

San Diego Integration Summit (September 2011)				
Personal Action Plan Summary: PEER RECOVERY				
Action Item		Benefits	Barriers	Resources Needed
1	Implementing new program to support MH patients transferring to primary care	Better transfer	Lack of orientation on referring and accepting program	MHSA involvement
2	Invite Lisa to present webinar on topic	Using peers to help clients bring up topic to their PCP's		
3	Develop peers		Funding	Funding
4	Where to turn manuals	Shared illness	HIPPA Privacy	County resources
5	Agencies visiting each other and sharing	Outside views	Time and space constraints	Outside agencies volunteering larger spaces
6	Advocacy, counseling and navigation of system	Changed leading	Reinforcements; Stigma; Space	
7	Contact Rosalyn Carter; Work on changing CA legislation for Medi-caid coverage	Added support and resources	Issues regarding medical necessity	MaryJo's email address
8	Utilize peers within the juvenile system	Costs (low) peer to peer	Not sure	Get in touch with past SP's

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9	More training to turn high functionary into staff	More staff	Often the disease i.e.: perfectionism	Hope Connections; Bridge gaps also peer coaches
10	Identify peer counselor within the community	Resources and support	Locating peer mentors; Stigma	Contacts or community organization that know peer trainers
11	Development of tracking system for peer involvement	Encourages and supports recovery	Funding; Privacy concerns; Consistency	Finances; Training
12	Screening management to universal coaching/training	Treatment and recovery is better and faster	Time and resource constraints	Willingness to work as a team
13	Increased partner communication/knowledge	More people n recovery	Money; Knowledge; and Communication	More funding; more collaboration; more publicity
14	Incorporate peer recovery into reviews	Increase climate of recovery		Staff/supervisor buy in; revise tool
15	Networking	Ability to refer to higher level of care or continuing care	Lack of funding for the underserved population	Government funding to allow access to resources
16	More peer recovery specialists	Increased access to quality care	Diagnostic criteria and reimbursement	Funding to hire peers

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17	Peer and family advocates as application assistants	Added respect to PFA job description	Lack of trained PFA's to provide	Increased funds for training additional staff
18	Learn more about peer recovery			Time
19	No MFT's for FQHC		No MFT's; Loss of funding	Medical provider contact number for mental health
20	Having groups and presenters from different areas in group discussions	Normalizing of issues/problems	Lack of funding and resources	Community collaboration
21	Communication	Increased help for consumers	Too many agencies with different rules; Lack of coordination	Communication devices i.e.: phones
22	Hire family partner	Increased family support; Increased outcomes	On-going supervision; Culture shift	Shared/Collaborative supervision
23	Increase Self-Help modeled after AA	Sobriety support for change	Change	People; Places; Innovation
24	Increase collaboration and communication	Coordination of care	Lack of contact	Motivation

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25	Identify the potential roles for peer specialists	Best use of their resources	Lack of training and experience	Training and Job description samples
26	Recruit Peer Specialist		Clearance for volunteer peer support specialists	Senior Leadership support
27	Need performance Measuring Methods to avoid defunding when resources are less	Increased self-help use; Increased mutual support strategies	Billing problems	Training staff
28	Training Peers	Increased peer knowledge and easy access to those who have great needs	Partnerships	Staff trainings coupled with Community trainings
29	Explore options to use peers to teach mental health literacy	Trust with student experiences	Funding	Staffing
30	Understanding how peer recovery fits into primary care; Understand peer recovery training resources	Better awareness of resources	Training and Staffing resources	Training and staffing resources
31	Addition of medical peer support	Less stigma; and increased assistance with the ability to compile MH data	Lack of Medi-cal within MH system	Monetary funding
32	Identify Peers	Engage end users with other end users	Physician buy-in; Confidentiality; Stigma	

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33	Identify suitable Peers for mentoring		Stigma; Rural Communities; Buy-in from physicians	Education and Training for both Providers and Staff
34	Add Peers to Program	Increased shared experiences	Not within current budget	Need more office space and more funding
35	Wellness programming	Self discovery	Motivation	
36	Support groups for depression or dual diagnosis	More Support	Lack of availability in the community	Road to recovery
37	Add this item to documentation and RN's when addressing psychologists	As a trainer for online staff/clinicians/cmgr educate on the impact of peer recovery		
38	Specific structure needed	Decreasing alienation and normalizing	space and capacity	Space and Training
39	Use peers to transition from MH to Community	Easier to work with peers	Stigma	Funds and Training
40	Hire target peer areas to come to our clinic	Peer input and gives added hope	Money and Space	Rooms and Interest

