The San Diego Integration Institute

CHANGE LEADERSHIP CURRICULUM

for Behavioral Health & Primary Care Integration

TOOL KIT

2012-2013

www.sandiegointegration.org

COMMUNITY CLINICS
HEALTH NETWORK

San Diego Integration Institute Tool Kit
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www.sandiegointegration.org

San Diego Integration Institute Tool Kit

SEGMENT 1:
OVERVIEW

PARTNERSHIPS

Funding For the San Diego Integration Institute Was Provided By:

The Mental Health Services Act (MHSA) and the County of San Diego HHSA, Behavioral Health Services, through Contract #532853, which was granted to the Community Clinics Health Network.

www.sdcounty.ca.gov/hhsa

The San Diego Learning Communities are aligned with the County of San Diego HHSA Behavioral and Physical Health Integration Vision, "Shared Population Management".

This vision provides comprehensive, coordinated care that emphasizes continuous healing relationships instead of reactive, episodic treatment.

The Curriculum was Developed & Implemented in Partnership with Kathy Reynolds, LMSW, ACSW. Vice President, Health Integration and Wellness Promotion National Council for Community Behavioral Healthcare.

www.thenationalcouncil.org

Don't Hesitate In Taking Risks and Testing Out an Idea That You're Passionate About.

— Jennifer Hyman

The shift to a personal growth culture requires strong change leadership skills and techniques. Most of the leaders of our organizations are people who have devoted their lives to helping those less fortunate. They have worked the frontlines and moved into administrative positions after extensive training and experience as healthcare professionals. They moved into a leadership role, but often find themselves under-equipped to change the culture from which they came.

Leading a healthcare organization through the process of integrating primary and behavioral healthcare services can be an overwhelming experience. Organizations are being required to simultaneously prepare to become certified Patient Centered Medical Homes (PCMH), handle meaningful use requirements, other Health Information Technology (HIT) initiatives, increase provider productivity, implement evidence-based or best practices, provide for leadership succession, and prepare for healthcare reform, all while serving the complex needs of consumers/patients in an environment of declining funding. These are unprecedented times that can lead to organizational change fatigue!

The Learning Communities are designed to support primary care and behavioral healthcare executives and providers who are leading organizations engaged in healthcare Integration. All aspects of healthcare integration are covered, including best practices for the integration of primary and behavioral healthcare services. Change leadership technology is included to help facilitate simultaneous change in each area, while inoculating against organizational change fatigue.

In an organization where the culture focuses on personal growth of staff one sees:

1) the energizing force that motivates people to perform at a high level and launch new initiatives is their personal aspiration to do the work allowing leadership to exist at all levels,

2) confronting difficult issues is accepted as necessary to produce forward movement and is done in a manner that strengthens relationships,

3) accountability structures exist throughout the organization and are supportive of people, not punitive, finally

4) people seek different opinions and perspectives to enhance their abilities making coaching relationships the norm.

The synergies created in such a culture combine to unleash innovative approaches from frontline staff and managers allowing for effective and sustainable responses to the challenges we are all facing.

There's No Such Thing as Finishing or Failing...It's All About Doing.
— Rilla Alexander

SIX MONTH COMMITMENT

- 3 In-Person Work Sessions (Full Day)

- TRIAD Coaching Calls

- Webcast Trainings

TRIADS

- Mental Health + Primary Care + Substance Abuse Providers

- TRIADS are based on geographical regions

Learning Community Mission

Prepare and support the leaders of San Diego's behavioral health and primary care systems of care to become effective and passionate change agents in an evolving integrated health care system.

Learning Communities are designed for the leaders of behavioral health and primary care systems of care.

The I² curriculum builds on participant's current relationships and strengths. Each Learning Community addresses the underlying factors of effective relationships, as it relates to change leadership.

