord who shouldn't have been a landlord in the first place. The tenant doesn't have access to a lawyer and that is a problem.
2. Lynette Chambers, Multifamily Housing Coordinator, City of Richfield: City staff spend significant time working with a handful of residents struggling. They just need an ear of support.

Successful Models

1. Collaborative Village Initiative (CVI) – houses families such as those with two parents and eight children. It saves money on shelter costs, social services, etc. Services include employment and career counseling, on-site mental health counseling, advocacy and intervention, after school programming, support groups, and anchor family mentoring for new tenants.
2. "Anchor/mentor tenants" in housing complexes who act as positive role models and provide support for their neighbors have been found very helpful to tenants.
3. Clustered housing units can create a collective or village atmosphere to facilitate social connectedness and safety.
4. Staff who employ intensive engagement strategies can motivate tenants to utilize services as needed to maintain housing and keep their children safe.
5. Fathers and Children Together (FACT) – [24-month transitional housing and family development program serves about 45 homeless families, mostly single fathers with legal custody of their children, administered by Emerge in partnership with local agencies] works with men living with their kids and got them into jobs and successful in there. Those men became mentors.
6. The City of Richfield has a 48-month rent assistance program to assist families with children called Kids @ Home. Families must fit the criteria to enter the program and maintain these criteria to continue to receive rental assistance under the program. St. Louis Park has a similar program called Kids in the Park.

Conclusions and Next Steps

This interview process began last December during a discussion on community inclusion in the work and outcomes of the Community Health Improvement Partnership (CHIP) of Hennepin County. It became a six-month endeavor to include as many voices as possible and capture words spoken as closely as possible to ensure intent.

The advice, concerns, effective strategies, successful models and poignant quotes shared by interviewees have been invaluable to the CHIP Executive Committee as it further prioritized its principles and roles in the areas of mental wellbeing in communities and housing stability. Vision statements and work plans have been created for each priority and are being fine-tuned by small teams of Executive Committee members.

There is much more work to be done. Next steps are:

- 1) Action teams will be launched in the fall of 2018. Action teams will be comprised of community partners, public health, health plans and hospitals, topic area experts. Invitations to participate on an action team will go out to all key informants and others who took the time to share their knowledge and personal experiences.
- 2) A “CHIP Collaborative” workshop will be held in September 2018. The Collaborative is an ongoing community engagement strategy to monitor and revise CHIP priorities and actions:
 - a. The purpose of each workshop is to ensure transparency and accountability back to the many communities, businesses and organizations within Hennepin County.
 - b. All key informants and others interested in mental wellbeing in communities and housing stability will be invited to attend and provide feedback.
 - c. Each workshop will focus on CHIP’s work plans to see if this work is on track, and if not, to get the input needed to revise the strategies, refine future direction, and report results.

Thank you again to all who took the time to be interviewed by our partners. Your input is invaluable! The list of key informants is below along with the organizations that each individual or group represents.

For more information or questions, please contact Karen Nikolai, CHIP coordinator, at 612-348-8089 or karen.nikolai@hennepin.us.

Key Informants

- 1) Abdullah Kiatamba and Fata Acquoi, African Immigrant Services, joined by Imam Mohammed Dukuly and Pastor Holdo from Ebola Taskforce
- 2) Alfred Babington-Johnson. Founder, President and CEO, Stairstep Foundation
- 3) Andre Dukes, Director of Organizational Learning and Practice, Northside Achievement Zone
- 4) Antony Stately, CEO, Native American Community Clinic
- 5) Asher Gavzy, Director of Operations, Property Solutions & Services, LLC
- 6) Bishop Richard Howell at Shiloh Temple
- 7) Cheryl Kolb-Untinen, Community Advocacy & Training Manager, Cornerstone
- 8) Chuck Peterson, Executive Director, Clare Housing
- 9) Derek Burrows Reise, Executive Director, St. Louis Park Emergency Program
- 10) Ebony Adedayo, Program Manager, ReCAST Minneapolis
- 11) Gordon Goodwin, Midwest Project Manager, Government Alliance on Race and Equity (GARE)
- 12) Heather Huseby, Executive Director, Youthlink
- 13) Jake Gale, Director of Operations, People Serving People
- 14) Jen Polzin, CEO, Tubman
- 15) Kelly Chatman, Pastor, Redeemer Lutheran Church/Redeemer Center for Life
- 16) Linda Bryant, VP of Community Based Services, Emerge
- 17) Lynette Chambers, Multifamily Housing Coordinator, City of Richfield
- 18) Mary Martin, Director of Outreach, Dignity Center
- 19) Michelle Wincell O'Leary, Vice President of Housing, Clinic and Fitness, Touchstone Mental Health
- 20) Repa Mekha, President and CEO, Nexus Community Partners
- 21) Ruth Pauley, Director of clinical programs, Jewish Family and Children's Services
- 22) VJ Smith, President, MAD DADS
- 23) Yvette Hewitt, volunteer nurse, Black Nurses Association

Appendices

Appendix 1: Key Informant Interviews

CHIP Executive Committee

Community Health Improvement Partnership (CHIP) for Hennepin County

Key informant interviews

January 2018

Purpose

Collect information from a wide range of people, including community leaders, professionals, or residents who have first-hand knowledge about the community and provide insight, ideas and recommendations.