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41	Integrate recovery to eventually include MH & AOD		Stigma	With Education recovery is possible
42	Open up the lines of communication between health educator and patients & providers alike; MH services for all	Patient recovery; Patient understanding of all issues and prevention	Undocumented patients; costs/fees not enough resources; not enough training	Insurances; Trainings; Funds
43	Have peers do "Move" training and public speaking	Educate on what peers can do (roles description) and what services they can bring	Acquiring peers who are knowledgeable in peer services and are great at public speaking	More \$ for an educational program like this.
44	Inclusion of peer voice in projects/designs	Increased recovery principles; Increased outcomes	Resources and \$	
45	Bring this model to credential GH Care	Support in place	Regulations and ideas shifting with this concept	Support and Funding
46	Utilize alumni to help current clients	Engagement; Retention; Support	Funding and boundaries	Staff to supervise alumni
47	Send out 12 Steps of Transformation Article out again	Provides insight about using peers	Staff bias	
48	Visit other agencies who use peer specialists	Hear how Peer Recovery can be used without reinventing the wheel	Find another agency that could be similar to ours	List of agencies who use peer recovery and contact information

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49	Involve clients and alumni more	Examples of recovery	Alumni wanting to participate	Open communication
50	Link patient success stories with new patients	Initial transition is often challenging, this would help people	Few patients improve and few have family support	Web based trainings
51	Explore established peer recovery support groups for dually diagnosed consumers	Improved compliance and outcomes; Increased self-management	Cognitive Time and Tuition	Training for "peers" and facilitators; Time; Money
52	Get Peer Specialists from RICA or have Peer Specialists trained by RICA	Embrace HOPE and help navigate the MH system	Funding and Space limitations	Need more funding
53	Get all Peers trained by RICA and other agencies	Peers able to engage clients well	Limited hours and training required	Need more support for peers and more funding
54	Refer more patients to peer system		Resistance	More peers needed
55	Outreach to other groups, like parents and children, especially adolescents	Less alienation related to less stigma association	Lack of staffing; Stigma	Funding; Staffing
56	Engage Peer Specialist for our forums and subcommittees	Community engagement	Relevance; Lack of connection; Funding	Outreach to Peer Specialists

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57		Clients feel support	HIPPA constraints; Less \$ from targeted patient population; transportation; Funding for programs	Testimonials; Therapists referrals
58	Bring a Peer Counselor to a MHSA PEI meeting	Understand their role in recovery		Contact with an already existing peer recovery program
59	Graduates of program come for client support	Modeling wellness for current clients	Follow-up protocol?	Release for long-term client follow-up
60	Cultural liaisons in PC to do outreach with MH Peers	Same goal and create a new team	Finding cultural liaisons in the South Region	
61	Primary in AOD	Helping each other	Culture; Age	Communication Tools
62	Get more clients involved in the club houses	Socialize with Peers who have made progress	Poor attendance by clients	More information about club houses available to clients
63	Identify prospective Peers	Increased confidence	Confidentiality; Stigma; Underserved population	Open information to the public
64	Peer support in medical care	Language; Success; and Support	Monetary Funding	Monetary funding

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65	Investigate teen involvement in HOPE Organization	Joining; Normalizing; and Education	Teens deny and minimize Anxiety & Depression and Psych Issues	Separate wait for clients under the age of 18
66	Help increase awareness of Peer Systems	Support outside traditional treatments	Connecting with clients; Educating clients and Providers	More Peer Programs with easier access for clients
67	Learn more about partnerships	Referral sources		Centralized information
68	Make MH Training Certification available to Staff who are substance abuse counselors	Increase knowledge of MH Wellness	Counselors ability to be open minded about new training	Training availability; and Time
69	Youth Peers	Increased Youth engagement; Maintaining Clients	Budget to cover position	More documentation protocol training
70	Incorporate more peers into environment	Shared experiences	Job tasks; Program expectations; Creativity	
71	Implement Young Adult Peer Support in CMH	Evidence in recovery and support participation in services	Peer support presence in certification trainings/credentialing trainings	Funding; Funding the right people
72	Begin peer groups for patients or Know where to refer patients	Increased services for clients	Confidentiality in Private Practice	

