

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
Action Item		Benefits	Barriers	Resources Needed
1	Implement depression screening at primary care sites; implement patient portal		Patient access to technology; Facilities ability to use technology	
2	Female MI so intervention can be made			
3			Funding	
4	Contact local clinics- in staff training/contact/referral	Direct referrals	Privacy laws; Internal policy	
5	Increasing access to care- increase office hours	Referrals	Time consuming	Computer resource manuals
6	Improving access dealing with folks that are not as needing CMH/too ill for PMC	Increase in referrals	Long waits; clients not meeting criteria for program services; leads for staff burnout	Time to create good MOU's; Increase in medical staff and office staff
7	Work with CMH to support their patient sharing program	Improved access overall for everyone including our patients	Lacking relationship with county mental health department	Work to improve relationship with county mental health
8	Extended hours of operation	Improved access for all patients	Resistance in participation between BH/PCP's	

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
Action Item		Benefits	Barriers	Resources Needed
9	Compile updated information on services	Ease in access; Enhanced utilization of services	Not foreseeable	Information
10	Add MH staff to at least one more primary care site		Trained MH clinicians- staff shortage	Training programs
11	Add a walk in clinic for central region	Easier access for local residents	Funding	Funding
12	Increase enrollment to LIHP and increase in-services		Lack of services	
13	Clarify measurements; Find out what services clients do have access to and which they still need access to			
14	Affordable access to everyone	Provide health insurance	Money	Money
15	Limited criteria to access MH services	Better overall care	Limited resources for impoverished clients	MH resources with greater availability
16	Speakers and unit meetings	Increased resources and explained older services	Schedules; Eligibility	Increase education for primary care about diagnosis and meds

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
Action Item		Benefits	Barriers	Resources Needed
17	Introduce PC2 project to parents and clients	Privacy	Information no shared between providers	
18	Knowing which services are for support; walk-in vs. crisis vs. long term	Coordination	Wait times	
19	Know more about other services to refer to	Continuum of care	Different funding sources with its limitations on insurance/qualifications	Time
20	More MH in clinic settings; Offer services to all ages	All adult ages could benefit	Acceptance in clinics; Money	Training and Staff
21	LIHP education and enrollment	Expand services	Time consuming	Staff managed support provided to programs
22			Awareness and organization	
23	Monitor # of patients with PCPs			
24	Educate people	Access to services		

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
Action Item		Benefits	Barriers	Resources Needed
25	Something like "Stand Down" for physical and mental health	Access 1-2 times a year; decentralized	Need physician volunteer groups including, dentist, psychiatric professionals etc...	Information for ongoing services
26	Use consultation with PCP	Increased care	Access	Knowledge
27	Use of SBIRT model to increase access	Getting to customer for other symptoms that they did not come in for	Move people faster through the door	Changing the system; development of encompassing SBIRT tool
28	Improve coordination of services	Better services for patients	Communication	Better leadership
29	Providing an updated database accessible to clients and healthcare professionals	Aids in distribution of resources and helping consumers getting needs met	211 exists- Does the public know? How do we keep it updated and how useful is it?	Money
30	Connecting those with publicly funded programs to get them better access to healthcare	Patient has a way to pay for healthcare	Having staff who can make this possible	Money to hire staff to make this possible
31	Collect unused bus scratch off from family/friends who serve jury duty for clients	Provides transportation to clients; Gets community involved	Sporadic funding; Unreliable; Short term fix	People who have bus passes to spare; Contact with judicial system
32	Bring services to people who cannot get to services	Connects people with services they wouldn't be able to access without help	not enough detox programs for uninsured	Treatment beds for clients; More staff

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
	Action Item	Benefits	Barriers	Resources Needed
33	Get message out	Have people access paired services	Getting message to groups	Staff
34	Continue updating information on service centers	People have more access to services	Some locations like Mid-City do not have an urgent care	In-services and web links
35	Onsite access to PCP	Cost effective and efficient	Funding	Funding
36	Being able to have psych at PC & AD	Good medical care and decreased symptomology	Funding	Funding and physicians
37	MH Access via Family Resource Centers	Expansion of NO WRONG DOOR	Space	Triage staff avail at FRC's
38	Find a good fit for SA's to find healthcare	Comfort levels will increase w/good fit	Clients will be discouraged if they can't find comfort	Good description of services, open-minded caregivers
39	Better communication with MH programs within the County	Get services for our clients	Clinics overcrowded	Personnel connections
40	Understanding HIPAA	More competency for clients	Providers not understanding HIPAA	Mandatory training for all providers

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
Action Item		Benefits	Barriers	Resources Needed
41	Maintain walk-in hours at clinic sites	Easy access	Clinic capacity; funding	Funding
42	Research referral availabilities	Easier and faster connections	Time; Lack of resources	Staff to assist community
43	Emergency department referred to programs	Direct contact for client to receive services	Referrals	Funding for those who do not have insurance
44	More doctors providing services for Medical population	Reduced stigma; More utilization of services	Culturally appropriate services; Transportation issues	Diverse staffing; Language services
45	Follow up with PCP who want to have specialists but don't take action	Patients seen quarterly	Not always called back	Care management
46	Partner with SYHC to learn more about the Salud Program	Learning about existing services and connecting clients	Program eligibility criteria	Information
47	Understand walk in services; Identify capacity; Lower wait times		Shortage of BH providers; Same day visits	Staffing resources
48	Develop rapid response teams in remote areas			

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
Action Item		Benefits	Barriers	Resources Needed
49	Develop internal PERT Team for organization; Develop central parent service		Remote locations	Education and training for physicians, staff and patients
50	Bus pass limitations; Increased in same day healthcare access	Increase in health of clients and follow through	System is very impacted	More money
51	Walk-in triage	Better access to physical healthcare	Lack of availability	Financial resources
52	Collaborate services	One-stop shopping	Funding constraints	Concerns over double billing
53	Educate primary care providers		Build capacity and decrease wait times to increase access	Educate and train medical staff
54	More clinicians available at community clinics	Decrease revolving door syndrome	Long wait times at community clinics	Funding
55	Embed MH staff with primary care clinics to screen and treat	Increases access to MH services	Not enough funds or staffing	Need more staff and funding
56	Provide clients with transportation resources	Clients will be able to access services	No funding	No grants

San Diego Integration Summit (September 2011):				
Personal Action Plan Summary: ACCESS				
	Action Item	Benefits	Barriers	Resources Needed
57	Mental Health services for undocumented clients	Patients can have primary care MH treatment	Funding; Time constraints	Funding; Time; Personnel
58	Put psychiatrists and MH therapists in each medical/physical health clinic	Addressing most needs in one location-less slip through the cracks	Money	Money; Quality doctors; Clinicians
59	Better interagency communication	Better outcomes	Releases needed	Money; Training
60	Issues with low income patients to access MH services			
61	Make materials available in public transportation	Hits more of the low income population	Will not help the ill	Money
62	More partners collaborating	More recovery	Lack of knowledge and too many different protocols	Open door training