INNOVATION COMMUNITY INPUT			
Date Received	**Age Group**		**Suggestion/Comment/Idea**
2/9/07*	0 – 18		Implement a grandparent/retired adult program at group homes, after school programs, day treatment programs residential treatment, and probation and CWS residential programs. Provide recreational therapy, art therapy, and music therapy augmentations for adolescents in settings above. *Taken from the Summary of MHSA Community Input document for CSS planning.
1/26/09	18 – 59		There are a considerable number of clients who are unfunded or under-funded attending out-patient clinics throughout the county. Due to lack of funds and/or falling above CMS financial requirements, a number of these people go without physical health services which, when treated, can have a positive effect on mental health. Also, clients of diverse cultural backgrounds/languages may not have access to or feel comfortable going to a community clinic. Strategy – Provide a physical health doctor, nurse practitioner, physician's assistant who makes a monthly visit to the outpatient clinics in a chosen region of the county to address the client's physical health needs, hold flu shot clinic, provide physicals, labs, etc. to unfunded or under-funded clients who would otherwise not be served.
1/27/09	18 – 60+		A program that replicates "The Village" in Long Beach http://www.villageisa.org/Overview/overview.htm. This program is client-centered, and focuses on collaborative, recovery based treatment. This approach has been studied and demonstrated good outcomes. The three basic elements of the Village's initial program design were (1) collaborative case management teams, (2) psychosocial rehabilitation and (3) capitated funding.
1/27/09	All		Create a Wellness Coordinator/Chief Wellness Officer to act as an ombudsman between County funded programs and chronic disease groups in the community (i.e. Tobacco Control Coalition/America Lung Association, Diabetes Coalition/American Diabetes Association, etc.). The purpose would be to connect current disease management and/or prevention practices/information from chronic disease groups to the mental health system of care. This position would also coach providers on how to implement these wellness programs and lead "train-the-trainer" workshops to educate mental health providers on the practices. This position could be housed within HHSA Behavioral Health under the Clinical Director or outsourced. (Attachment included with input form.)
1/28/09	All		I am proposing putting a team together comprising of a probation officer and/or CPS worker, along with a mental health clinician, psychiatrist or nurse, family support partner, youth support partner, drug counselor, carrying a caseload between 15 and 20, to address the needs of the client. They would all be stationed at the same clinic or office, be regionalized to better meet the needs of the client. The majority of the meetings could be held at the client's home where one of the team members could transport the client to the office to attend a meeting with the team. The entire process would be client/family driven where the client would decide when, where, and how often to meet, what their goals should be, etc. If the client has a need to see the clinician or psychiatrist more regularly, then this would be incorporated into the treatment plan. The other important piece that I would like to add is that the quality of service would greatly improve if ALL of these service providers were county employees, including the family and youth support partners.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
1/28/09	0 – 18		As in the FFA EPSDT program we have an entire team of MH professionals who are only able to see the children within our Foster Family Agency. We could increase our caseloads and serve a broader group of children that are on wait lists. Expanding existing capable EPSDT contracts would increase access to services and be less costly than creating new programs. Build on the services that exist within these structured contracts. We have a psychiatrist for med management and assessment; therapists, data entry team, skills trainers that can increase their caseload and we can add more staff to our existing structure.
1/29/09	All		Critical incident stress debriefing (CISD) uses a structured, small group format to discuss distressing crises. Critical incident stress management (CISM) refers to a system of interventions that includes CISD as well as one-on-one crisis intervention, support groups for family and significant others, stress management education programs, and follow up programs. It can be used with any population, including children.
2/2/09 Revised 3/4/09	All		1) In 2003 The California Endowment funded a three-year project for Stepping Stone to develop, implement and measure treatment outcomes of a sexual health-based, harm reduction, relapse prevention program targeted at high sex/drug linked addiction. The goal was to positively and confidently create a residential drug and alcohol treatment program, seamlessly integrating client sexual behavior in all phases of treatment. We propose to adapt this intervention to mental health agencies and pilot test at 2-3 sites in San Diego replicate. 2) Develop a training capacity to provide ongoing, system-wide training and clinical consultation regarding the specific needs of LGBT clients receiving mental health services. Such training should be based on *Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals, First Edition, Based on the publication: (DHHS Publication No. (SMA) 01-3498).* 3) There is a need for an integrated substance use disorder-mental health service specifically focused on the Lesbian, Gay, Bisexual and Transgender (LGBT) community. Designated funding for LGBT-specific co-occurring services is necessary. This lack of integrated funding for LGBT-specific co-occurring services reduces the likelihood of consistent, appropriate service delivery.