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73	Peer help in areas such as Diabetes			
74	Recruit more peers and those with lived experiences into career path	Diversity of workforce	Academic challenges costs	Stipends
75	Develop core of graduates to assist with others recovery	Quicker support sets a model	Peer Providers need training	Training programs and Funding
76	Extend Salud Project style programs to all ages	Group support for all ages	Funding	Staff and Transportation
77	Peer support	Reinforces recovery focus	Limited Staff	Funding
78	Peer Groups		Money for training personnel	Money and Organizing
79	Integration in curricula	Peer support for families of patients in CMHS	Accurate measuring methods	
80	Provide more peer/peer training	Better representation in community	Training options	Funding

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81	Mental as well as physical health peer support training	Well trained peer support staff	Written materials	Training; Time; and Personnel to provide services
82	Continue to develop and expand roles in current peer specialist program	Direct modeling and promotion of recovery	Turnover	Continued agency support; and Training (RICA, NAMI)
83	Hire more peers	Increased outcomes	Money	Reworking current budget
84	Ensuring peer staff is trained	Better retention	Lack of formalized training; Organization awareness; Staff education	Standardize training process
85	Continue peer lead groups/support groups; Grant opportunities	Added support and motivation; "Someone like me"- confidence in program by patients	HIPPA; Different terminology; Confidentiality	Recruitment
86	Hire a peer mentor for adults and families	Patients have someone to relate to and someone to guide them	Stigma to define position	Funding; retention; and training
87	Organization to provide space and partnering with peer lead community care services	NAMI Peer Programs	Lack of recognition and devalued peer services	Training p2p staff; Resources
88	Become more familiar with services	Longer recovery	Transportation access; Trust in quality of program services	Club House/Peer Programs

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89	Incorporate more peer training and peers in diverse settings	Clients feel additional support	Stabilized individual interest in trainings and working within capacity; Buy-in by organizations	Money
90	Working w/other Non-Profit Organizations who offer peer recovery programs	Unity among communities	Lack of resource knowledge available in the community	Staff with time for outreach
91	SCCFC: Alumni speaking with program participants	Gives clients hope and new tools to thrive	Contacting Alumni	Alumni; Event sites
92	More training for peer advocates and physicians	Able to reach more HIV+ females in San Diego	More Money	More money; and Trainers
93	Boundaries/Professionalism	Courses	Budget	Knowing and creating more resources
94	Already using peer navigation	Connections made with patient; More information	Boundaries; Trust; and Stigma	More trainings
95	Start a wellness peer support group	Peer support approved	Clients unable to secure financial resources	Educational materials
96	Add 1.0 FTE this year	Comfort level of transitioning patients	Inability to bill for peer services	Money; and Legislation

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97	Review formal and informal peer support; Round table Youth	Improved attendance and outcomes	HIPPA Issues	Legal/Risk Management
98	Increased peer MH presence in ADS Program	Increased access to MH services, resources for clients	Available when needed in an unpredictable environment	Weekend staff; and Transportation
99	Hire more peers	Employment contributes to recovery	Budgets	More Funding
100	Speak w/our administration for in patient units	Offers support and education	Costs	Funding
101	Don't understand this concept-need to find out more??	?	?	Education regarding how this would work in PHC
102	Specific structure needed	Decreasing alienation and normalizing	Space and Capacity	Space and Training
103	Ensure peers are trained	More cost effective; and faster services	Stigma	Training
104	Validate accurate reporting	Better understanding of MH needs and better Health Compliance	Space	Staff

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105	Recovering people returning to agencies to train other clients or AOD, MH	Better relationships with clients and staff alike; Saves money; Less MFT Psych and more trained Peers	Funding for professionally trained peers	Specialized training; office space; and referral resources to clinics
106	Integrate more into program	Increased Knowledge; Decreased costs; Increased patient outcomes	Lack of funding; and Supervision	Money; office space; and Training
107	Peer group led/parent support sessions for AD&D or Depression	Leverage with peer experience; Increased education in groups	Lack of interest; Lack of time; and Lack of available locations	Childcare; Location; and Coordinators
108	Ensure integration issues are included in trainings	Increased fully trained staff	Level of integration development	CMEs and willingness of physicians to come in for trainings
109	Use peers to identify PCPs and accompany to PCP visits			
110	Access to medical information and a room to give support	Participants are encouraged to take care of self	No room to meet 1:1 w/patients; Lack of education and training	Rooms to meet with patients; More money
111	Have everyone involved	Clients able to identify what they want	Experience; Involvement	Communicating methods w/clients

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112	Identify appropriate peers	Buy-in from Doctors	HIPPA, Confidentiality; Limited access to rural communities	Funding and Training
113	Formalize meetings and relationships with BH i.e.: Chronic Pain Program	Enhanced integration of BH/Medi-cal	Scheduling	Webinars; Deciding benefit eligibility for programs