Big Ideas! Comments from Participants at the 2012 Integration Summit on 9/12/2012

Do you have a BIG IDEA? Well, then go ahead and share it! We will collect these throughout the Summit. If time allows we will share with the audience. We will post these on the I² webpage also.

- Will employment readiness activities or employment service referrals be a component of the primary care efforts? – We have this as a serious area in mental health programs
- Regarding un-used meds "drop off box": If the pharmacy refunds some money for unused meds more people are likely to use the system
- Spend more money to hire peer support specialists. There is plenty of documentation showing how much we listen to our peers recover more than not.
- How about linking with CBO's, Recipient of Care
- Vivitrol- long lasting injectable naltrexone- with intensive counseling-studies show good promise
- Expand the use of ethnic oriented community health workers trained in care coordination
- Leila Montoya (619) 718-8990; CRC/S.D. Health Alliance
    - I am a clinic director for Opioid treatment- I have a staff of 20 certified professionals plus 2 addiction specialist physicians and I am located in San Diego, Fashion Valley. I would like to offer my services to County as a treatment center for Opioid, alcohol, counseling and medication assisted treatment. We accept Medi-Cal and insurance.
- Learn to say NO during emergency visits
- There is no advice for follow-up visits with primary care for refill of narcotics
- Educate ER doctors to treat patients detoxing from drugs/alcohol with the same **respect** as the heart attack victims, the cancer patients etc. They are just as sick as the other patients! A physician at Palomar ER was so ignorant and opinionated, he did nothing to help my son detox. When his bill came I gave it the same priority he gave my son! I detoxed my son with my own meds until he was stable enough to be admitted to rehab!
    - San Diego lacks social forums for these young people. How many young people's AA or NA meetings are there? It's a growing population → no avenue to stay.
    - Have peer specialists visit McDonald Center, Sharp, Aurora, Alvarado, and see these clients. Pass out resources to clients with activities, employment, housing that caters to their age group (under 30).
    - When you have a co-occurring disorder – where do you fit in this system? AOD programs don't want you, and MH programs (Hospital Residential) the clients/people are too sick and scary for someone who has anxiety or depression and drug addiction.
    - Clean after treatment: Focus on young adults, set-up programs so when these people come out of rehab, they have social activities to stay clean. Give them jobs to reach out to other young people, peer counseling, provide rooms large enough to host dances, movies, talent nights etc. Host at county clinics, offices, community clinics.
- When is brain scanning appropriate in adolescents?

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- Including screening for trauma, abuse and violence is important in all settings since it gives rise to both physical and emotional issues.
- Next summit should include a presentation on trauma informed care.
- Per a recent DSM S training I attended: Per an epidemiological studies the single biggest predictor of suicide is 1 year of PTSD symptoms, history of abuse in childhood and the abuse of alcohol or marijuana
    - This affects all systems of care – we need to be screening for trauma and we need to learn how to make a welcoming, trauma-informed system
- Assessments for all children and youth - girls and boys – need to include involvement in the Foster Care System on those who have been adopted.
- If all issues were resolved, if all barriers overcome, if all were 100% in, what would it look like in 5 years- in other words: What would the ideal system look like? THAT should be discussed and then agreed upon- we will all be moving in the same direction.
- Can you create a policy where primary providers are trained on screening patients for pain medication? We have a large number of patients who just go to see their PCP for pain meds. Thank you.
- Like CADRE, can we develop a training program that will address how medical issues affect behavioral health issues and have models developed on how to handle these situations? Therefore these trained professionals will be embedded in their organizations to better help their clients and their co-workers who are not familiar.
- Have people "interned" between agencies to better understand what each has to offer and where needs can be met?
- Are patients being reimbursed for the medication they return or drop off to the Sherriff?
- It would be very useful to have ALL pharmacies have a disposal box to get rid of un-needed medicines.
- Medi-Cal and Medi-Cal HMO's should cover Physical Therapy, Acupuncture, Aquatic therapy, etc. They currently don't.
- Can we have PCP's attached to BHS clinics? This would lead to stronger coordination.
- Primary Care Physicians at Mental Health Clinics.
    - Mobile Health Clinics (mobile Physicians) going to Mental Health Clinics on a regular basis.
- More acute residential care beds for
- Point of Information: There is a 10-drug panel test available for about $10.50 per test.
    - Laboratory analyzed by GCMS from urine specimen
    - Includes Opiates, THC, Cocaine, Amphetamines, Methamphetamines and others Flunitrazepam, Alcohol Metabolite
    - Via NORCHEM

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- Q: Do psychiatrists have access to / use the "Cures" System?
- It would be helpful if pharmacies had systems in place to collect and dispense of old meds, because patients don't know what to do with them and are not going to travel somewhere to get rid of them.
- My daughter's dog was given an RX for Tramadol after being spayed. Are VETs being held accountable as well regarding abuse and access to these drugs?
- If Addiction Clinic/Primary Clinic/ BHU finds that Rx given is a "scam" they can inform each other so they learn from experiences (similar to DEA reports given by state)
- Peer support for transportation to Physical Health Care and/or Dental Apts -> when the reason for assistance is for education, encouragement, or advocacy. (non-Psychiatric need)
- Can be employed by the FQHC, and provide pick up/drop off services.
- Provide resources for Acupuncture at the AOD treatment facilities
- For pain management: This is documented to be the second most successful TX for Opiate dependence.
- Does the Medical Society Task Force partner with or include the S.D. Psychiatric Society? I think this would be helpful.
- We are here could network a bit if there was more time built into the summit, thanks.
- What can we do in "Prevention & Early Intervention." (PEI) Clients, family, community, providers and admin can benefit from PEI.
    - PEI can provide education, screening and referrals regarding the integration of system of care. And the culture of integration with the vision of "improving health & system of care."
- Business card box at front/check-in desk for people to drop off cards. The info could be put online so that people from different regions may be able to contact someone from another region. Too many people to talk to.
- What would it take to make the co-location (Mental Health/Primary Care) scenario a reality in San Diego County?
- Develop Partnerships with other health- related organizations, i.e., Diabetes Association, Cancer Organizations, etc. to promote further integration.