2/2/09	All		1) Add primary care consultants to Behavioral Health Services programs (i.e., ADS and MH programs). 2) Residential and outpatient alcohol and drug services for pregnant/parenting teens that includes daycare.
2/2/09	16 – 24		1) Supplement trade work skill-building into treatment for co-occurring issues. This will give youth skills to find jobs during treatment in order to increase self-efficacy. 2) Expand sports/athletic and other activities (e.g., acupuncture) to expose youth to healthy alternatives
2/2/09	0 – 18		I think we should have brain scans for kids in foster care or alcohol or drug exposed youth in order to understand how potential physical deformities in the brain attribute to behavioral issues. By enhancing the diagnosis early with a brain scan many problems that are commonly misdiagnosed can be identified and treated timely.

INNOVATION COMMUNITY INPUT			
Date Received	**Age Group**		**Suggestion/Comment/Idea**
2/2/09	All		We should find a community organization to institute a best or promising practice geared towards a specific subculture/ethnic group such as Assertive Community Treatment or faith healers.
2/2/09	0 – 18		We should give kids whose parents are incarcerated special access to services to see if there are positive outcomes. These kids are underserved. Boys & Girls club is an example.
2/2/09	0 – 18		1) In the South Bay, there are no Spanish-speaking counselors for children who are in need of services due to a current/recent family divorce. We should monitor negative impacts/outcomes that impact these kids such as grades, incidence of family violence, and depression. 2) Yoga that is geared towards young men and used in smoking cessation programs. 3) Would add that we must include young men in teen parenting programs to provide them with information and an education on the impact of pregnancy. It should also include respectfulness training.
2/2/09	All		1) Create a care coordinator position for individuals in DUI legal proceedings that are identified as in need of behavioral health services. They are underserved and need to know how to gain access to these services. 2) Coordinate community outreach with Neighborhood Watch programs that will include screening and referrals to address community issues that arise from emergencies situations, etc.
2/2/09	0 – 18		1) Institute a Good Behavior Game (D. Embry) that rewards positive behavior and monitors attendance and other behavioral outcomes. 2) Create a day treatment fitness center for kids. Have staff meet with kids three times a week using motivation techniques to monitor fitness and health indicators. 3) Use Carol D.'s model to increase children's IQs. This model gives kids ideas about how different techniques they can use can increase their IQ. 4) Create a yoga program that helps individuals lower their external arousal and teach interventions that can help maintain well being. Can be instituted at a day treatment or outpatient facility. 5) Create a spirituality program that teaches moral reflection and the benefits of spiritual awareness. 6) Create a center to provide support for kids in school providing case management, therapy, and psycho-education. 7) Institute tele-mental health program to provide consultation to doctors using laptops in pediatric and primary care Ramona.
2/2/09	18 – 59		Fit-for-Life wellness center modeled after Boston University that is tied to a Capital Facilities request. The Center is a combination of fitness and mental health wellness at a community gym that is open to consumers and community members.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
2/2/09	18 – 59		1) Transform the Psychiatric ER at County Hospital EPU by incorporating L. Ashcroft's model from META that uses Peer Recovery Specialists to engage clients in communities early in their foray into services. The PRS would be a guide for clients throughout their service utilization. 2) Use Behavioral Health Consultants in primary care settings to provide consultation and education. These consultants would be integrated into the treatment team.
