Top Vote-Getters from the 5/15 Strategies Forum:

Issue 1: Lack of staff input into decision-making and lack of management accountability

1. Mechanized feedback process – 360° – from the top down, face-to-face, and electronic, and let line staff have input on management evaluations. Communicate and encourage cross-sharing. (33)
2. Multi-disciplinary/cross-office teams: RN, LPN, TPW, MD, etc.; Hospital, Treatment & Recovery, Research, etc. (31)
3. Recognize and reward staff who identify specific needs and solutions – use a process of feedback without repercussions, such as the Make A Difference (MAD) suggestion pads, or an online forum for feedback. (22)
4. More transparency to lower-level staff: Give more specifics about policy development and publish leadership meeting notes by using e-zone as a communication tool. (21)
5. Staff survey to identify issues. (21)
6. Plan and establish internal CQI process. (16)
7. Committee of equal representation to meet with leadership on a regular basis (committee comprised of mixed demographics). (14)
8. Commitment from leadership to have ongoing planning and feedback – not just for one year. (8)
9. Management staff seek input from line staff on departmental goals. (5)

Issue 2: Lack of effective communication, collaboration and sharing of information

1. Transparency/no assumptions: Posting/sharing of summary/agenda/recap of senior staff weekly meetings. Could be through email, e-zone posting, or through regular office/section team meetings to communicate and solicit information to and from staff for feedback to senior staff agenda. Ask staff what notes they would like to see. This would not include confidential information. (62)
2. Establish project-based work groups with staff from across the organization and all levels, and as appropriate to special projects. Have regular all-staff meetings, including hospital staff, with video conferencing options and record meetings. (51)
3. Quarterly highlights of areas: functions, challenges, accomplishments. (19)
4. Consistent communication mechanisms on process on a regular basis (weekly, quarterly, monthly) – Director's Tower Talk is a good example and Deputy and Assistant Directors should do the same. (14)
5. Establish "lessons learned" across agency – hospitals and community stakeholders. (10)
6. Better use of technology: Let laptops and iPads be checked out for travelling staff/presentations/meetings. (7)

7. Engagement strategies to assist staff in meet each other and engage in team building – including potlucks. (6)
8. Establish process for getting input from Boards, providers, consumers, families, etc. (5)

Issue 3: Need for blending of ideas and equal representation of MH and AoD at table with decision-making

1. Roll out strategy of common WE language, values and treatment approaches to MHA staff and community stakeholders. Talk about and resolve starkest differences. (49)
2. Every conversation should begin with: "What do our clients need?" – develop a holistic approach. (28)
3. Identify and understand similarities and differences in MH/AoD recovery processes, using experiences from hospitals/boards that treat both MH and AoD. (21)
4. Mandatory orientation to AoD and MH via my Learning Pointe to solicit ideas and create inclusiveness. (20)
5. Add drug and alcohol physically (co-located) to hospitals (i.e. detox facilities, chemical dependency counselors, and educate staff on medication assisted treatment). (19)
6. Commitment and expectation that leadership of new offices are a balanced and integrated blend of AoD and MH into consolidated approach of cultural understanding. Have a quarterly forum to discuss sectional responsibilities and needs. (17)
7. Establishing common message on stigma reduction: promote positive messages about recovery. (9)

Issue 4: Need for training, growth and development of staff

1. Develop more effective training methods to reach all levels of staff (training unit should be aware of all trainings offered and work with communications to alert staff), but first assess staff learning styles and create an inventory of internal subject matter experts, from central office to the hospitals. (48)
2. Training/mentoring for managers in basic management skills and competencies and for line staff. (44)
3. Raise awareness of educational resources and upcoming training opportunities. This includes encouraging and supporting higher education through educational leave and facilitating employee reimbursement for external trainings. (34)
4. Cross-train staff through site visits, conferences, clinical care and recovery supports. (23)
5. Convene a workgroup of training officers and IT staff to actuate a plan to address interdisciplinary issues, culture, etc. Use a web-based cross-training "101" module with a mechanism for feedback, FAQs, and a sharing forum, and put training on employee evaluation goals, especially software training. (23)
6. Emphasis for looking within for promotion. (6)
7. Use survey monkey as a learning needs assessment. (6)