Work sessions offer agencies the opportunity to form lasting working relationships with other providers in their respective communities, with the intention of integrating systems of care.
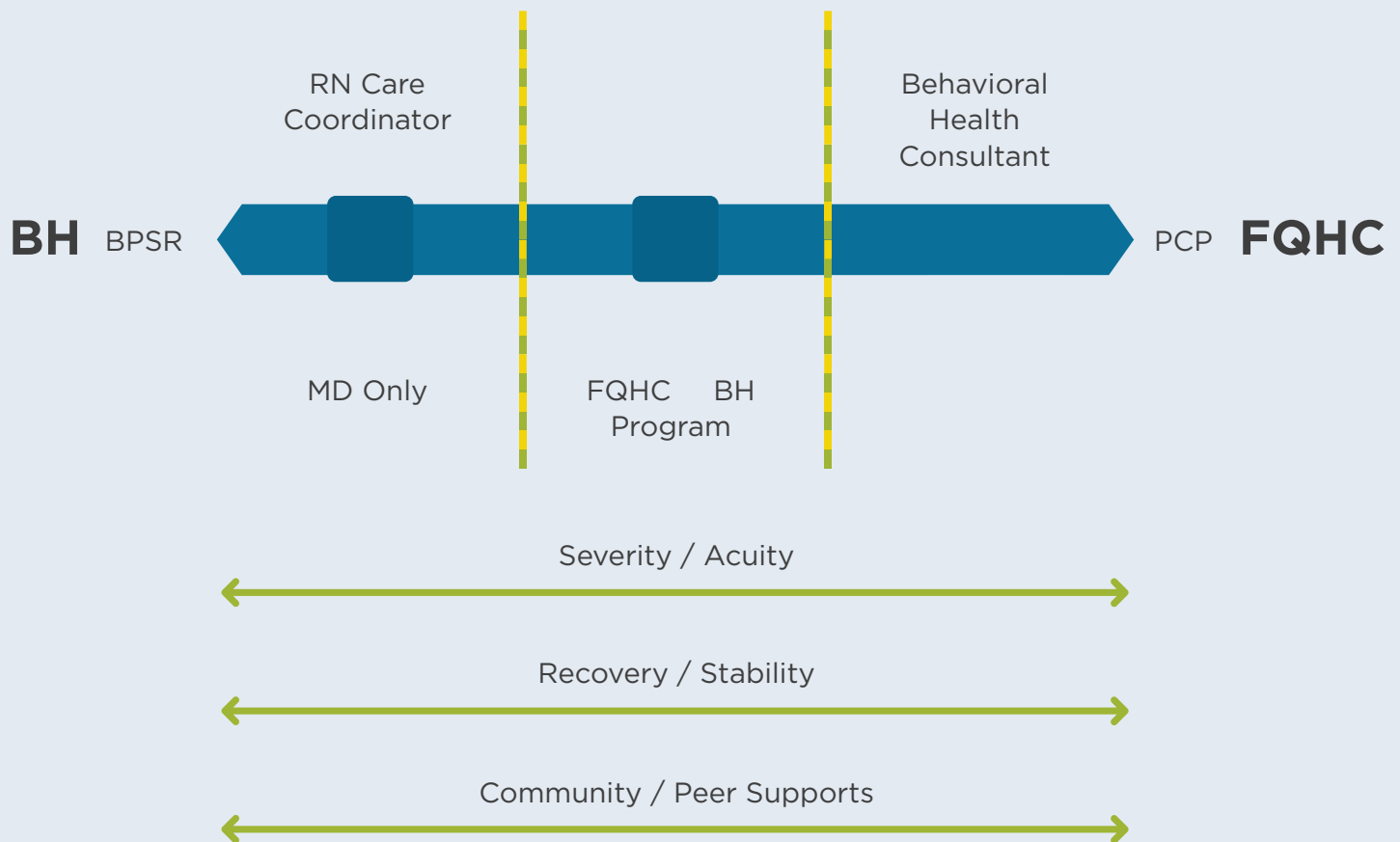
Participants complete/execute individualized action plans and procedures around Integration and Change Leadership.

Participants receive on-going support for their action plans and procedures through coaching sessions and/or webcast trainings.

Coaching sessions and webcasts are designed to help foster change leadership skills, and to consult on live cases and action plans.

BEHAVIORAL & PHYSICAL HEALTH INTEGRATION:
THE SAN DIEGO VISION

GOAL: To reduce the 25 year mortality disparity for individuals with SMI and improve the health of the community at large by creating virtual Person-Centered Medical Homes via behavioral health and physical health integration.

RN Care
Coordinator

Behavioral
Health
Consultant

BH BPSR

PCP **FQHC**

MD Only

FQHC   BH
Program

Severity / Acuity

Recovery / Stability

Community / Peer Supports

This diagram depicts the bi-directional, seamless flow of clients and information in an **Integrated Care System.** Clients would experience different kinds of interventions based on where their conditions fall on the continuum with the expectation that clients will move back and forth along the spectrum during their life span.

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

Live Well, San Diego!

OBJECTIVES

OVERALL LEARNING OBJECTIVES

Provide change leadership, and integration training to executive and clinical leaders who are committed to primary care and behavioral health integration.

Develop and disseminate emerging best practices in the fields of change leadership and integration.

Create venues for the mutual support of primary care and behavioral health organizations, and the sharing of best practices.

SESSION I OBJECTIVES

Participants will be able to identify the core areas of change leadership.

Participants will be able to apply each of the core areas of change leadership competence to their integration activities.

Participants will be able to identify the connections between their change efforts with Health Information Technology (HIT), the Primary Care Medical Home Initiative (PCMH) and the integration of primary and behavioral healthcare services.

Participants will leave the work session with an action plan for the next 30-60 days that identifies at least three activities that support change in their organization and link the three major change initiatives (i.e., HIT, PCMH, and Integration).

SESSION II OBJECTIVES

Participants will be able to identify the core features of an effective team.

Participants will be able to identify who is functioning in what capacity of an effective integrated health team.

Participants will learn workflow diagramming for services by diagramming their current integrated health workflow and identifying potential barriers to access in the workflow.

Participants will identify at least three core measures for monitoring the effectiveness of their integrated health services.

Participants will develop an action plan for the implementation of any changes needed in their team composition or roles, workflow changes (if necessary) and data collection and monitoring processes.

SESSION III OBJECTIVES

Participants will understand the eight stage process for creating major change.

Participants will be able to identify how the change management techniques learned have been and/or will be embedded in their organization by identifying at least two action steps for each of the eight stages of leading and making change.

SIX MONTH SCHEDULE OF EVENTS

MONTH 1
Face to Face
Work Session I

MONTH 2
Coaching Calls with Individual TRIADS to Support Implementation of Action Plans

Webcast With All Learning Community Participants
Topic TBD by Learning Community Members in Session I

MONTH 3
Face to Face
Work Session II

MONTH 4
Coaching Calls with Individual TRIADS to Support Implementation of Action Plans

Webcast With All Learning Community Participants
Topic TBD by Learning Community Members in Session II

MONTH 5
Face to Face
Work Session III

MONTH 6
Follow-Up Coaching Calls with TRIADS

They always say time changes things, but you actually have to change them yourself.

— Andy Warhol

San Diego Integration Institute Tool Kit

SEGMENT 2:
CURRICULUM

CURRICULUM LINKS

DOWNLOADABLE SESSION TOOLKITS

→ **In Person Session 1 Curriculum**

→ **In Person Session 2 Curriculum**

→ **In Person Session 3 Curriculum**

LEARNING COMMUNITY ACTION PLAN

COHORT # _____   DATE COMPLETED _____

AGENCIES _____

GOAL: _____

ACTION STEP	PERSON RESPONSIBLE	TARGET DATE	NOTES

San Diego Integration Institute Tool Kit
WORKSHEETS

Change Project Charter

TRIAD MEMBERS

PROJECT OVERVIEW

PROJECT PURPOSE

PROJECT BOUNDARIES

GOAL STATEMENT(S)

PROJECT METRICS

PROJECT DEPENDENCIES

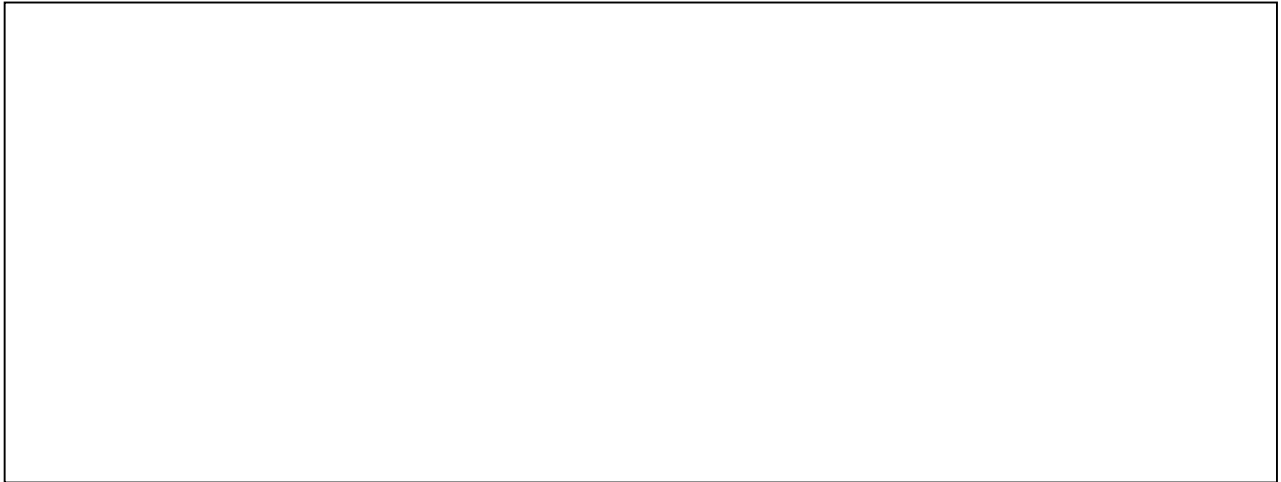## ASSUMPTIONS

PROJECT RISKS

YOUR PERSONAL VISION

What Is This?

In his concept of the "Golden Circle", Simon Sinek shares that starting with <u>WHY</u> we are passionate about a change is the most effective way to share our vision of the future. Change leadership requires a vision that will excite others and make them want to get involved.   www.startwithwhy.com

How Do I Use It?

- Watch Simon's 2009 TED Talk "The Golden Circle".
  - www.youtube.com/watch?v=fMOlfsR7SMQ
- Reflect (WHY) integration is personally meaningful for you or your agency.
- Explain (HOW) and (WHAT) you will do to promote your WHY.

WHY

HOW

WHAT

CHANGE LEADERSHIP MATRIX

What Is This?

Daniel Goleman (2008) describes several leadership "styles" that can make you more effective at leading change depending upon the situation. These are described briefly below and in his article "Leadership That Gets Results". The Change Leadership Matrix (next page) provides a way for you to decide which change leadership styles will be most helpful for you to facilitate change. It does this by allowing you to consider different leadership styles within context of important 'people factors' that are required for change. Research shows that the listed people factors are among the most important factors that encourage people to change (Godin, Eccles, Grimshaw, 2008)

How Do I Use It?

Review the article "Leadership That Gets Results" by Daniel Goleman, and familiarize yourself with the different leadership styles (below) and when they are most applicable. Next complete the attached Change Leadership Matrix by filling in your impression of key behavioral and attitudinal features of your clinic staff, based upon the listed People Factors. Fill in both the "current state" of beliefs and attitudes, and also the attitudes and behaviors you would like to see that are most conducive to change (i.e. the "desired state"). Refer to the provided descriptions for each of the people factors to help complete the matrix.

Leadership Styles

Goleman describes the following leadership styles that can be applied depending upon the situation. Note that overusing coercive and pacesetting styles can have negative consequences.

The Six Leadership Styles at a Glance

Our research found that leaders use six styles, each springing from different components of emotional intelligence. Here is a summary of the styles, their origin, when they work best, and their impact on an organization's climate and thus its performance.

	Coercive	Authoritative	Affiliative	Democratic	Pacesetting	Coaching
The leader's modus operandi	Demands immediate compliance	Mobilizes people toward a vision	Creates harmony and builds emotional bonds	Forges consensus through participation	Sets high standards for performance	Develops people for the future
The style in a phrase	"Do what I tell you."	"Come with me."	"People come first."	"What do you think?"	"Do as I do, now."	"Try this."
Underlying emotional intelligence competencies	Drive to achieve, initiative, self-control	Self-confidence, empathy, change catalyst	Empathy, building relationships, communication	Collaboration, team leadership, communication	Conscientiousness, drive to achieve, initiative	Developing others, empathy, self-awareness
When the style works best	In a crisis, to kick start a turnaround, or with problem employees	When changes require a new vision, or when a clear direction is needed	To heal rifts in a team or to motivate people during stressful circumstances	To build buy-in or consensus, or to get input from valuable employees	To get quick results from a highly motivated and competent team	To help an employee improve performance or develop long-term strengths
Overall impact on climate	Negative	Most strongly positive	Positive	Positive	Negative	Positive

Coercive   Authoritative   Affiliative   Democratic   Pacesetting   Coaching

CHANGE LEADERSHIP MATRIX

Write down thoughts about the following people factors, and what kind of leadership is required to move them from the current to the desired state.
Refer to People Factors Described on the next page for additional context.

#	People Factors	Current State in Your Agency	Desired State in Your Agency	Comments and Thoughts About Required Leadership Style
1	Staff Beliefs About Personal Capabilities			
2	Habit / Past Behavior			
3	Staff Beliefs about Consequences			
4	Moral Norms			
5	Social Influences			
6	How Social or Professional Role is Viewed			
7	Identity Factors			

PEOPLE FACTORS DESCRIBED

Research indicates these are the most important 'people factors' that impede or support adoption of new practices in a clinical environment.

1) Staff Beliefs about Personal Capabilities

- People wonder if they have the knowledge, skills or abilities needed to work in an integrated environment.

2) Habit/Past Behavior

- What is the history of integration in your clinic? Are there existing ways of working which have integrative elements?
- Alternatively, are process structured in a way that people are less aware of how their work impacts other staff or clients?

3) Staff Beliefs about Consequences

- What is the history of changes in the past?
- Do people believe they can wait out change, or that if they overtly or covertly dismiss the change that there will be no repercussions?
- Do supervisors support change?

4) Moral Norms

- Do staff understand how integration leads to a better client experience?

5) Social Influences

- What are the social forums where opinions are voiced (e.g. staff meetings).
- Who are the opinion setters?

6) Social/Professional Role

- How are staff affiliated with other professionals or organizations that encourage/discourage integration?

7) Identity Factors

- How do people think of themselves as a being a "good clinician", and how does that support or run counter to an integrated environment?

SUSTAINABILITY CHECKLIST

What Is This?

The Sustainability Checklist lists many of the most important elements of your clinical organization that need to change to support integration in your clinic. It is used to identify the work that must be done to accomplish integration. This is the "what", in "what are we trying to accomplish". A special thanks to Kathy Reynolds MSW, ACSW for providing the sustainability content!

How Do I Use It?

Review and discuss factors with your triad team members. At the beginning of projects, factors concerning Environment, Strategy and Leadership Practices can be a good place to start. The work you select here will inform your Project Charter.

- Start by identifying items for your team will focus on first. Review this list of considerations and check mark the "Key Item?" checkbox for the most important items.

- Rank your selected items with a score, 1 being the items you want to focus on first, 2 being second priority, and so on.

Key Item?	Rank Importance	ENVIRONMENT SUSTAINABILITY FACTORS
		Do you know the implications of Medicaid expansion in 2014 on your agency?
		Are you participating in your state's health home discussions?
		Are you in contact with likely Accountable Care Organizations in your area?

Key Item?	Rank Importance	STRATEGY SUSTAINABILITY FACTORS
		Is integration embedded in your strategic plan?
		What is your agency's vision & mission? Does it need to change to include integration elements?
		Do you have a business plan for growing your integration business? Have you quantified the impact of Medicaid expansion on your business plan in 2014?
		Do you know how much money your organization needs to make in order to support your integrated care vision?
		Is integration part of the service every consumer receives? Are consumer wellness programs part of your service array? Are consumers trained in Whole Health Action Management?
		Does your organization support the health and wellness of your employees?

Key Item?	Rank Importance	LEADERSHIP SUSTAINABILITY FACTORS
		Have you formed a change team that is sufficiently empowered to influence

		integration in your clinic?
		Is your governing board engaged and knowledgeable about integration?
		Are supervisors supporting staff during integration, including reviewing client health goals during supervision?

Key Item?	Rank Importance	ADMIN & CLINICAL POLICY SUSTAINABILITY FACTORS
		Do your administrative policies support integration? (Confidentiality policies, Billing and Reimbursement policy, Ethics policy)
		Do your clinical policies including care coordination, annual lab work, prescribing, smoking, treatment plan policy – Does it include at least one health goal?
		Does your annual lab assessment include metabolic syndrome indicators?
		Are blood pressure and BMI measurements completed at each medical visit?
		Are health and wellness goals in your treatment plans?

Key Item?	Rank Importance	BILLING SUSTAINABILITY FACTORS
		Are you billing for all possible behavioral health services provided? Primary care visits?
		Are your Medicaid and Medicare numbers appropriate linked to the service provided?
		If partnering with and FQHC, do you understand FQHC billing rules and regulations?
		Does the FQHC understand the CMHC billing rules and regulations?
		Have you walked through your workflow and identified who, can pay for each step of your process - with your clinical and billing staff at the same time?
		Do you know what existing billing codes for integrated health are billable in your state and to which third party source?

Key Item?	Rank Importance	TECHNOLOGY SUSTAINABILITY FACTORS
		Are you using a certified EHR?
		Can your system generate registries for staff to use to support integration?
		Can you generate a Coordination of Care Document (CCD)?
		Does your clinical record support documentation of physical health related services?
		Can your system generate an electronic bill after the completion of a documented event?

Key Item?	Rank Importance	QUALITY IMPROVEMENT SUSTAINABILITY FACTORS
		Does your quality improvement program include benchmarks for integration activities?
		Does your quality improvement data drive change processes?

Key Item?	Rank Importance	STRUCTURE - ARE ROLES/RESPONSIBILITIES CLEAR? ARE WE ORGANIZED TO MEET STRATEGY?
		Do your job descriptions for case managers, therapists, nurses and doctors include key tasks associated with integration?
		Have nurses transitioned from "mental health nurses" to "integrated health nurses"?
		Are the medical staff required to monitor physical health issues?
		Have you identified the baseline caseloads for both primary care and behavioral health clinicians?
		Are your clinicians seeing enough patients to meet the financial need?

Key Item?	Rank Importance	SKILLS - ARE STAFF ABLE TO DO THE DESIRED WORK?
		Does your staff development program include integration trainings?
		Have case managers/therapists been trained on care coordination?
		Are your billing staff trained on correct billing procedures?
		Is your agency empanelled with appropriate managed care plans?
		Does staff development include integration trainings?

Key Item?	Rank Importance	PEOPLE SUSTAINABILITY FACTORS
		Do your performance evaluations include integration tasks?
		Does your new staff orientation include integration?
		Where are new staff coming from? Do they have an integration mindset?

Key Item?	Rank Importance	REWARDS SUSTAINABILITY FACTORS
		How engaged are staff currently?
		How well designed and aligned are incentives and informal rewards to drive needed behaviors necessary for achieving the strategy?

STAKEHOLDER IDENTIFICATION

What Is This?

People with a stake or any possible real or potential interest in your project are at the heart of change work. Stakeholders need to be supported, influenced and encouraged to embrace change; let's face it – people are often resistant to change – it is just part of being human.

Assigning stakeholder roles to those people who need to support the change, is one way to determine actions that can be taken (by us or by others), to help encourage the change. You must start by identifying stakeholders, and then assign them a role.

The Power/Interest Grid is a simple tool that allows us to understand how we need to treat, influence, or otherwise interact with stakeholders to help support the change.

How Do I Use It?

Identify stakeholders by referring to the Stakeholder Role Descriptions (below) and listing stakeholders under the appropriate role header in the Stakeholder Change Plan Template, which is a matrix at the end of this document. Your goal at first is simply to list all potential stakeholders - ignore the rest of the matrix for now. Write on the back of the page if more room is needed. Place the stakeholders on the grid (see next page) simply by evaluating their power and interest.

Stakeholder Role Descriptions

Targets - Anyone Impacted or Affected By The Change
- When you have more than one role in the change, look at your TARGET role first
- Sponsors & Change Agents are targets first!