2/2/09	18 – 60+		Access to AOD-recovery oriented psychiatry time for brief therapy and access to medications – especially those that are most supportive of AOD recovery. Residential treatment for men – a small, 6-bed, licensed dual diagnosis program. Supportive services for men: dealing with important ancillary issues such as housing, obtaining proper legal identification, family law and child support issues, which may be major obstacles to recovery and reestablishing a clean and sober, legally employed lifestyle. Vouchers or other support for basic need items: food, clothing, toiletries, work tools and licenses, certifications, educational assistance for GED's and community college. Peer support groups focused on dual diagnosis issues. Support for recreational activities, especially those involving physical exercises. Classes in managing personal finances (money management). Art, music, literature, stage plays – support to enable people in treatment and recovery to participate in a hands-on way and broaden their experiences. Micro-credit banking (Loans of $500.00 or less) for support of small business ventures.
2/3/09	18 – 60+		Our group has been offering online web conferences for professionals, paraprofessionals and family members who care for older adults. Topics have focused on behavioral approaches and caregiving strategies for older adults. Though we have had numerous professionals participate, this proposal would promote this model with family members and caregivers who do not have ready access to information about dementia, delirium, depression, nursing home placement, networking resources, etc. We use a conferencing service with either phone or online content being presented, and the technology is not a barrier. This plan would call for expanding the availability of this resource for caregivers in San Diego County, and having a regular education and support service that addresses these topics, with easy access. www.cohealth.org
2/3/09	18 – 59		The idea is to co-locate a Mental Health Walk-In Assessment Center at the ECMH Clinic site. The start up costs and rent would be greatly reduced due to the co-location at our clinic, giving greater access to Hispanic and English-speaking severely and persistently mentally ill consumers. This Center would include a bilingual (English-Spanish) assessing clinician, and a Psychiatric Nurse Practitioner to provide medications. Our staff would provide further interagency collaboration by assisting in the triage process to ensure that those consumers who do come in for assessment meet our medical necessity criteria.
2/4/09	18 – 59		Alpha Project operates a 140 bed state licensed residential facility for men in Vista. Many clients we serve are dual diagnosis. This would increase access to underserved groups, as we have no funding to address these issues. A lot of them come straight from jail and prison, and we also serve homeless individuals.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
2/5/09	18 – 59		Comprehensive Integrated Services to include supported housing, mental health services, district attorney liaison, substance abuse services, domestic violence services and supported employment services, all to be provided in same facility on-site at the housing facility. Structured social skills development, psycho-social, nutritional and life skills education will be facilitated in the housing facility. Computer center will be available onsite. Subsidized on-the-job training negotiated with employers in immediate community to result in permanent competitive employment after 90 days. Wellness Recovery Action Plan, 12 Step and other self-help groups, yoga, exercise and meditation classes facilitated on-site. Multi-disciplinary team to provide these services on-site heavily staffed with consumer providers.
2/11/09	16 – 59		One gap in the system is the transition from an IMD to a lower level of care. This is a proposal for a 14-bed facility, probably licensed as a B & C, to provide voluntary residential treatment in an open setting to step down from Cresta Loma and Alpine IMD programs. The goal would be the eventual transition to a B & C care level of care. Program would include clinical director, counseling staff, and nurses. This program would reduce the need for intensive case management, reduce the number of inpatient re-admissions, as well as reduce the length of stay in IMDs.
2/12/09	18 – 59		Researchers found that paying workers in a large US company to quit smoking was more successful than just giving them information about the benefits of quitting, as reflected in higher rates of enrollment in and completion of cessation programs, and managing to quit within 6 months of joining the study. I'd like to suggest paying MH clients to quit smoking; lose weight; reduce days in hospital; stop drinking; stay off drugs; etc.
2/17/09	18 – 59		Can we use Eye Movement Desensitization and Reprocessing (EMDR) for SMI adults with mood disorders, psychosis, and other mental health issues?
2/17/09	18 – 59		I suggest creating an Independent Living Facility registry to create standards for this level of care provider. The registry would provide better options of care for clients and would motivate ILF's to provide higher quality services, as there would be qualifications they must meet in order to be registered.
2/17/09	18 – 59		I suggest co-locating physical and mental health providers in one location that is easy to access for clients. This would include medication, case management, and wellness/recovery services. Regarding Angela's comments above on ILF's – I suggest adding structure and recovery-oriented services to these facilities.
