

Integration Summit				
Personal Action Plan Summary: CHILDREN'S SERVICES				
Action Item		Benefits	Barriers	Resources Needed
1	Educate on symptoms	Less adults	Stigma; Less awareness	
2	AFDC; Early intervention; Pre-conception	Less stress; Whole family connected	Role Models	Parenting classes
3	How does it fit?			Time
4	AFDC mandatory parenting classes	Early intervention = Better outcomes in school	Available teachers, volunteers OR paid staff	On-site free or available parenting classes, central resources for parents
5	Try to personally meet with psychiatrist who work with mostly pediatric patients	Better communication	Difficulty connecting with them	Forum that would bring everyone together
6	Early diagnosis	Early treatment	Care coordination to include teachers and babysitters	Assessment tools; parenting and health education
7	Wellness notebooks	Wellness packets	Staff meetings	Assigned staff; staff hiring
8	QPR	Support systems for everyone in family	Getting everyone on board	Budget; time and awareness

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9	Identifying pediatric patients with BH issues	Lowered risks of future BH issues	Waiting lists; Environment; Trust by parents	Competent and empathetic providers; Parent training
10	Collect information on children services and make referrals	Better family support		Information on services
11	Explore internal resources in pediatrics			
12	Treatment of mothers with depression for better outcomes for children	Shorter treatment for children with depression and anxiety	Funding is split into C&A stream and Adult stream	County contracts to allow combined C&A and Adult funding
13			Limited services	
14	Link to parenting classes and reproductive health			
15	Referrals	Dealing with patients at a younger age	Resources	Referral resources
16	Referral network in each community		Space	

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17	More physicians accepting Medi-cal	Early treatment, better outcomes	Medi-cal funding is not competitive	Cultural competence; Funding
18	Better collaboration with healthcare	Integrated care	Resistance to communication and lack of follow through	Support at higher levels from ALL systems involved
19	Cross bridges with Public Health	Services available to vulnerable families	Little time or direction from HHSA to do this	Small regional forums to marry into Public Health and Behavioral Health
20	Make contact with primary care physician and leave info on project	Increased information and education to primary physicians	Unsure how open and willing PCP would be	Form from ADS with 3 questions
21	Increased awareness of resources	Increased coordination for transition to adults	Time	
22	Increased parent participation	Better care	Parents commitment	Time
23	Parenting classes and identifying their needs	Prenatal counseling	Identifying who has insurance	Group classes
24	Identifying at risk youth	Decrease in court and legal issues involving minors		

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25	Later hours for out patient clinics			
26	Make screening easier and quicker with 1-2 questions	Early detection and prevention of possible serious illness	Staff buy-in and unsure what to do with results	Screening instruments and treatment resources
27	On-site MHW or educator	Early intervention and integration	Money	Staffing
28	Learn more about pediatric providers in area	Referrals	Complexity and specialization	Informative brochures; information links
29	Increased awareness		Awareness and lack of screening	Coordination of care
30	Implementation of BH services in clinics with minimal costs	Immediate and brief interventions		
31	Classes to speak with parents in recovery to support good parenting	Increased support for families	Add parenting and training by peers	Time to develop training
32	Partner with patient PCP	Increased care	MOU	Outreach

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33		Intervention at a young age	Parent permission and interest; Communicating to younger patients in a manner they understand	
34	Actively engage parents through support groups	Parent empowerment through education	Cultural barriers	Bilingual staff and space
35	Parenting skills for program participants (twice monthly)	Coping skills and basic sober parenting skills being taught	Parents availability; childcare; curricula	Facilitator trainings; Curricula
36	Identify PCP for each child			
37	Screening girls ahead	Catch symptoms early	Not a squeaky wheel??	Training on how girls experience MH concerns and ADD
38	BHC available at PEDs/Prenatal Dept. and Family Practice	Early identification and referral services	Lack of care managers and information systems	Resource lists; Training; Education materials
39	Connecting with providers	Connecting children to services	Funding	Unite offices i.e.: The Family Justice Center
40	Better integration of primary care and MH	Comprehensive care with better identification	Fees for services; Psychiatry not interested in collaboration with primary care	More children's psychiatrists willingness to treat MH issues in consultations

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41	Being able to have psych at PC & AD	Good medical care; Decreased symptomology	Time in collaboration	Continued Funding
42	Coordinate and get to know children's MH providers	Increased access to services	Family admitting substance abuse	CADRE
43	I Don't currently see children			
44	Explore adding BH services to appropriate review of all children services	Earlier recognition of MH concerns and earlier intervention	Time constraints; and lack of trained staff	Training for staff; More information regarding referral resources
45	Offer the resources of children's services in adult programs	More support and resources for clients and their children		Referral resources
46	Get involved in schools, kids/family programs	Provide much needed support and work with a great population	Time	Co-workers who have familiarity with community resources
47	Identify patients who are at risk	Prevent mental dysfunction	No time to evaluate	More education
48	Outreach to Head Chiefs at hospitals and Social Workers in hospital settings i.e.: Kaiser, UCSD, Sharp	Serve clients with immediate needs		

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49	Make mental health screening part of the school nurses protocol; Promote importance of IEP; Continued training for teachers	Wrap around service model	Human capital	Funding; Human capital
50	Research "no shows" screen those parents	Refer to mental health/family services	Lack of benefits to medical providers	
51	Find out what services are available for children	Provide communities with referral services	Providing communities with referral services	Find contact information
52	Identify parenting resources; Identify screening resources; Understand First 5 resources	Awareness of resources		Education
53	Simplified detection tools provided to teachers, daycare providers			
54	Screenings at Maternal, Health Child Clinics such as WIC offices through SDSU or CHYC clinics	Identifying Bx health issues before being transferred to the kids		
55	Parenting classes or good connections with parenting classes	Increased services in children's mental health	Parents not following through	Good connections with parenting class availability at nearby family locations
56	More children psychotherapists	Early detection	Cost; Time; Experience; Knowledge	More psychotherapists; Money; Training; Time

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57	Incorporate children services into adult programs	Family as a whole is treated simultaneously	Funding; Incorporating/accepting specialists	Time and money; Working out logistics; specialists in childcare; Treatment working within adult programs
58	Increased integration with PCP care	Increased recovery; Increased outcomes; Increased care	Money	Networking; Integrated SOC
59	Improve access to child psychiatrists			
60	Parent involvement	Better teachers to children	Resources	Resources Needed
61	Have all children involved with CPS undergo therapy	Early detection of problem issues	Parents not following through	Specialized therapists; Money
62	Children have issues 0-5 years of age	Family support	Costs	Funding
63	Help for postpartum depression	Earlier help	More education	More education
64	Screening in schools	Early prevention	Locating resources for referrals	Individuals with familiarity of resources

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65	Early intervention; E-consultations	Prevents patients from becoming adult psych patients: early prevention, early	Limited resources	MH services at school sites
66	Teach mental health in school	More people recover	Stigma	
67	Legal representation for children caught in the middle of custody battles	Child's voices should be heard so they can get the help they need	Children under 12 often aren't heard	More access to counseling services for minors
68	Find out where our clients are going for primary care	Contribute to integration		
69	Communication	More people helped	Too many duplicated services, lack of collaboration between agencies	communication
70	Develop programs to educate families regarding stigma to increase access to services and care	Increased parent education about MH and increased access to care	Stigma	Training; Program development