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Top Vote-Getters from the 5/28 Goals Forum:

Strategy 1: Develop a systematic, structured approach to getting employee feedback

1. Develop a simple and quick web-based system of employee feedback that includes advanced notification for new initiatives and updates on existing every three weeks. (29)
2. MHA will hold quarterly face-to-face dialogues (all-staff meetings) to include one exempt/one union staff from each RPH, with an agenda to include: Questions submitted from staff, the what and why of recent decisions, and progress updates on the strategic plan. (23)
3. By October 1, 2013, implement an online forum for reporting employee feedback: broken down by office/area, with feedback collected on a monthly basis, initial responses within one week, final responses within two – four weeks, and have an option available for anonymous postings. (20)
4. Identify issues and communication from the bottom-up, by developing 6 month/annual employee survey for proactive feedback to management, similar to an exit interview, in multiple formats (face to face, electronic, paper). (19)
5. Solicit “input” on what new directions to explore (i.e. at standard meetings, trainings, conferences) and encourage managers/leadership to have regular staff meetings to share updates and gather input. (19)
6. Offer facilitation training to all managers/chiefs/leaders. (10)
7. Encourage all staff to report “anomalies” in their environment, such as “just culture” self-reporting of mistakes, a door or light fixture that is loose on the hinges, and/or a program or procedure which, though ingrained, just does not seem to work. (7)
8. MHA will give the entire staff an employee satisfaction survey on a quarterly basis regarding organizational factors such as work satisfaction, respect, leadership, workload, growth and development factors. MHA will have an 80% satisfaction rate and a 60% response rate by the end of the fiscal year. (7)
9. Identify issues and communication from the top-down, with the executive identifying issues and requesting feedback. (4)
10. MHA will develop an open online forum for ongoing feedback from staff and will develop a structure to review and respond to submissions. The forum and structure will be running by July 1st. (1)
11. Convene a focus group around the strategic plan that would meet semi-annually and include cross-representation of bargaining unit/non-bargaining unit, hospital and central office staff. (1)

Strategy 2: Develop a systematic way of communication as to what and why decisions are made throughout the organization

1. Develop an internal communications plan around shared decision making and department initiatives within three months: Include a content specialist when meeting with external stakeholders and when providing external communication via web; Hold department-wide quarterly meetings to share information with report-outs from each office and recognizing employee initiatives; Develop a communication plan specific to the leadership team with printed material and post senior team meeting notes. (32)
2. Implement the Tower Talk concept within the organizational structure by September 1, 2013, with sharing of information on no less than a monthly basis (Central Office structure: Assistant Directors -> Deputy Directors -> Chief) (Hospital structure CEO -> Executive Council -> Deputy Directors). (30)
3. MHA will increase staffing levels at each RPH to allow employees to attend forums and trainings, as well as use earned vacation time, decrease staff burnout and turnover, and improve unit/patient and staff safety. (14)
4. MHA will expand weekly Tower Talk with Director Plouck to include updates from the RPHs and other central office leadership by July 1st. Each RPH will be able to broadcast Tower Talks to each hospital unit. (13)
5. MHA will expand the “e-behavioral news update” as an all staff e-communication to include a section on “what and why” of pertinent decisions and how to submit feedback, to be in place by July 1st. (13)
6. MHA will share the strategic plan via the intranet and internet and receive feedback. This should provide opportunities to get involved and participate in the strategic planning process. (13)
7. Keep Tower Talk and share BH update newsletters with CEOs of hospitals. (8)
8. Agendas will be published online prior to leadership meetings at least 48 hours in advance, and meeting minutes will be published within a week. (6)
9. Post all internal agency meeting minutes to intranet (cross-office and above), with details about decision making and a brief description. (5)
10. Rethink and review MHA message(s) and revise the wording to reach more people and be more inclusive to reach all citizens. (4)
11. Post all outgoing agency/hospital communications to community stakeholders on internet (ex. Numbered Policy Advisory). (3)
12. Develop a systematic way to communicate what and why decisions are proposed throughout the department. Managers are encouraged to use the internet to share new information (newsletters, blogs, etc.). (0)