2/18/09	60+		Suggest a pilot-program, one-stop shop for geriatric services that include mental health and physical health.

INNOVATION COMMUNITY INPUT			
Date Received	**Age Group**		**Suggestion/Comment/Idea**
2/18/09	0 – 59		Data from a study of children in the public mental health service sector revealed that mothers with difficult children are more likely to be depressed; depressed, overwhelmed mothers often parent difficult kids. An integrated, co-located mental health services program for Latino children and their parents represents a novel service delivery model. It will better address the needs of Latino families seen in the public child mental health sector through improving access, effectiveness and efficiency of publicly funded adult and child and adolescent outpatient mental health services. No existing program targets the Latino population.
2/18/09	60+		OA Council initially proposed a number of innovative programs last year. One is mentioned above and credited to Ken. The other two are as follows: enhancing home services and enhancing home services using cell phone technology (i.e., cell phones adapted for older adults).
2/18/09	60+		Suggest implementing voice-activated phones for seniors.
2/18/09	60+		Suggest looking into Response Link for medication management purposes.
2/18/09	60+		Suggest using a website that links with a GPS system attached to a senior for caretakers, family members, etc., to monitor and track individuals online.
2/23/09	18 – 59		1) To address unsatisfactory employment outcomes for mental health consumers, our proposed innovation is for a Subsidized Work Experience (SWE). An SWE is similar to a paid internship, in which a provider would establish agreements with local employers to provide work for MH consumers. In this agreement, the county provider would be the employer of record during the SWE, responsible to hire, train, and compensate the MH consumers for a predetermined period of time. At the end of this period, the employee would be eligible for hire by the local employer. This includes hands-on training and workforce immersion otherwise unavailable to underserved mental health consumers and would result in improved employment and job retention. Estimated costs are approximately $2,000 per participant/consumer. 2) To address the issue of poor coordination between mental health providers and the pool of potential employers in the local business community, we are proposing an innovation of hiring at least two (2) regional supported employment business coordinators (RSBC's), responsible for employer outreach, liaison between consumers, employers & service providers, including sensitivity training / awareness to employers and more. In this capacity, the regional coordinator would also support the proposed Subsidized Work Experience by facilitating establishment of effective agreements between the MH service provider, incumbent employee, participating employers, and create broad community support. The hiring of RSBC (regional supported business coordinators) would represent all mental health service providers of employment services, and consumers/clients and employers in their outreach, and this work would benefit all collaborating agencies.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
2/24/09	0 – 18		I suggest creating some innovative anger management curriculum because my daughter has been through the program and everything is really repetitive.
2/25/09	0 – 18		I suggest bringing screening and brief education into middle schools, specifically regarding substance abuse. The program can use SBIRT to screen. This will reduce symptom acuity and encumbrances on the behavioral health system as a whole.
2/25/09	18+		1) Provide a small amount of funding to establish some beginning coordination of independent living facilities, many of which are used by adult mental health clients, as there is currently no funding for coordination or oversight of such. 2) EBP of Family Psycho-education (SAMHSA) based on McFarlane's model. We do not currently have this model available in the County, despite it having a high evidence of efficacy and a long history of use elsewhere. Focus is for the persons with SMI and their loved ones. 3) Animal-assisted therapy, to be incorporated into menu of intervention options for all age groups for a variety of mental health and substance abuse treatment.
2/25/09	18+		Suggest putting resources towards the Independent Living Association, which is an organization that provides education to ILF owners and promotes quality standards. ILA is working to create a database of ILFs and also acts as advocate for clients with housing issues.
2/25/09	16+		Mindfulness-Based Stress Reduction (MBSR), the practice of mindfulness has demonstrated significant changes in people's symptoms, attitudes, and overall quality of life. We suggest offering MBSR in an affordable format (subsidized). MBSR has shown promise for a variety of conditions and symptoms and we would like to help individuals overcome the financial obstacles to this program. It is currently offered at UCSD.
2/26/09	16+		The Older Adult Services department of JFS would create a wellness program to help older adults achieve and maintain a higher level of well-being, so that they can continue to lead healthy and mentally agile lives. The Wellness program is based on the concept that there are four pillars to achieving overall health: physical exercise, mental exercise, proper nutrition, and stress management. The program will provide a holistic approach to healthy aging that is currently unavailable at most community-based senior programs.
2/27/09	All		Our Wellness Centered Community Network supports a network of neighbor to neighbor resources whereby individuals and families can continue to build a sustaining structure for meeting day to day needs and crafting viable solutions for problems posed by the current financial situation in the long term. The Network provides access to vital services and resources – for example: community gardens, strategizing healthy living under stressful and unfamiliar conditions, job networking, financial counseling, peer support, education, bartering, child-care, in-home assistance and many other specific projects – all networked to make access much more user friendly.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
3/2/09	All		I hope the Planning Committee enjoys the proposal to mitigate homelessness and the multitude of ills that can befall families who are under distress and, also, finds the potential cost savings in many areas of the County Budget intriguing. But if the Committee feels it needs a single, more focused program to support, please consider taking the PKHL Project (Parents Kids Healthy Living) from within the bigger Wellness Centered Community Networks as a substantial stand-alone project that has considerable merit.
3/2/09	18 – 59		1) Housing program for homeless individuals or individuals coming out of 24 hour care settings. They would receive a housing subsidy and recovery education for a year. Additionally, they would work with voc rehab, job developers, and engage in job training. Peer support will help people engage. 2) Transitional housing for people coming out of the hospital, 10-40 day stays. Each person has efficiency apartment and peer support on-site from 7am-9pm for support if desired. Peers would help people use public transportation and connect with community resources, case management, etc. 3) Peer Recovery Team – In-home and community services. Peer support will help people reach their goals as identified in their Peer Engagement Plan. Peers will support people to get to appointments via public transit, etc. Goal is to increase independence. 4) Peer Advocacy Services – Peers provide services in hospital settings to individuals. Peers provide assistance with mental health power of attorney and jail diversion classes.
3/2/09	16 – 60+		Modeled after “promotora” programs, peer advocates will work with patients from the 3 central SD psych facilities. Partnerships will be developed with those agencies serving the homeless. Making contact with consumers still hospitalized will increase the likelihood that referrals will be followed up with and provide quicker linkages to benefits such as disability-linked Medi-Cal, SSI and CMS. By connecting them with community health centers, social service agencies and public benefit programs, individuals will access timely mental and physical health care. The main objectives of the concept are to help individuals obtain public benefits and access health care so that they can live safely in the community as well as reduce unnecessary crisis clinic, EPU and inpatient services.
3/2/09	60+		I suggest using Doctors in residencies to provide quality medical care to our older adults. This is to report that there are several areas that Kaiser and mental health can work together. I can tell you that there is one diabetic nurse for all of north county and patients must travel to mission beach to see her. The Diabetic population is quite large and includes Hispanics. My personal doctor is Dr. Fred Veretto. I have mentioned to him that there might be some interest in working together and he has positive thoughts about this. Kaiser is doing some innovative things in home care.
3/4/09	60+		Senior community centers that focus on prevention to keep seniors active. In addition to nutrition, social services information and referral, we will offer workforce training, life long learning, mental alertness activities. We will offer balance assessments and prevention programs, and chronic disease management to ethnically and culturally diverse seniors in our community.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
3/5/09	18+		I suggest creating a role for family partners to meet with caregivers and family members of adult and older adults with serious mental illness. We have partners for families with children with mental illness, but not for older consumers.
3/5/09	18+		1) I suggest using Jacquie Lowell's local improvisation group workshops for clients to build confidence and increase socialization. The workshops provide outlets and get you thinking. 2) Also suggest providing funding for the NAMI In Your Own Voice program.
3/5/09	All		1) Suggest using a computerized system for patient health records that combines physical and mental health services. 2) Also suggest making providing funding for the NAMI In Your Own Voice program to be web-based.
3/5/09	18+		1) Suggest that the County implement counseling and advice for individuals in Board & Cares, providers of the facilities, and individuals who make referrals to these facilities. 2) Suggest that the County operate a small Board & Care facility for a group of individuals suffering from the same illness, with counselors who are familiar with all consumers. Suggest creating one for TAYs.
