



2nd Annual Primary Care & Behavioral Health Integration Summit: *Emerging Best Practices & New Next Frontiers*
September 20, 2011

PERSONAL ACTION PLAN

Please complete this form PRIOR to leaving the Summit. Keep the top form and turn in the yellow copy to Summit personnel. Results will be shared with participants and community members via online postings @ www.cchealthnetwork.org within 30 days from today's date. List specific actions you will take to begin or continue translating the vision of integration in your organization.

In addition to the category "Change Leadership" please choose two additional areas of interest to complete an action plan. Feel free to complete additional categories throughout the Summit as well!

For each item, please consider the following questions as you move forward with implementing your integration plan:

1. What benefits do you hope will result from your action plan?
2. How will you know if you have been successful? What will be different?
3. What barriers might impede your implementation?
4. What resources (people, equipment, extra training, etc.) will you need to complete each action item?
5. What steps will you take to share what you have learned?

CATEGORY	ACTION ITEM	BENEFITS	BARRIERS	RESOURCES NEEDED
*CHANGE LEADERSHIP <i>PLEASE COMPLETE</i>				
PEER RECOVERY				
SUBSTANCE ABUSE				
CHILDREN'S SERVICES				
ACCESS				
CONSULTATION				
EDUCATION				
EMERGING BEST PRACTICES				

NOTES / COMMENTS: