

Personal Action Plans
1st Annual
Primary Care and Behavioral Health Integration Summit
June 22, 2010
San Diego, CA

ACTION ITEM	START DATE	COMPLETION DATE (if applicable)
<p>1.</p> <ul style="list-style-type: none"> • Establish better connections between BH and Primary Care providers in the African American Community • Work with BH services to integrate with CMS in new pilots • Ensure that the whole problem identified at my table today of parent partners is clearly understood by professional staff at a clinic under my jurisdiction • Will change personal perspective with open mind and communication • Work with/train physicians to “ask, advise, refer” to CA help line (patients with SMI and non SMI are 40-50% of smoking population) • Educate the community on Health Literacy/Medical language is so different than your common English • Contact at least 2 other agencies providing tele-psychiatry services; ideally services in a primary care setting. • Visit and begin building relationships with both PCPs and administrative staff at local community clinics to improve communication and understanding • Introduce UPAC services to health centers, hospitals, case managers to increase collaboration and referrals • Develop monthly collinear series to provide training for primary care providers. Incorporate case review as part of training in addition to the didactic. • Find out more about AOD services and county develop educational sessions for faculty/residuals describing specifics of agencies (payment, eligibility, etc) • Group depression visits in primary care • Create a regular schedule to meet other providers to learn what they do and have them learn what we do to create stronger rapport. • On site evaluation of our community integration (a la the COMPASS) to identify at a program level barriers to our mental health clients. • Support implementation of strategies to integrate, co-locate, communication BHS and PHS. • Continue to attend East County collaboration 	<ul style="list-style-type: none"> • 08/30/10 • Now • 06/23/10 • 07/01/10 • 08/01/10 • 07/10/10 • 06/23/10 • 07/13/10 • 07/01/10 • 07/01/10 • 3 MONTHS • 09/01/10 • JULY 2010 • END OF SUMMER • 06/22/10 • NOW 	<ul style="list-style-type: none"> • N/A • 08/01/10 • 08/01/10 • ON GOING • NO ANSWER • NEVER • NO ANSWER • NO ANSWER • ON GOING • NO ANSWER • NO ANSWER • NO ANSWER • ON GOING • NO ANSWER • NO ANSWER • N/A

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<ul style="list-style-type: none"> • Continue to work with our MH staff to become more flexible and responsible to primary care providers • Regionalize all phys/MH/social, judicial, police services on a collaborative monthly meeting basis to talk about the holes and successes and to coordinate better care for NCTY citizens. • Complete fax cover with NHC and implement • Complete BAA with North County Health Services • Call patients to follow up with PCP request to see pt's again. Make sure pt's show up to improve efficiency • Talk with Dept. Head to set up Cross Training w/ Children's Primary Care. • Develop more training programs for primary care providers, re; mental health diagnosis and treatments. • To continue to develop and strengthen the collaborative relationships with the paired community medical clinic and community in order to provide integrated care for our clients and community. • Attend monthly east county behavioral health meetings and disperse information via email or verbally in meetings to support staff and providers • Continue developing integrative BH care in organization such as implementing BH interns • Set up a UM system and implement it to refer clients to FQHP (Linda Vista) for primary care of psychiatric conditions • Identify and contact a key health clinic that accepts Medi-Cal in each region • Discuss other collaborative care models with administrators • Meet with primary care providers at NHC individually or small groups and educate them on our services. • Evaluate existing billing codes and identify potential opportunities for program staff to account for and bill for their time when building relationships w/ PC clinics and ADS clinics • PCP/BHC integration will continue to be agenda item in provider meetings • Cross train staff at all levels at both clinics on various topics. Time may be an impediment, time-resource, call clinics to set date. • Develop focused trainings for PCP's to improve willingness and confidence to treat mental health issues. 	<ul style="list-style-type: none"> • 07/10/10 • ALREADY BEGUN • NO ANSWER • NO ANSWER • NO ANSWER • 06/23/10 • 07/01/10 • ON GOING • NOW • 06/22/10 • STARTED • No Answer • 07/06/10 • 08/01/10 • July 2010 • No Answer • 07/01/10 • 07/01/10 	<ul style="list-style-type: none"> • NO ANSWER • NEVER ENDING • NO ANSWER • NO ANSWER • NO ANSWER • NO ANSWER • NO ANSWER • NO ANSWER • ON GOING • NO ANSWER • NO ANSWER • No Answer • No Answer • 10/01/10 • N/A • 07/01/10 • On Going • No Answer
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<ul style="list-style-type: none"> • Ask program managers when I conduct annual site reviews whether or not how programs are moving towards integration. • Meet with clinical in the juvenile hall medical clinic to identify a view in which coordination of care can be improved. • Continued and ongoing collaboration with commercial clinics, primary care. • Discuss formally behavioral integration with all providers starting at next provider meeting with ongoing teaching on how to manage SMI patients • Increase health promotion activities and health education classes in club house for members • Present concept of integration model to clinical staff • In service clinical directors and managers regarding community clinics and concept of partnering with MH • I will share with my colleagues what was discussed as the outcomes will impact us in the school's (hopefully make it easier to get medical/behavioral information from practitioners) • Expand/enhance our clinic behavioral health training. (for pc providers and bh providers) • Educate staff about integration movement • Continue working with operation Samahan in Mira Mesa and foster back in forth relationship / referrals • Make myself available to providers (physical health) on a monthly/quarterly basis at their staff meetings and care consults • Mutual training between entire primary care and behavioral health. Develop a communication strategy to help with transition. Training for MD, RN, LSW, clinicians, etc. • Via CRF training committee, mirror the CCISC process of collaboration with Primary Care and BH integration training process. • Improve communication with PCPs (send written reports to PCPs concerning results of behavioral health consults). • Implement more structure for myself in terms of my full service partnership clients as to when I make attempts to contact MDs. • Present this vision to the administrative team at my agency • Use role as incoming president of Alliance for regional solutions to convince North County folks where PCP, BH, ADS integration is a relevant discussion. 	<ul style="list-style-type: none"> • 07/01/10 • 06/22/10 • No Answer • 07/08/10 • In Progress • No Answer • 06/22/10 • Now • July 2010 • 06/24/10 • On Going • 30 Days • Sept. 2010 • Soon • 06/23/10 • 07/01/10 • 07/01/10 • 07/19/10 	<ul style="list-style-type: none"> • No Answer • On Going • No Answer • 09/01/10 • No Answer • No Answer • 09/22/10 • No Answer • March 2011 • No Answer • No Answer • No Answer • March 2011 • No Answer • No Answer • No Answer • 08/31/10 • 10/01/10
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<ul style="list-style-type: none"> • Outreach to physicians who are not referring to provide collaborative options • Increase the amount of ‘warm hands offs’ for Substance use issues by weekly and daily reminders to physicians and clinicians and posting flyers in exam room. • Develop relationships with case management agency to build rapport, collaborate and offer cross training opportunities. • Meet with program director of paired public health site to initiate discussion • Continue BH specialist placement in PCP offices • Seek out a PCP who would schedule a cluster of clients at the same time, and offer to hold groups in their lobby to reduce behavioral problems. • Re-establish connection/relationship with community AOD and MH agencies. (existing contacts) • Set meeting of HHSA Luz Fernandez to encourage patient referrals to East County FHCS D • Increase communication between services and PCP and other community services (i.e., school/regional center, etc) • For Phoenix House to provide training presentations to local primary care facilities. • Refer clients to a primary doctor if they don’t have one. • Training staff to be able to integrate services for clients • Talk to staff about barriers to integration of care • Introduce and invite clients’ psychiatrist to TBS meetings and follow ups • Get reporting of all North County services/providers/partners from our data base. • Raise awareness of the link of severe mental illness and chronic disease. • Learn more about AOD services in South County • Encourage MH clients to have a PCP or be connected to community clinic • Get a list of medi-cal providers in area for my population given lack of PCPs for my case load. • Health awareness and information campaign about; health and wellness, physical and mental health. • Obtaining the ‘buy in’ from both medical providers (physicians and NP) and psychiatrists regarding their willingness to work together and collaborate on service to CMI • Education of clients/residents in physical health related issues. 	<ul style="list-style-type: none"> • July 2010 • 06/23/10 • 06/23/10 • 07/31/10 • Underway • 07/01/10 • July 2010 • 08/01/10 • 08/01/10 • 07/01/10 • 06/23/10 • 07/01/10 • 06/28/10 • Today • 06/28/10 • 06/23/10 • No Answer • 06/22/10 • No Answer • July 2010 • No Answer • 06/23/10 	<ul style="list-style-type: none"> • Dec. 2010 • As Necessary • On Going • No Answer • No Answer • No Answer • Sept. 2010 • 09/01/10 • No Answer • 06/30/11 • No Answer • No Answer • No Answer • No Answer • On Going • No Answer • No Answer • No Answer • June 2011 • On Going • On Going
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<ul style="list-style-type: none"> • Coordinate with our adult program manager to make a presentation to comp health/SYHC • Become more culturally competent within the integrated professional system. By mutual training between agencies. • Bring this topic to one agency's clinical/over sight committee • Refer client to mental health program • Be more active with the integration process • Attend next Logan staff meeting to explain new model. • Share MH and PCP information for students with providers • Expand IT applications, accessible across systems (televideo, EMR, e-consultation) • Begin communication with community providers to arrange linkage agreements • Identify local primary care facilities for AOD clients • Work closely with Primary Care facilities as it relates to AOD clients, particularly adolescents • Trying to communicate more with primary care about shared patients • Continue to free consumers from CMH clinics • Ideas for future HIV primary care and BH integration and incorporate into RFP grant applications • Discuss with supervisors to integrate services within contracts • Seek out resources from all FQHC to update ACL • On triage, to at training series make contact with various agencies (for a contact person specifically to transition clients for appropriate services) • Look for infrastructure support to put a behavioral health specialist at our Chase Ave. clinic (primary care) • Got name and number for family health clients of San Diego staff to start meeting among MH staff. • Improve communication with health providers • Continued communication with outside providers • Integrate graduation of D & A clients with mentally ill recognition at county recognition luncheon • Share what I learned today with my colleagues • To begin to research local health clinics/PCPs that serves my general population to better refer clients who have no PCP or to know clients' current PCP. • Educate providers about substance abuse resources in South Bay • Collaborative efforts to secure federal funding. Already ordered tip on grants for samhsa. 	<ul style="list-style-type: none"> • 08/01/10 • No Answer • July 2010 • On Going • Now • No Answer • 08/31/10 • Yesterday • 07/01/10 • ASAP • 07/01/11 • 08/01/10 • 06/23/10 • No Answer • No Answer • On Going • 06/22/10 • July 2010 • Next Week • 06/22/10 • 06/22/10 • 09/01/10 • 06/28/10 • No Answer • July 2010 • 07/01/10 	<ul style="list-style-type: none"> • 11/01/10 • No Answer • No Answer • On Going • On Going • No Answer • 07/22/11 • On Going • No Answer • On Going • On Going • Unknown • No Answer • No Answer • No Answer • No Answer • On Going • Jan. 2012 • Next 1-2 months • No Answer • On Going • 10/08/10 • No Answer • No Answer • On Going • On Going
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<ul style="list-style-type: none"> • Provide information and education to contracted providers of MH services regarding the integration initiative. • Meet with ADS programs to introduce our program • Encourage home visits for adults and children with MH issues • Meet with local QFHC – build relationships, educate about MH services. • Advocacy • Network and integrate; offer nurse instructors and clinicians ‘self’ to educate PCPs re: MH and SMI be part of training sessions at their facilities. • Outreach to primary MDs willing to see our mentally ill clients • Continue to work on our contract integration health plan; increase clients involved, improve the process • Increased contact, communication, flow of information with Primary Care; ‘out reach’ • Obtain list of MH and Soc.H. community services in our clinic area and make available to clinic providers • Phone calls to local community clinics to discuss co-location of staff to see mutual patients. • Gain information on how to find more doctors (pediatricians/psychiatrists) who are willing to dispense medication • Increase communication with 10 doctors, take phone calls as soon as they come in. • Do more outreach to PCPs and other organizations to facilitate communication • Share with my treatment team how I integrate with primary care MD in City Heights. Encourage topic of discussion regarding ‘how to integrate’ of team. • Review and revised community outreach to include ‘open houses’ for stake holders • Use of interns as behavioral health consultants • Continue/increase wellness activities in the communities we serve, based on community identified needs. • Discuss with QI staff about requirement of completion of assessment data, i.e., MORS, IMR, LOCUS, etc., as compliance issue vs. best practice (too much No Answerer work = less direct client care) and can this be flexible for programs. • Development of additional training and stigma reduction training for primary providers. 	<ul style="list-style-type: none"> • 06/23/10 • 07/15/10 • ASAP • 07/01/10 • No Answer • Now • 07/01/10 • Current • ASAP • No Answer • 08/01/10 • July 2010 • 06/23/10 • Now • Next Week • 07/01/10 • No Answer • 04/01/10 • No Answer • Current 	<ul style="list-style-type: none"> • On Going • 08/15/10 • No Answer • 08/10/10 • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • 10/30/10 • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer
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<ul style="list-style-type: none"> • Meet with paired primary care and offer trainings, interns, resources. See what they want/need from us. • To educate the psychiatrist to communicate with PCP to facilitate the transfer • Training for support staff in primary care side on how to work more efficiently with identified mental health patients. • Investigate role of interns for integration/ peer counselors via other sources. • Talk to medical director about implementing integrated model in behavioral health department • Educate staff about the time. Linked, specialized nature of mental health services. 	<ul style="list-style-type: none"> • 07/01/10 • July 2010 • 08/15/10 • 09/01/10 • 06/23/10 • 07/01/10 	<ul style="list-style-type: none"> • 09/01/10 • No Answer • No Answer • No Answer • No Answer • On Going
<p>2.</p> <ul style="list-style-type: none"> • To enhance services and referrals. Resources include, black nurses and social workers; and substance abuse services • Encourage our RN case managers to refer to ADSPA for treatment, house, etc. • Work with BHS execs to develop regional collaboration for C/NC regions similar to what North and East regions have now. • Challenge the staff to think outside the box • Communicate my findings from this summit to my co-workers • Train Primary Health front line in Mental Health first aid program • Brainstorm with an mental health agency and with local PMDs regarding ways of increasing communication for mental patients • Set aside a regular time every 1-2 weeks to consult with PCPs and staff psychiatrists • Educate case providers within UPAC of the importance of collaboration and the continuum of care across professional/care providers • Work to secure funding to re-direct staff to implement the SOAR model to make sure that we take advantage of federal resources (e.g., SSI) • Develop additional training from our psych consultant on specific Dx (SMI) conditions and meds used to treat them • Monthly BH seminar for PCPs • More attention to physical care, bring in more education opportunities for our consumers to create preventative care for our mental health consumers, more holistic health • Visit local medical clinics to discuss potential barriers for our clients. 	<ul style="list-style-type: none"> • No Answer • Now • 08/01/10 • 07/01/10 • 06/24/10 • July 2010 • 06/23/10 • 06/28/10 • 07/01/10 • 07/01/10 • 2-3 months • 10/01/10 • August 2010 • July 2010 	<ul style="list-style-type: none"> • No Answer • 1 month • 11/01/10 • On Going • No Answer • Never • No Answer • No Answer • On Going • No Answer • No Answer • On Going • No Answer

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<ul style="list-style-type: none"> Communicate health strategy at all meetings as applicable. Develop relationship with FQHC, getting to know what they can do and provide support to them Contact the CEOs of our paired FQHCs to see how we can provide better integration and customer service To continue making sure that PNP programs starts in the fall. Communicate with PCP about formulating differences Develop standardized referral process from Exodus/WIAC to Neighborhood Health Get patients involved as peer specialists to help program goals and provide purpose. Visit and invite Primary Care in building to being collaboration Develop programs to increase awareness of alcohol and drug services to primary care providers To cross train staff, within my program and other partner medical clinics/programs on how to integrate resources and services for wellness, better health of our clients. Continue psychiatry supervision weekly for knowledge, aid and integration. Staff training in medical department for integration purposes and explore funding sources for the BHC Use team meetings to review clients with poor scores Assign a primary liaison between our program and each of those clinics Discuss no show policies. Meet with psychiatrists at our clinic in an effort to express their fears about serving as MH consultants to primary care providers Provide support and back up to VP of clinical services and do education and training to PCP and ADS clinics as needed Build bridges, increase communication w/ PCPs and BH organizations in my region Increase intern pool and peer assistance in various aspects of Tx. (Barriers, funding resources, may want pay) In response to stigma, develop trainings for support staff to increase comfort and skill work with clients with mental illness Advocate politically to ‘un-carve out’ BHS from health service for Medi-Cal Add training and medical practice provider (into hall and other education) to our team 	<ul style="list-style-type: none"> 06/22/10 Now July 2010 No Answer No Answer 08/01/10 No Answer 06/23/10 07/01/10 On Going Now July 2010 Started No Answer 07/06/10 08/01/10 No Answer No Answer 07/01/10 07/01/10 07/01/10 June 2010 	<ul style="list-style-type: none"> No Answer No Answer No Answer No Answer No Answer No Answer No Answer No Answer No Answer No Answer On Going No Answer No Answer No Answer No Answer 09/01/10 No Answer No Answer On Going No Answer No Answer On Going
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<ul style="list-style-type: none"> Resource out to current training programs for consultation and presentations Formally discuss behavioral integration with administrative staff/exec committee and discuss operational issues associated with implementation (plan) and management Develop volunteer and peer support program to support individuals accessing integrated care. Gather staffs input on what barriers and solutions they see in their day to day operations. Work specifically on increasing follow-up appointments for uninsured juvenile justice clients, needing continued interim care Continue to look for additional infrastructure funding for integrated projects at 2 to 3 new PC sites Use a tool (if available) to indentify gaps in our own program and coordination of care Provide training at operation Samahan (during their staff meeting) and do this at least once a year. Have a psychiatrist attend the above meetings with me Client education in transition; organize groups to train clients on issue so they will be less reluctant to change. Networking with PCPs (meet periodically with PCPs) Set appropriate standards given my time and capacity and let clients know what I can and cannot do. Be realistic in stated or promised timelines. Walk into a community health clinic in my community and introduce myself and my program Discuss the ideas