3/5/09	All		1) New Mobile Devices Linked to Internet-Based Resources: This innovation could increase effective access for a wide range of populations by allowing networked connections to support information, education, peer leaders and other helpful communications. Low-cost handsets (e.g. Android Open Source) coupled with evidenced-based programs would allow timely responsive. Start-up assistance is probably available from companies, foundations and volunteer organizations given the impact and sustainable qualities. 2) Increase quality, consistency and availability of selective computerized games and simulations for communication, attention and decision skill-building to increase client motivation and participation.
3/5/09	18+		Suggestion creating a socialization training education program that teaches clients how to interact with each other properly and have relationships, especially addressing safe and appropriate sexual behaviors.
3/9/09	16 – 25		Suggest use of a "Transition Life Coach." At 16, the court appoints a "coach" to guide the youth through the foster care system. Together they work with the court and the County to create a self-sufficiency plan. At 18, the youth receives a TLC Fund of $50K, supplemented by SSI and other sources. Coach is trustee of the fund. Coach monitors the youth and provides money from the fund. The youth would be monitored for mental health issues through periodic screenings.
3/9/09	60+		Independent living skills are mixed up with physical medical care. Ruth Covell is using doctors in residence for medical care for older adults. If this is being done could there be an innovation project $ to reach the unreached and help them achieve independent living. Combo of independent living and innovation.
3/9/09	60+		OA Mobile MH Assessment Unit: An interdisciplinary team that provides comprehensive assessments and recommendations at various sites throughout the County. The details regarding the makeup, qualifications and specific services of this team can be developed from input from the relevant stakeholders and experts.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
3/10/09	All		"Dealing with Depression – A Consumer's Viewpoint." This series outlines experiences I've dealt with during my 60+ years on earth. It is my belief that by sharing my viewpoint, I might help others such as myself that deal with depression every day, all day. My plan is to pod cast the series over the internet and market in a way that makes the information available on demand. One of the objectives of my series to provide information on mental health to the underserved and under informed African-American community.
3/10/09	18+		1) Develop a model program that truly includes the family as a partner in the treatment of their adult children and spouses. 2) In-home visits by a nurse or case manager after a consumer is discharged from the hospital. This program could reduce recidivism by ensuring that a consumer is following-up with medication and appointments upon discharge. 3) Integration of physical and mental health. 4) Create a case management program specific to Board and Care facilities. This case management would provide systematic visitation of all Board and Care facilities. 5) Peer and family outreach to currently unengaged clients (specifically those in SROs) 6) Create stronger partnerships between the County and organizations like universities and other non-profits to develop a "customer service model." 7) Structure a program that encourages more consumers to work without fear of losing their benefits. This might include innovative peer run businesses that might create greater opportunities for consumers. 8) The need was also expressed for a Veteran's Court.
3/11/09	18 – 59		We need to support recovery for people who have been incarcerated due to their mental illness. Recovery Innovations has been trying to help the jail and prison systems see the value of peer support and recovery classes taught by peers to individuals in these systems. This innovative approach helps individuals heal and stay out of the penal system. Having developed and directed a peer run jail diversion program in Phoenix, I can tell you that peers are very effective in reaching this population and bringing hope to them.
3/13/09	16+		I'd like to see better skills training programs for individuals who are stable on the meds and who are recovering from mental illness. I would like to see more comprehensive job training, including training, placement, and coaching at the clubhouses. Also incentives for employers to hire the mentally ill.
3/16/09	All		The MHSA process, state's, "Planning for services shall be consistent with the philosophy, principles, and practices of the... Vision for mental health consumers". Not just stressing on Wellness & Recovery and Peer support, but also seeing for the Client Driven process, to include Voluntary treatment, Client cultural Community Based, Alternative & Holistic services, Consumer centered values of hope, personal empowerment, respect, social connection, self-responsibility, self-determination, lived experience, and client run & operated services. Also meeting all the cultural Competence, ethnic and racial diversity of mental health consumers. It is my hope that the innovation MHSA funding be place, in the above Processes and service needs, of the client of San Diego.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
3/16/09	18+		I would like to teach people in San Diego Mental Health System how to reduce stress in their lives. The stress eliminating effectiveness of Fingertip Stress Reduction (FSR) can be experienced in a 20-30 minute demonstration. The process combines the best of cognitive behavior therapy, affirmations, and Chinese acupuncture using the fingertips to tap the body's meridian points instead of needles to remove even long-standing physical and mental symptoms.
