



SILOS TO CIRCLES

A NEW CONTINUUM CONVERSATION

Precursors for Collective Action

- Complex Issue
- Urgency/Need for Change
- Influential Champion(s)
- Adequate Financial Resources

Channeling Change: Making Collective Impact Work: SSIR, 1/26/2012, John Kania and Mark Kramer



Common ground. Common good.



SILOS TO CIRCLES
PARTNER ORGANIZATIONS



Hennepin Health
County Health Care Reform

ICSI



mental health
crisis @alliance

METROPOLITAN
AREA AGENCY
ON AGING



Minnesota Indian Women's
Resource Center



Minneapolis
Health
Department

Minneapolis
City of Lakes



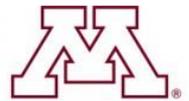
Stearns County
Minnesota



TOUCHSTONE
MENTAL HEALTH



united
Theological Seminary



UNIVERSITY OF MINNESOTA



AMHERST H.
WILDER
FOUNDATION

Mission and Vision

We will work collaboratively on shared priorities that will foster wholeness for our currently fragmented continuum, so that we can collectively:

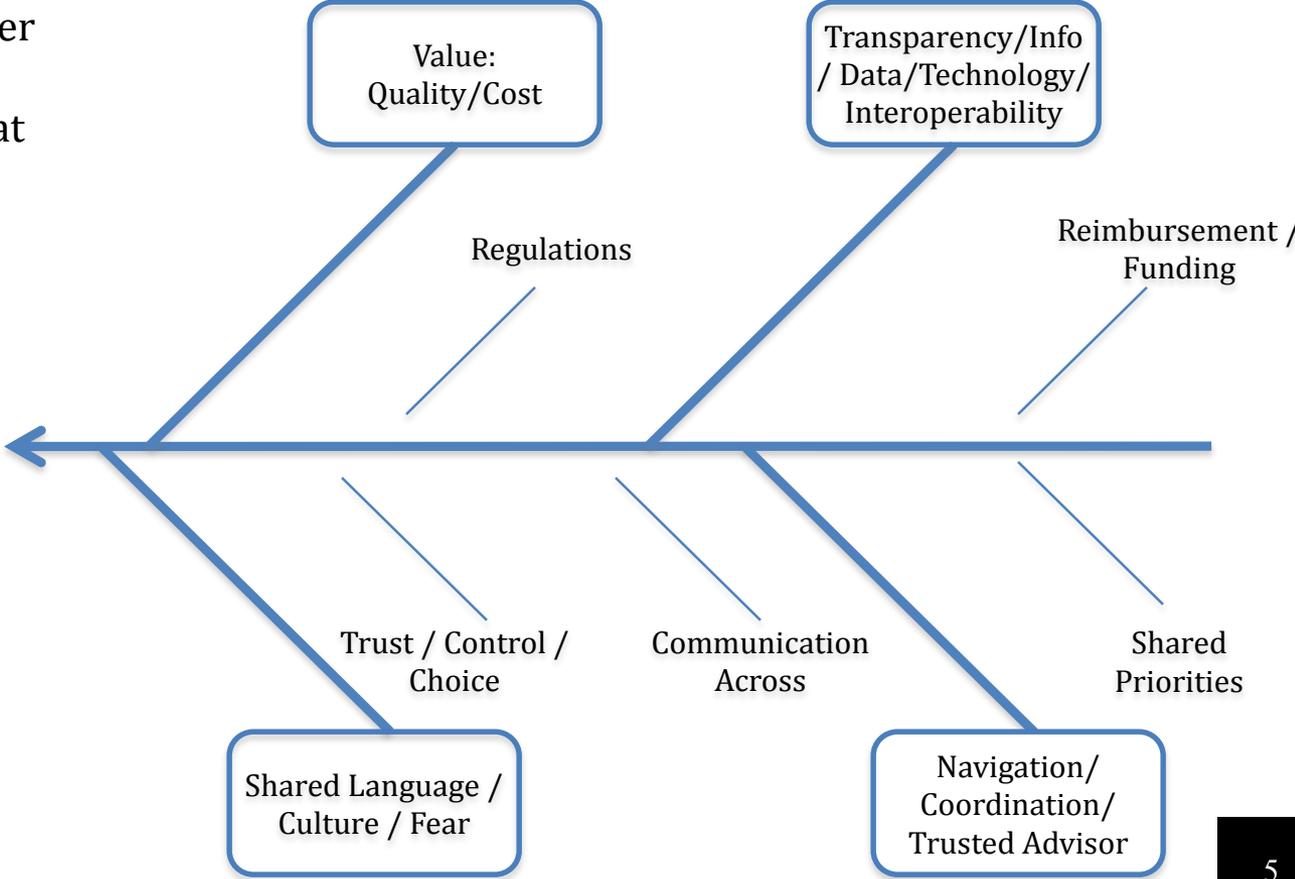


Promote health at all life stages with services that are integrated, culturally appropriate, **equitable**, sustainable and that honor our shared humanity.