presented today with management and core staff. Identify options for increased integration. Include in the next staff development training Interface with other professionals and para professionals to promote “buy-in” (in informal settings) within the organization staff meetings with food, etc. Update assessment form with reminder to ‘update client’s PCP’ Brainstorm with staff to find strategies focused on initiating dialog with public health staff Continue use of telepsych/tele – BH Seek out peers to partner of high need medical problems to help promote adherence/continuity Identify potential new collaborative agencies. (new contacts) Obtain materials to refer patients to ADSPA initiate contact with a MH site in East County 	<ul style="list-style-type: none"> No Answer 07/08/10 07/15/10 No Answer 06/23/10 ASAP 06/24/10 On Going 60 Days August 2010 06/23/10 07/01/10 07/01/10 July 2010 06/23/10 06/23/10 07/31/10 Underway 07/01/10 Sept. 2010 08/01/10 	<ul style="list-style-type: none"> No Answer 09/01/10 No Answer No Answer 12/31/10 On Going No Answer No Answer No Answer August 2011 No Answer No Answer 08/31/10 Sept. 2010 As Needed On Going No Answer No Answer Oct. 2010 09/01/10
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<ul style="list-style-type: none"> Brainstorm with management innovative ways of providing services, billable services, with the funding allotted as well as with the staff allotted. 	<ul style="list-style-type: none"> 08/01/10 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> For Phoenix House staff to visit local primary care facilities to develop a referral relationship 	<ul style="list-style-type: none"> 07/01/10 	<ul style="list-style-type: none"> 06/31/11
<ul style="list-style-type: none"> Refer clients to a case manager that can assist with one on one help 	<ul style="list-style-type: none"> 06/23/10 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Refer mental health clients to primary care resources 	<ul style="list-style-type: none"> 07/01/10 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Encourage staff to develop relationships with primary care providers 	<ul style="list-style-type: none"> 06/28/10 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Introduce and invite clients' PCP to TBS meetings and follow ups 	<ul style="list-style-type: none"> Today 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> On site visits to North County resources and partners in order to have personal knowledge of services being referred to our clients. 	<ul style="list-style-type: none"> 07/05/10 	<ul style="list-style-type: none"> On Going
<ul style="list-style-type: none"> Share the results of today's forum with physician and hospital partners. 	<ul style="list-style-type: none"> When Avail. 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Follow up with MH clients in my case load regarding compliance with medical treatment and recommendations 	<ul style="list-style-type: none"> 06/22/10 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Utilize my time better, carve out a set of time each week to connect with primary care 	<ul style="list-style-type: none"> No Answer 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Staff development training on integrative approach on primary care and mental health 	<ul style="list-style-type: none"> August 2010 	<ul style="list-style-type: none"> Sept. 2010
<ul style="list-style-type: none"> Reducing stigma of mentally ill/chronically mentally ill on the part of our clinic staff 	<ul style="list-style-type: none"> No Answer 	<ul style="list-style-type: none"> On Going
<ul style="list-style-type: none"> Signed release of confidentiality documents so BH and PCP can communicate legally. 	<ul style="list-style-type: none"> 06/23/10 	<ul style="list-style-type: none"> On Going
<ul style="list-style-type: none"> Invite Palavra Tree staff (A and D) to our clinic and invite some of the primary care staff from comp health/SYHC for info sharing 	<ul style="list-style-type: none"> 09/01/10 	<ul style="list-style-type: none"> 12/01/10
<ul style="list-style-type: none"> Create more cohesive working relationships between different agencies. By networking and mutual trainings, meetings 	<ul style="list-style-type: none"> No Answer 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Increase communication with Primary Care sites 	<ul style="list-style-type: none"> July 2010 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> To help stabilize clients. Find mental health programs for clients 	<ul style="list-style-type: none"> On Going 	<ul style="list-style-type: none"> On Going
<ul style="list-style-type: none"> Keep line staff at the fore front of integration process and the purpose/outcome for all disciplines involved. This will be done through weekly staff meetings and trainings and collaborations 	<ul style="list-style-type: none"> Now 	<ul style="list-style-type: none"> On Going
<ul style="list-style-type: none"> Connect with Bridges to Recovery to help quadrant 3 clients 	<ul style="list-style-type: none"> No Answer 	<ul style="list-style-type: none"> No Answer
<ul style="list-style-type: none"> Assist with transportation and attend appointments 	<ul style="list-style-type: none"> 08/31/10 	<ul style="list-style-type: none"> 07/22/11
<ul style="list-style-type: none"> Support community based psycho-social services linked to 	<ul style="list-style-type: none"> Yesterday 	<ul style="list-style-type: none"> On Going