Sponsors – Owners of the Change
- Those with the authority, responsibility & resources to make the change happen at all phases of the processes.
- Key Responsibilities:
  - Communicate & Demonstrate Leadership
  - Understand Overall Effects Of The Change Provide Resources
  - Keep The Organization Focused
  - Hold The Organization Accountable

Change Agents - Facilitate the Change Process
- Those who lead or otherwise play a key role in the change implementation, and are critical to the change management process.
- Key Responsibilities:
  - identify & assess impact of change on environment demonstrate understanding of change processes
  - understand & manage progress of implementation
  - lead the change effort

Advocates – Supporters who do not have the legitimate power to bring about the change.

Others

POWER/INTEREST GRID

Power

High

High　　　　　　　　　　　　　　　　　　　　　　　**Interest**
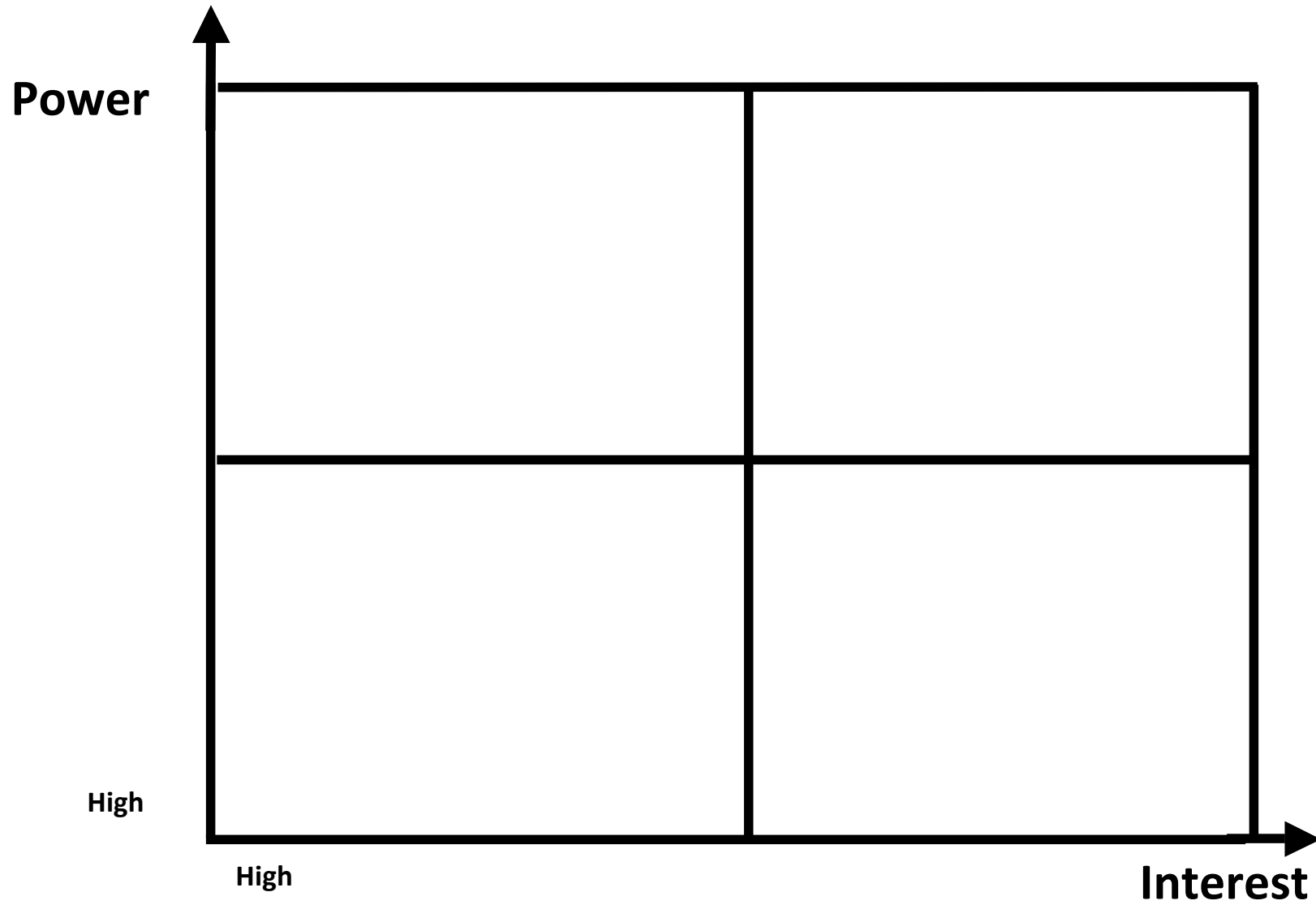
STAKEHOLDER CHANGE CHECKLIST

What Is This?

