

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CHANGE LEADERSHIP

Action Item		Benefits	Barriers	Resources Needed
1	Hope Connection			
2	More passion, less rules and less reliance on money funding sources		Convincing community clinics to step it up	Leadership
3	Implementation of computer systems with interfacing capabilities	Shared information would improve patient care coordination	Privacy concerns	Funds, office space
4	Integration of comprehensive primary care and mental health	Better case management	Lack of manpower and funding	Better salary compensation i.e.: therapists
5	Supportive Management	Inspiration and motivation to others	Training	Training
6	Implement these principles in our unit	Increased moral; Increased productivity	Current management attitudes	Training; Accountability
7	Inspire people to want to grow	Motivation of individuals to make change	Fear of change; Lack of confidence; Wanting to remain in comfort zone	Funds for educational training
8	Translate Integration vision into practice and vision for DBH clinics	Increase access to services; Increase buy in for integration		Opportunities to create the vision realistically for providers and staff

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CHANGE LEADERSHIP

Action Item		Benefits	Barriers	Resources Needed
9	Professional responsibility for the total package of care for individuals of high needs			
10	More partnering; More communication; More knowledge	More consumers will be helped	Too many agencies with different rules; Need more coordination	Phones; Communication device
11	Assess provider partners for future integration models	More comprehensive services; More health stats	Shared systems needs for E.H.R.	
12	Coaching	Accountability and Teamwork	Fear of change and preference for comfort zone	Getting Management Onboard
13	Increase strategies to connect population with resources and intergrate services	Increased access to services	Poor options of integrated services; Resistance to change	Motivated professionals and organization
14	Clear HIPPA limitations	Increased access from any location	HIPPA regulations	Laptops
15	Combine formal training and credentialing into one position	Program Director is Family Support Specialist	Integration of two distinct functions	
16	Introduce model to staff	Staff can see how their efforts may compliment others	Shared vision of integration???	

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CHANGE LEADERSHIP

Action Item		Benefits	Barriers	Resources Needed
17	Lead Program	Teamwork and New innovation to change	Life preservation	
18	Educate Leaders; Philisophical Shift	Integrated client care; inspiration and satisfaction	Ignorance, time, lack of availability and knowledge	Need time for providers to be part of real change and trainings
19	Fostering motivation for collaboration	Better patient care	On-going time, space and opportunity for collaboration	Commitment, motivation, vision, strategic mission
20	Motivated upper management	Vision for behavioral health	under valued versus traditional health practice PCP	Get management on board
21	Stop trying to make Medi-cal HMO like	Everyone could go where they would like to go	Cost	
22	Developing a culture of change and growth	Improved services and culture	Support from BOD and Executive Directors	Change facilitation training and support
23			Funding	
24	M.D. on site	Increased groups in recovery homes	Funding	Increased Training

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CHANGE LEADERSHIP

Action Item		Benefits	Barriers	Resources Needed
25	Community Leadership participation in agency	Active participation in Change	Lack of time; Culture	Time for staff participation
26	Share the vision and goals; Inspire people and Team to commit to personal growth	Making changes in the system of care and integration; Better patient care; Cost effectiveness	Fear of change; Lack of funding to retain trained clinicians; Lack of leadership training	Leadership training
27	Discuss "How to Lead" in next PD/AD meeting	Provide better; Committed staff	Change in culture; Established system	Support from organization leaders
28	Getting leaders to work more actively on providing clients psychiatric and prescription management care	Clients will get easier access to psychiatric and medical care	Difficulty breaking old habits	More cooperation between psych and medical facilities
29	Give full coverage to clients			
30	Generate an environment which promotes personal growth	Staff will begin to see that training is for them as well as for patients	Time	Information on new trainings
31	Advocate coordination of care and design for the future	Increased help to client services; Decreased duplicated services	Time and application	
32	Develop a vision for staff to see			

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CHANGE LEADERSHIP

Action Item		Benefits	Barriers	Resources Needed
33	Improve service fees for providers	Better outcomes for time study and increased training for staff	Guarded turf; fear of change	
34	Develop a specific goal/mission that staff can identify with	Greater buy in/ commitment		
35			Resistance to change by providers/staff	
36	Elicit agency support/training	Leadership; Management	Lack of agency/organization support	Training staff to assist with daily operations
37	Re-define our vision of change towards integration and elicit commitment	Culture development	Resistance to change; tedious work	Agency support; Staff within to support with changes
38	Increased support, coaching and promise	Retention	Not meeting expectations	Training
39	Inspiring staff to connect people with available resources	Innovations	Convincing staff to work at getting people out of their comfort zone	Staff leaders to make this happen
40	Model appropriate behavior supporting prescribing meds for stabilizing mental illness	Improved care coordination and access to needs	Provider buy in; Additional tasks in already limited time	Education for providers on medication side effects

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CHANGE LEADERSHIP

Action Item		Benefits	Barriers	Resources Needed
41	Discuss with staff to inspire; Discuss with CEO	Motivated staff are happier and provide better services	Ensure other managers do the same	Limited time, too many duties not enough time
42	Fostering motivation for collaboration	Better patient care	On-going time, space and opportunity for collaboration	Commitment, motivation, vision, strategic mission
43	Develop a relationship with biggest provider to lead the way i.e.: Scripp's, Kaiser			
44	Create the vision	Clients and companies benefit	Human nature	
45	Need more training	Better coaching for staff	Commitment to change; Unfulfilled promises	Training
46	Inspire change towards integration and move towards staff commitment	Motivation for staff; Productivity	No \$ to pay for program; No training	Need training in change management; Time to complete trainings
47	Review change; Leadership reading materials on-line	Not sure until I read it	Time constraints	More time
48	Meet with division and program directors to identify plans for integration			

San Diego Integration Summit (September 2011)

Personal Action Plan Summary: CHANGE LEADERSHIP

Action Item		Benefits	Barriers	Resources Needed
49	Many models	You can make it up	Making it up	Trainings on integration model applications
50	Identify prospective	Buy in from doctors, HIPPA and confidentiality	Remote/rural communities	Funding; Trainings
51	Formulate meetings and relationship with BH i.e.; Chronic Pain Program	Enhanced integration of BH/Medical	Scheduling	Webinars; Programs benefits