

**San Diego Integration Summit (September 2011)**

**Personal Action Plan Summary: EDUCATION**

<b>Action Item</b>		<b>Benefits</b>	<b>Barriers</b>	<b>Resources Needed</b>
1	Ensure that I am enrolled and taking education needed; Passing on training opportunities for others	Build capacity in myself and other staff	Time, Educational Opportunities available	Training opportunity announcement
2	Increase education for PCP's		Awareness of education resources	PCP Education; CME options
3	Nurses to present information in treatment time	Increased care	Time	Organize
4	Community groups on chronic issues; myths/fears demystified	Community is better informed and aware of issues, resources	Staffing; funding	Staffing; Places to hold meetings
5	Psych education to doctors i.e.: basic red flags to look for in patients	More thorough diagnosis and more appropriate referrals given	Time; Money; Doctors availability	Doctors; Time
6	Review all webinars available on list	Free	Time	Computer access
7	Assist and train teachers			
8	Publicize webinars for staff			

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9	Continue to implement new information at our monthly parent meeting	Increase knowledge	Time	
10	Training NP's at doctorate level for PC/BH	Program design	Appropriate student selectees and faculty	
11	Educate med students about psychiatry and educate psychiatrists			
12	Use CCC materials to help educate private PCP's	Increase knowledge		
13	Have PC2 for health information to MH providers	Better informed referrals	Money	
14	Mobile mental health services	Local-easy access	Could not reach sites immediately	Trucks, vans, money
15	Community outreach	Outreach increased access to education	Transportation	Funding
16	Reach out to clients who might need help or are at high risk	Prevent long lasting problems	Cultural issues	Culturally appropriate education

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17	Teach all involved and doctors and patients	More recovery	Telecommunication 40 hrs wkly	More money; and training locations
18	Learn more and check out the website			
19	PCP online education	Learn MH issues	PCP's not interested in learning about MH	Admin to make it a priority
20	PCP's referring to certain programs	Patient education	services not at all sites	Funding
21	Be sure to have psychiatrists who specialize in COD and treating current users	Provide best services to struggling people who have COD's	Refer to or having COD specialists at PC2	Psychiatrists trained and experienced in training COD and current users
22	Increase training	Better integration	Money	Money; Training models
23	Webinars	Reach more staff	Access time	Time; Money
24	Look at the webcast	Better health for patients		

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25	Review web presentation			
26	Communication			
27	Webinars- seem like a great resource	Start training in demand	Time	Uninterrupted computer access
28	Train staff on how physical illness affects MH i.e.: HIV, Hep C	Better treatment and referral screening for clients	How to train all staff?	Physicians and psychiatrists willing to train or do online training
29	Explore the use of forums for PCP's and BH Providers	Increased competency		
30	HIPAA education for all staff		misinformation	
31	Multi-disciplinary teachings			
32	MH liaison for school administrators and educators	Reach more kids, families	Only direct client services are reimbursed	We will stretch to accommodate

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33	Educate MH provider about PC and the importance of it	Clients will receive a complete service	No desire to collaborate	Education from managers
34	Outreach and engagement	Increased access to education	Transportation and costs	Funding
35	Arts education therapy	Health management	Time and commitment	
36	Develop training and education programs for staff			
37	Connect San Diego City College Mental Health Work Certificate Program to move potential employers and potential referral sources	Increased awareness and diversity of students		Networking and contacts
38	View websites listed under webinar trainings	More information learned	Less time available	Funding
39	Develop a curriculum of classes to offer provider and community	Help community assist in integration	Large enough rooms	Hire someone or give provider time in schedule
40	Language and communication	Better understanding of patient needs	Time	Recovery, Language training

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41	More webinars	Physicians more comfortable taking on MH patients	Lack of available time to watch webinars or lack of access to educational material	Clinic needs to set aside time for staff to watch webinars
42	Review culture of community with administration	Builds moral responsibility	Integration with pre-existing leadership style	Funding; Mentoring
43	Access more trainings i.e.: free webcasts	Keep up w/best practices	Costs; Limited learning	Time and Costs
44	Parent classes through school	Knowledge and tools to help children succeed		
45	Increased education to primary care through webinars	Knowing where to refer clients	Time	Time
46	Continue promoting free webcasts	Increased knowledge for providers	Time	Time
47	Require staff to complete more outside trainings	Expand knowledge	Time	Information on trainings
48	Better understanding of HIPAA	More competent staff and reliability for clients	Providers not understanding HIPAA	Mandatory trainings for providers

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49	Trainings for staff and community partners			
50	Continue to provide medication education classes	Client knowledge increases	Limited nursing hours	Nursing time; pamphlets etc....
51	Implement reward system for PCP's and view BH webinars	Increased knowledge and comfort level for providers	Time and Money	Time and Money
52	AFDC recipient required to attend parenting classes			
53	Webinars at clinics for mass access	Help more people	Time to watch webinars	Space
54	Webinars	Work from office	Time consuming	Telephone; Televideo
55	Check out the webinars	Learning	Time limitation	More hours in the day
56	Become more aware	Learn more about other professions	Getting everyone on board	Setting up programs

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57	Physician and Psychiatrist training			