The Stakeholder Change Checklist lists many of the most important change actions that can be taken to influence stakeholders. It is used to identify the change-specific actions you team will take to facilitate integration. The plan template provides one place to capture all actions related to your stakeholders.

How Do I Use It?

Review and discuss factors with your triad team members. Once you decide on which actions to take, they can be captured as action items in the provided template, and/or in other planning documents like the charter or communications plan.

COMMUNICATIONS

By what means will you communicate? Options include: staff meetings, at events, at status meetings, in emails, in person, via signage, or other visible signs, symbols, branding etc. Be sure to use the communications plan template to help organize communications.

- How will you communicate the desired future state to stakeholders?
    - what's wrong and why need for change (case for change)
    - vision of desired state
    - fit with strategy
    - how you will move there
    - timelines and support
    - what will NOT change
- Have you introduced your team?
- How will communicate the sponsor's commitment to change?
- How will you encourage 2-way dialogue?
- How will you create opportunities for involvement?
- How will you leverage influencers?
- Have you shared how people will be impacted?
- Have you explained how people will be kept informed?
- Do people fear losing influence, or fear losing their jobs? How will you address this fear?
- Describe how the organization will be supported, and where to turn for assistance.

LEADERSHIP PRACTICES

- How will you ensure key sponsors are on board?
- How will you leverage change leadership styles?
- Have sponsors been clearly identified? Have they demonstrated strong commitment?
- How will leadership use consequence management?
- How will hierarchy or roles play into actions for stakeholders?
- Are managers and supervisors equipped to support their team members ?
- Will managers have to act differently somehow?
- Will they have to acquire new skills?
- Will managers feel threatened?

PROCESS

- Are significant changes required in structures or processes? How will you communicate this to stakehodlers?

ENVIRONMENT

- Will high stress levels interfere with readiness?
- What is the history of changes in that part of the organization?
- What kind of (organizational) cultural issues will be at play?
- What other work issues will affect priority (e.g. workload)?

REWARDS
- How can we recognize and reward people?

PEOPLE DEVELOPMENT
- Do people require any kind of training?
- Do they know what they need to do?
- How will you coach others?

STAKEHOLDER CHANGE PLAN TEMPLATE

#	Stakeholder	Key Influencers	Current Frame of Reference	Current Buy-in L/M/H	Desired Buy-in L/M/H	Key Messages	Actions	Person Responsible and Date
SPONSORS								
1								
2								
3								
CHANGE AGENTS								
4								
5								
6								
TARGETS								
7								
8								
9								
10								
OTHERS								
11								
12								

COMMUNICATIONS PLAN TEMPLATE

What Is This?

The communication plan is one place to plan out change communications. Vehicles can include staff meetings, at events, at status meetings, in emails, in person, via signage, or other visible signs, etc.

How Do I Use It?

There are generally two sources of communications for your change project. First, your project itself may require release of communications (e.g. holding a meeting to share your project with stakeholders, or an email announcing a new policy), second, communications are a key way to influence stakeholders, and so completing your stakeholder analysis should generate lots of opportunities to communicate. For example, you may need to have plan a one-on-one meeting with a key stakeholder. This plan can also be reviewed and approved by your sponsor, so they know what kind of communication is going to whom.

Audience (TO)	Messenger (FROM)	Messages and Key Points	Vehicle	Approval Date	Distribution Dates	Status

San Diego Integration Institute Tool Kit

SEGMENT 3:
RESOURCES

2

SAN DIEGO

INTEGRATION
INSTITUTE

RESOURCE LINKS

ENVIRONMENTAL SCAN FOR SAN DIEGO

→ **San Diego Environmental Scan Narrative**

→ **Environmental Scan Attachment #1**

→ **Environmental Scan Attachment #2**

→ **Literature Review**

Resources

→ Change Leadership

→ San Diego

→ California

→ National