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<ul style="list-style-type: none"> clinical systems, ‘wrap around’ • Attend more integration conferences to be involved in the process • Make sure that upon completing assessment that RIA needs are identified and resources available • To create a better referrals resources for adolescents who need treatment and prevention early intervention from mental health systems to AOD • Looking at having similar formalities with mental health and primary care • Successfully engaging existing community primary care for future collaboration. Barriers, lack of funding, training, Tx access, stigma • Discuss with contractors their ideas to integrate services during monitoring visits. • Flexibility at the time of initial assessment process for clients who are acutely mentally ill (walk ins). • Ensure that primary care providers get enhanced training in psychotropic medications • Barriers: neighborhood health care very reluctant to collaborate • Provide training at health providers, re: psychiatric meds • Continued collaborative approach for discharge plans • Although YES is part of SYHC we’re located separately and only have MH at our site. (barrier) • Increase utilization of case manager to coordinate care between client/family with a PCP. • Educate providers/staff in Mental Health using webinars (through county) • Volunteers/interns to expand services/augment services and provide relief for staff. Organize, structure, implement • During review of program services, focus on the whole health needs (MH and PH) of client and provide guidance and consultation to the provider to address and to refer when needed, re: physical health issues. • Invite ADS program to our annual client recognition luncheon • Increase education for PTO’s in the schools about mental health parenting skills, healthy eating and exercise. • Increase staff aware about primary health integration • Will multiply • (RIT delegation) Use peer counselors and student nurses in PCP and MH clinics (volunteers don’t cost) • Clarify HIPPA regulations so staff can better facilitate 	<ul style="list-style-type: none"> • When Avail. • ASAP • 07/01/10 • 08/01/10 • No Answer • No Answer • No Answer • 06/22/10 • July 2010 • Last 10 yrs. • 06/22/10 • 06/22/10 • 06/28/10 • No Answer • July 2010 • ASAP • 06/23/10 • 10/01/10 • ASAP • 07/01/10 • No Answer • Now • 07/01/10 	<ul style="list-style-type: none"> • On Going • On Going • 09/01/10 • No Answer • No Answer • No Answer • On Going • June 2011 • No Answer • No Answer • On Going • No Answer • No Answer • On Going • On Going • On Going • 10/01/11 • No Answer • 09/01/10 • No Answer • No Answer • No Answer
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<ul style="list-style-type: none"> communication between care providers • Work with our staff to be willing to provide client support needs to PC • Work at establishing specific contacts with Primary Care sites in different parts of county • Private representatives of outside community services to medical staff meeting, increase networking • Continue discussions with community clinics to implement tele psychiatry consults and/or direct services • Visit/contact those who are willing to partner with us. • Be familiar with all programs or clinics, plus get to know staff. • More training at already established staff meetings for staff regarding communication with other providers • Contact one primary care MD and ask my team mates to do the same and talk about the barriers and solutions • Research Peer Counselor opportunities • Provide a consulting psychiatrist via tele psychiatry and/or phone consults for primary care physicians • Utilize community members/experts for above, develop collaborative partnerships rather than attempt to provide all wellness activities ourselves. • When providing trainings to organizations/staff, keep integration of care a priority in approaching treatment for a client • Develop comprehensive wellness curriculum • Offer consult with therapists, triage day at primary care settings • To communicate with PCP (clinic) about starting NO ANSWER (patient assist program) • Reach out to neighboring university for possible intern opportunities once we move into our new building • Training: utilize specialists in MHS, inc. training in case management ancillary staff/resources for clients • Get interns to do more MH work at the pediatric clinic • Develop reciprocal relationships with primary care clinics, maximizing use of resources. 	<ul style="list-style-type: none"> • June 2010 • Sept. 2010 • No Answer • 07/01/10 • July 2010 • 06/23/10 • Now • 2 weeks • 07/01/10 • No Answer • 06/01/10 • No Answer • Current • 07/01/10 • July 2010 • 01/15/11 • 07/15/10 • Sept. 2010 • July 2010 	<ul style="list-style-type: none"> • No Answer • No Answer • No Answer • 12/31/10 • Oct. 2010 • No Answer • No Answer • No Answer • 09/01/10 • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • No Answer • On Going
<p>3.</p> <ul style="list-style-type: none"> • Establish website to keep list updated (to share). Barriers, time limitations of all key players. Establish intern training program specifically to address African American Community issues. • Communicate better with the MFTs in my clinic and increase referrals by improving my motivational 	<ul style="list-style-type: none"> • No Answer • Now 	<ul style="list-style-type: none"> • No Answer • 08/01/10

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interviewing.		
• Change meetings with FHC and North Central clinic; and operations Samahan and North Central for furthering collaboration	• 07/018/10	• 09/15/10
• Networking, communication with community providers, etc.	• 07/01/10	• On Going
• Inspire the community to practice healthy lifestyle techniques so they do not need either provider	• July 2010	• Never
• Plan at least one more session with local primary care clinics	• 06/23/10	• No Answer
• Investigate the possibility of working with a mental health agency to outstation a BHC in primary care in exchange for accepting referrals into primary care in a structural manner	• No Answer	• No Answer
• Try to get MHS to help with supervision of interns	• 09/01/10	• No Answer
• Education my hospital staff and physicians	• Now	• No Answer
• Continue to work with our MH staff to become more flexible and responsible to primary care providers	• July 2010	• No Answer
• See about CM getting education on screening for medical so that clients can be referred to PCP with documentation	• No Answer	• No Answer
• Educate staff on formalities at health clinics	• 07/15/10	• No Answer
• Speak with nurse care manager about possibility of expanding role to relieve capacity issues from psychiatrists (i.e., Rx issues)	• No Answer	• No Answer
• Increase relationships between our mental health clinics and the health clinics	• 07/01/10	• No Answer
• To continue to provide support, resources, and consultations for clients, family members, providers, police, schools and churches.	• On Going	• No Answer
• Bring interns (Masters level) to aid w/ direct services, referrals, and other tasks.	• Now	• On Going
• Collaboration with CMO and RN to develop seamless flow of clients	• August 2010	• No Answer
• Refer stable clients with complex meds to community psychiatrists	• Started	• No Answer
• Provide a presentation or training to each of those ‘partner’ clinics	• No Answer	• No Answer
• Start discussion with PCP groups about training.	• July 2010	• No Answer
• Assist / participate in trainings, regarding integration	• No Answer	• No Answer
• Meet with Diego to further flesh out a training plan that is ‘central and systematized’ on integration including information on the system and culture as well as information	• 08/01/10	• No Answer
• As some are with a combination of clinical practice (psych), public health research, and organizational	• July 2010	• On Going

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<p>development, see were opportunities to provide input into the court's over all.</p>	<ul style="list-style-type: none"> • No Answer • 07/08/10 	<ul style="list-style-type: none"> • No Answer • 09/01/10
<ul style="list-style-type: none"> • Keep informed about recent programs/projects to educate. • Patient questionnaires focused on the meds of our patients (clients) and asked them how they would like behavioral integration to occur (think out of the box) 	<ul style="list-style-type: none"> • No Answer 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Stream line process of helping individual's access short term benefits and community resources while waiting for SSI. Develop resource library train members to be resource supports. 	<ul style="list-style-type: none"> • No Answer 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Begin to develop relationships with SA and PC programs and resources to incorporate into our process 	<ul style="list-style-type: none"> • ASAP 	<ul style="list-style-type: none"> • On Going
<ul style="list-style-type: none"> • Look for opportunities to increase benefit assistance (SSI, Medicare/Medi-Cal) 	<ul style="list-style-type: none"> • 06/24/10 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Create action plan based on gaps in our program (how to coordinate w/ vista community clinic or other PCP) 	<ul style="list-style-type: none"> • On Going 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Continue providing outreach and engagement in Mira Mesa community and to PCPs in area. 	<ul style="list-style-type: none"> • 90 Days 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Change the current position of a case manager to increase time at the assigned FQHC 	<ul style="list-style-type: none"> • Sept. 2010 	<ul style="list-style-type: none"> • Sept. 2011
<ul style="list-style-type: none"> • To designate trained staff to help indigent's clients who qualify for SSI apply for that. To share referrals between PCP and BH 	<ul style="list-style-type: none"> • 06/23/10 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Accept/make walking referrals (walk patients to medical health clinics) 	<ul style="list-style-type: none"> • 07/01/10 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • If possible and indicated, attend medical appointments, or parts of them, with clients 	<ul style="list-style-type: none"> • Next visit 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Talk to my own PCP about this issues, start a conversation there 	<ul style="list-style-type: none"> • On Going 	<ul style="list-style-type: none"> • On Going
<ul style="list-style-type: none"> • Interface with others in semi formal, semi structural settings, as lunch meetings, staff meetings, facility tours, joining celebrations, monthly minimum (outside org) 	<ul style="list-style-type: none"> • 06/23/10 	<ul style="list-style-type: none"> • On Going
<ul style="list-style-type: none"> • Remind co-workers to coordinate care with PCP when appropriate 	<ul style="list-style-type: none"> • 09/31/10 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Discuss with staff, how interns could help in case management to improve the physical health treatment for clients 	<ul style="list-style-type: none"> • Underway 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Continue placement of RN and/or NP in mental health offices 	<ul style="list-style-type: none"> • Now 	<ul style="list-style-type: none"> • No Answer
<ul style="list-style-type: none"> • Get more ideas from our psychiatrist and medical staff 	<ul style="list-style-type: none"> • July 2010 	<ul style="list-style-type: none"> • Dec. 2010
<ul style="list-style-type: none"> • Coordinate presentation from mentioned agencies into clinic staff meetings. 	<ul style="list-style-type: none"> • 08/01/10 	<ul style="list-style-type: none"> • 09/01/10
<ul style="list-style-type: none"> • Connect with my providers to get feedback r/t integration • Increase knowledge of alternative resources in community 	<ul style="list-style-type: none"> • 08/01/10 	<ul style="list-style-type: none"> • No Answer

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<p>in order to link clients to during discharge, initial screening, throughout Tx. (clinical staff)</p> <ul style="list-style-type: none"> • To co-locate a staff person to provide screening/referral brief treatment in a local community by accessing a grant for funding. • Encourage activity and explore having a walking therapy group • Educate mental health clients about the benefits of getting primary care. • Trainings for medical clinics with regard to TBS services • Increase communication with healthcare providers of mental health clients • Refer more clients/families to case management services • Participants on practical skills training on independent skills enhancement and/or self-sufficiency • Education of medical providers in order to feel more competent and comfortable in identifying discussing and referring mental health issues. • Educate staff of the risks of the SMI and poor physical health • Talk with 2 other mental health program managers (county contractors) to increase brainstorming ideas on reaching out to family care providers/clinics • Create more flexibility between agencies and fewer stigmas. Training staff, education of clients, have specific contacts between agencies. • Look to create ‘Doc’s and Nurse’s’ at an increased service level at AOD sites in San Diego region. • To get client stable to receive AOD Tx. Get medication for our clients. • Network with Primary Care mental health care, AOD • Provide referrals for MH and physical health concededly • Expand and explore models for implementing collaborative case management. • Continue to collaborate with agencies already establish for integrative services • Improve culturally relevant services for clients • To eliminate counselors spending a lot of time on paperwork and more time for the clients. • Seeing patients from primary care who needs short term stabilization. • Discuss what was concerned today with executive director • Review current contracts for duplication of services and ways to integrate services. 	<ul style="list-style-type: none"> • 07/01/10 • 06/23/10 • 07/01/10 • Today • 06/22/10 • No Answer • Sept. 2010 • No Answer • 06/23/10 • 08/15/10 • No Answer • August 2010 • On Going • No Answer • 08/31/10 • Yesterday • Current • ASAP • 07/01/10 • 08/01/10 • No Answer • No Answer 	<ul style="list-style-type: none"> • 06/30/11 • No Answer • No Answer • No Answer • No Answer • Dec. 2010 • Dec. 2010 • On Going • 11/15/10 • No Answer • No Answer • On Going • No Answer • 07/22/11 • On Going • On Going • On Going • 06/30/11 • No Answer • No Answer • No Answer
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<ul style="list-style-type: none"> Weekly follow-ups with clients during the week to check in/inquire about services (additional)/resources that the client may need. Identify staff to begin providing behavioral health services at our Chula Vista primary care clinic. Still we are also planning a meeting between CMH and NHC soon, for all above; improve communication Realization that complete approach mental/physical necessary to adequately treat patient. Continued networking to obtain diverse referral sources Getting information from other providers (barrier). Structure time to carve out 30 min – hour to call PCPs, collaborate Flexibility, revisit program structure and approach to allow for collaborative efforts. Barrier: Silo structure and 30 yr. history Meet with our treating psychiatrists to discuss co occurring d/o Increase education for preschool and elementary teachers related to symptoms and behavior that children with mental health issues demonstrate. Increase knowledge of local resources in region Promote ADHOC advocacy Implement psych- NP RN program at CSUSM school of nursing grade to be imbedded in PC clinics Motivate staff to accompany clients to medical appointments to facilitate treatment continuity Develop a ‘date base’ to ease the referral process for clinicians Begin, sustain this push for increased integration in team/staff meetings Lobby clinic E.D. for hiring of psychiatrist on site /pursue telepsych option Follow up to determine what changes need to be made, what hindrances we’re facing. Improve patient assessment to include physical, substance use, etc.; not just behavioral health Educate staff on need to get clients seen by primary health Request or present what is best practice in case management or “what is case management’ Implement psycho-educational support groups for Bx health issues on site run by interns Streamline P&Ps use of psychiatric consultation in our clinic sites, with goal of increasing utilization and comfort 	<ul style="list-style-type: none"> 06/22/10 Sept. 2010 Next month 06/22/10 06/22/10 06/28/10 No Answer ASAP 07/15/10 ASAP 07/01/10 No Answer Fall 2010 07/01/10 June 2010 ASAP No Answer Oct. 2010 06/23/10 Now Next week No Answer 06/21/10 	<ul style="list-style-type: none"> On Going Dec. 2010 No Answer No Answer On Going No Answer No Answer On Going 08/15/10 No Answer 09/01/10 No Answer On Going No Answer On Going No Answer No Answer No Answer No Answer No Answer No Answer No Answer No Answer
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<ul style="list-style-type: none"> level of health care providers. • Develop agreed upon referral criteria. Discussion with County for funding for SOAR • Open house at North Coastal or open house at NCHS • Look into 1 day a week placement of MIT in primary care site to increase communication/collaboration • Tele psychiatry: utilize sources in place. Develop relationships/communication with community psychiatry • Re-examine prescribing practices 	<ul style="list-style-type: none"> • No Answer • 07/01/10 • 09/01/10 • 07/15/10 • July 2010 	<ul style="list-style-type: none"> • No Answer • No Answer • No Answer • No Answer • On Going
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