Cause And Effect: Where to Channel Our Efforts to Realize Our Vision

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Promote health at all life stages with services that are integrated, culturally appropriate, **equitable**, sustainable and that honor our shared humanity.



Community Health Data

	Mental Health	Access to Care & Resources	Alcohol/Sub Abuse	Patient Edu / Wellness / Nutrition	Obesity	Chronic Disease Prevention	Access to Healthy Foods	Financial Vulnerability	Domestic Violence	Transportation	Tobacco Use
MDH CHNAs ¹	✓		✓		✓	✓					✓
MHA CHNAs ²	✓	✓	✓	✓	✓						
HealthEast Community Conversations ³		✓					✓	✓	✓	✓	

¹ MDH data includes 25 CHBs (8 Metro, 7 SE, 2 SC, 3 Central, 2 NE, 3 NW).

² MHA data includes CHNAs from 84 hospitals spanning the state

³ HealthEast data includes a synthesis from East Metro Health and Well-being Community Conversations

What's in Scope

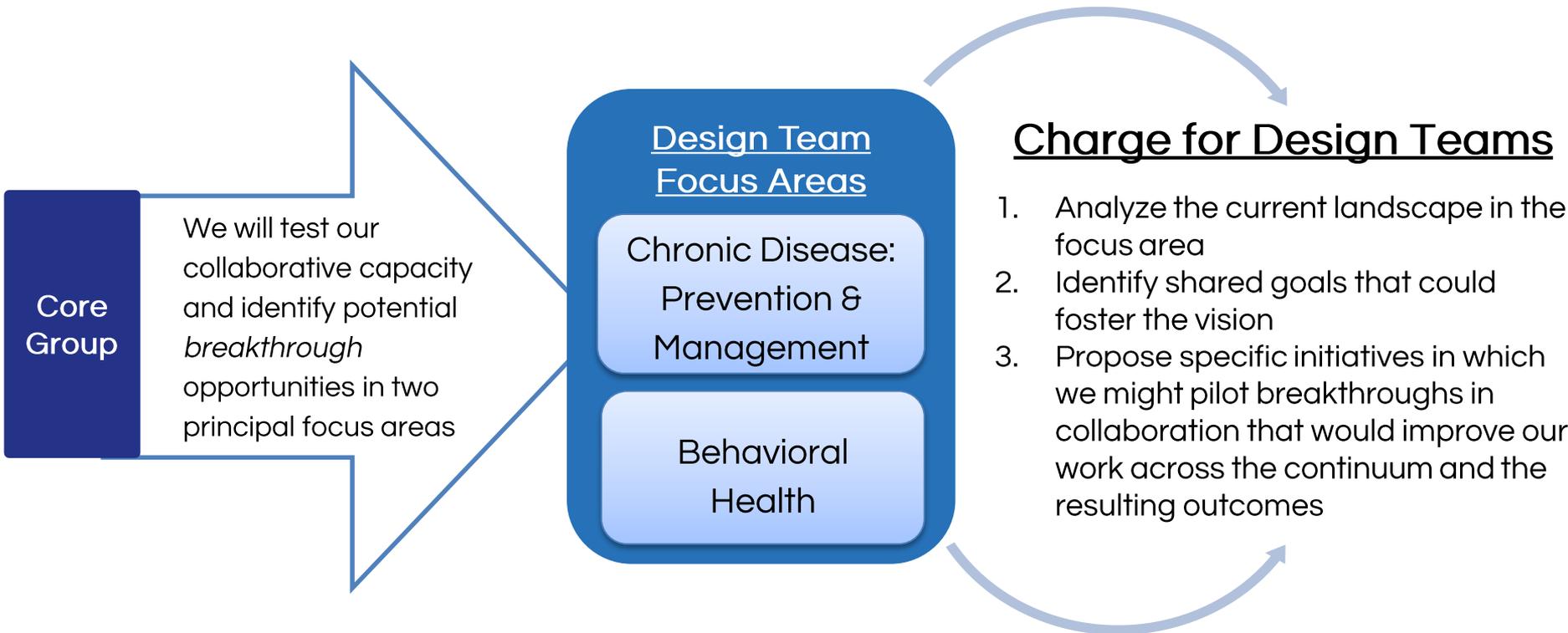
What We **Are** Doing

Setting parameters
within which we will test
and discover
breakthrough
approaches to
integration

What We Are **Not** Doing

Solving all challenges
linked to behavioral
health or chronic
disease

Overarching Approach To Initiative



What We Are Aiming For

Mutually Reinforcing Activities

Inputs

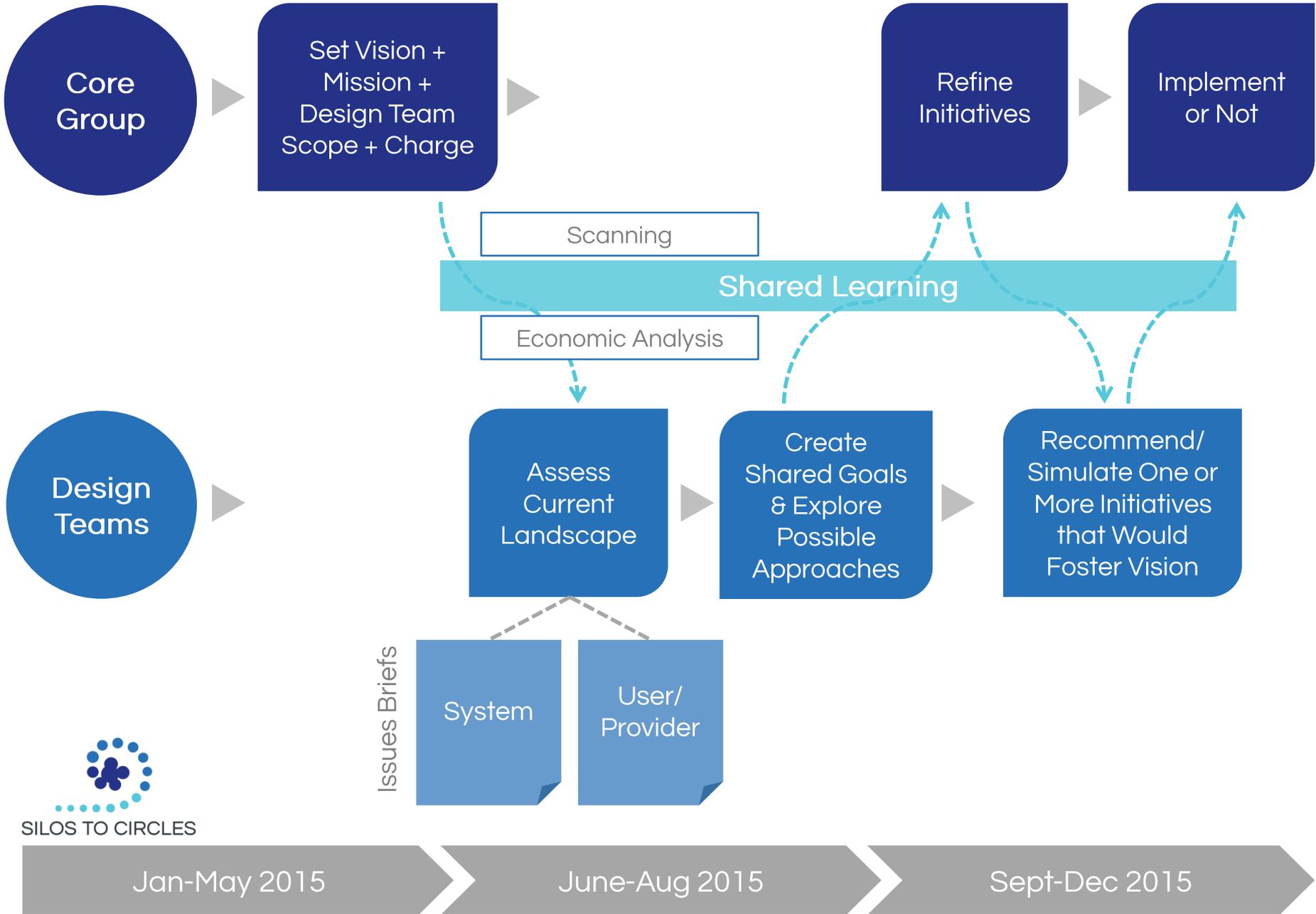
- Landscape briefs in Behavioral Health and Chronic Disease
- User/Provider dialogue and design needs
- Economic analysis relating to costs of fragmentation
- Scan of success factors, barriers and applicability of other complex integration efforts

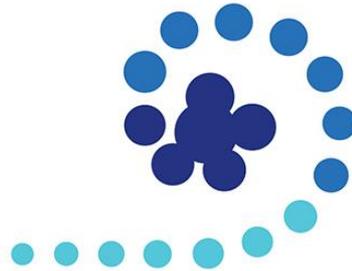
Outputs

- Design teams recommend one or more breakthrough integration opportunities
- New design simulation, implementation, study and adaptations
- Design team identifies policy enablers and barriers to change
- Innovations impact environment to make healthy choices easier and recognize that people live in families and are not just individuals
- Learnings report (using stories)

Impact

- Increased collaborative capacity and effectiveness
- Paths to scalable, spreadable system reforms
- Measureable change for people living in community





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"Leaders who can build partnerships for seeing larger systems...must cultivate open-mindedness in order to challenge continually their own favored views and to learn how to embrace multiple points of view in the service of building shared understanding and commitment.

This work will require a set of deep capacities: systems intelligence, building partnership across boundaries, and openness of mind, heart, and will."

- Peter Senge, *Systems Citizenship: The Leadership Mandate for This Millennium*