Interviews:

Introduction:

Explain who you are and the organization you represent (your own and CHIP – see CHIP info below) and your area of expertise.

Background on CHIP:

Explain that the Community Health Improvement Partnership (CHIP) was formed in 2012 to collaborate across public and private organizations **to target important community health issues together** for greater impact. We recently closed out the first 5 years of CHIP, came to consensus on new priorities, and reorganized to expand our capacity (new Executive Committee with broader representation).

The **goal for the next 3-5 years is increased mental health and wellbeing in our communities.**

Two overarching strategies fall under this:

- 1) Build community supports for mental and emotional wellbeing*
- 2) Address housing as a social determinant of mental health and wellbeing*

Specific strategies and actions are being fleshed out following several workshops in the fall of 2017 and using the information we learn from these interviews.

Explain CHIP Roles

- **Convene** – *Bring different sectors and organizations together to move toward action*
- **Catalyze and collaborate** – *Learn from experts and impacted communities, align interests and resources, and act toward mutual goals to move the dial on mental health and wellbeing in communities*
- **Advocate** – *Get to shared decision-making and action with people who don't traditionally have a voice, and advocate for change together with them*
- **Adopt policies** – *Lead policy change within partner organizations, and work externally with political bodies to adopt policies that move the dial*
- **Use data, including health/racial equity data** – *Data will help inform (but not drive) our direction, decisions and actions, and will be used to measure progress and outcomes*

Share our commitment to health and racial equity

Health and racial equity are at the core of our work. Because of this, we will focus on the ways structural and institutional racism and bias impact outcomes for people of color. We will use a racial equity lens to focus our intent, which will bring us all to a shared understanding, language, and definitions on race and bias as we catalyze and carry out our work.

Let them know that our work is about health, but the majority of factors that impact health are issues like housing, transportation, education, criminal justice and having a good job or not. ***That's why we're reaching out to you today.*** We want to know what you think about how these things influence mental health, particularly housing.

Questions:

When you talk about community, which community or communities do you feel you represent?

- a. Geographic areas in Minneapolis (North Mpls, Phillips, etc.) Bloomington, Brooklyn Park, Richfield, etc.
 - b. Faith communities such as churches, synagogues, mosques, temples, etc.
 - c. Cultural communities such as African American, American Indian, Hmong, Vietnamese, Latino, etc.
 - d. Specific groups of people such as elders, women, youth
 - e. Representatives of specific organizations such as elected officials at the State of MN, Hennepin County, or cities who work in areas that “touch” residents in mental health or housing
1. Tell me a bit about yourself, your role in your organization or community and what brought you to this work in mental health and/or housing (or activism if they're a community member).

2. You've been identified as someone who knows about mental health or housing. What are the main concerns in your community related to this?
3. What special challenges are there to **addressing** mental health and/or housing in your community?
4. Reflecting on your knowledge and experience in the community, what do you think are the **most effective strategies** to reach community members and impact mental health and/or housing? **Least effective?**
5. Thinking about CHIP as a potential partner in this work, what strategies or activities around mental health and/or housing could CHIP champion or align with that would be particularly effective in your community?
6. Can you recommend partners or resources that would help us? Is there anyone else in the community that I should speak with about this?
7. Summary: We talked about __, __ and __ and you had great ideas on __, __ and __. What other thoughts do you have that we might not have covered?
8. **Thank you** for your time and information! **Next steps are** that we plan to wrap up Interviews by mid-March. We will compile the interviews into a report to tease out specific issues, themes and recommendations, and hope to have this completed to share back with you by the end of April.

In the meantime, please feel free to contact me with any additional thoughts or ideas, or to contact Karen Nikolai, our CHIP Coordinator, at either karen.nikolai@hennepin.us or 612-348-8089.

Thanks again for your time!

CHIP Executive Committee

CHIP Principles

The Executive Committee engaged in small and large group conversations, over two meetings, to formulate principles that the partnership will use in planning and executing its work. The key concepts and phrases from those discussions are captured in the guiding principles below.

Guiding principles:

1. We understand that racism is at the core of racial and economic disparities, and the systems that perpetuate these inequities must be dismantled.
2. We recognize the harm our systems have caused, and we will shift our organizations' business decisions to prevent harm.
3. We will listen as communities define their own goals, then partner with them to achieve shared success.
4. We will act collectively upstream, harnessing the power and resources of this partnership to create equitable processes, policies, and collaborations.