Strategy 3: Identify the differences and similarities between the MH and AoD systems with an eye toward blending the two

1. Develop a cross-system committee to explore differences and similarities and develop a plan to blend more effectively: Invite co-workers and community partners to participate in similar projects and meetings, encourage better communication and opportunities to improve in a broader MHA system, and examine how different physical settings affect outcomes, i.e. levels of care. (27)
2. Determine a learning process for AoD/MH staff to share resources – include lessons learned from operational units that have been consolidated/co-located, include geographical mapping of MH/AoD locations (identify appropriate linkages), and spend a day at a hospital to learn about processes within a two year period. (21)
3. Establish a consolidation workgroup to identify the differences and similarities between AoD/MH systems in terms of organizational process programming (prevention/treatment/ recovery & resiliency) by GAP analysis within three months. Discuss findings with staff and provide educational interdisciplinary needs, and then develop a plan for messaging around becoming a new department (the way prevention messages). (20)
4. MHA will establish a patient focused/client education program around our shared treatment philosophy and how the blending of the departments will improve patient services. Workgroups and an action plan will be defined by the first quarter, will be implemented in the second quarter and the plan will be evaluated by the end of the fiscal year. (19)
5. MHA will develop a monthly video-conference series to broadcast information about the similarities and differences and blending of the departments and how it affects RPHs and external stakeholders. (15)
6. BRSS-TACS methodology. (12)
7. MHA will meet to define similarities and differences in MH and AoD and how to blend the two cultures in monthly pot-lucks, which will include up to four (15 minute) speakers and informed discussions (e.g. trauma/change). (9)
8. Cross system training to identify common goals, common ground and common enemies. (6)
9. MHA will hold monthly organizational culture/culturally competent forum or focus groups to develop a shared vision of organizational culture and services by July 1st. (4)
10. MHA will become more proactive and preventative vs. reactive and in a “recovery” mode. (4)
11. Boards and providers will present monthly trainings, including webinars and brown bags, by a centralized info source/calendar of training events and annual meetings. (2)

Strategy 4: Develop a practical approach for training that identifies gaps for staff in the new department

1. Create a system-wide training library by January 1, 2014, with training available online, a method to request new training, and an online calendar of onsite trainings. (28)
2. MHA will develop a curriculum for training over the next year utilizing multiple formats for various learning styles (e-learning, webinars, video conferencing, in-person) to provide cross-training on MH and AoD issues, implemented by the end of the second quarter. The curriculum will include (at least) a session on resources available for reimbursement for educational activities for state employees, language and culture differences for AoD and MH (101) - to be evaluated by the end of the fiscal year. (21)
3. Develop a program to allow staff to participate in additional educational opportunities (e.g. colleges and universities) and develop a program for technical training for all staff. (18)
4. Employee/professional development fund- agency fronts the money, not the employee. (14)
5. Create an orientation protocol for all staff that represents the consolidated department. (13)
6. Develop a series of educational opportunities for staff on AoD/MH topics, including YouTube videos and face-to-face (CEUs/mornings). (12)
7. Each area will develop trainings about what they do by October 1st, 2013, and all employees will contribute to the big picture. (10)
8. MHA will utilize the all staff survey, staff forums and e-communications to identify gaps and training needs by the end of the first quarter. (9)
9. Conduct a training needs assessment to identify training gaps and areas of focus within six months. (5)
10. Inventory set of skills represented in MHA. Identify educational goals staff would like to pursue and are supported through annual evaluations. (3)
11. Make opportunities available for all staff to attend department sponsored conferences. (2)
12. Pre- and post-testing for presentations to determine department-level trends, not individuals (possible cross-functional team to assist training officer). (2)
13. Identify missing skill sets needed from MHA to achieve stated goals. (2)
14. Employee training goal required on all evaluations and weekly time will be allocated for training, e.g. Learning IT Ohio. (1)