3/19/09	18+		The independent living facilities have no oversight, standards, or rules except those imposed by the operator, and residents are subject to eviction at the whim of the owner. Although a few among these are models in kindness, care and competency, the majority of them are not, and are in great need of improvement and some kind of accountability. While anyone can access info about a B&C, there is no method existing for an Independent Living Facility. We need improvement of this long unaddressed and very serious problem.
3/19/09	18+		I suggest funding to further develop Supported Employment as a tool so necessary for Recovery. A good beginning could be to develop a task force to transform the employment system for the mentally ill to supported employment. The Housing Council has been discussing this very issue as it relates to the FSP's and the HUD Shelter + Care subsidy, which currently supports 75 FSP clients living independently in supportive housing. There are two mandatory outcome measures reported to HUD in their Annual Progress Report, stability in housing and increase in income. The increase in income consistently is not met. Many of these FSP clients do not have a meaningful activity as part of their daily routine.
3/20/09	18+		1) An ongoing scrapbook project for each clubhouse. If there's a central website the mental health community uses: with names and relevant bios of people who show they can be more than their diagnoses. 2) Maybe NAMI's videos for their terrific In Our Own Voice could be available for checkout from NAMI's office for discussion in clubhouses (board & cares also). 3) Composting at clubhouses. From this compost: growing in tubs, boxes etc herbs which have medicinal qualities and small vegetables.
3/23/09	18+		The proposed innovation involves adapting the Ombudsman concept to our Adult Residential and Independent Living facilities in collaboration with Community Care Licensing and Aging and Independent Services. It would involve the hiring and training of peer support specialist to serve as ombudsman and assist our clients to transition to less restrictive levels of care in the community. Peer Support Specialists will assist the people with lived experience to integrate into society and the warehousing of our clients will end as quality of life is transformed.
3/23/09	18 – 59		Recommend work or school as a goal. Remission and wellness. I would like to recommend funding for medications to mentally ill, food access, therapists, and education about illness (job coach), not pacify. Need education about medication and side effects (drowsy) and be straight in addressing illness origins, etc.

INNOVATION COMMUNITY INPUT			
Date Received	**Age Group**		**Suggestion/Comment/Idea**
3/23/09	18 – 59		1) Independent living via Fairweather Lodges throughout the County – there are two in Nouth County with Interfaith Services (community) as models. They are extremely successful and could be funded with MHSA $. Partnerships in community. 2) Funding for NAMI's "In Our Own Voice" throughout the County (management support for the consumers involved as well as training involved) 3) More crisis beds in North County especially North Inland. 4) Real coordination between community health clinics and mental health clinics 5) Family members working in clinics as volunteers
3/23/09	18 – 59		I would suggest that it was more interest in rehabilitating those who are in state mental hospitals for transitioning back to society. For most severe diagnosis not to have them sent to jail and have other programs. There should be more facilities in society for mental illness patients.
3/23/09	18+		Need a PERT person to assist with stress and de-escalation – peer contact for crisis situations via 911 and other emergency services.
3/23/09	18+		More emphasis in the mental health system targeting cognitive problems. Teenagers who have experienced traumatic injuries are at-risk and underserved for mental illness.
3/23/09	18+		Need the Wellness City – addressing issues beyond the mental illness.
3/23/09	18+		1) Need an ER culture shift towards acceptance of peers in the workplace including training and education. 2) Expansion of integrated care in community care clinics to create a "family" system of care.
3/23/09	18+		Replacing benefits (funding) for consumers who are working and in jeopardy of losing SSDI.
3/23/09	18+		1) Medical insurance that will provide coverage across states and provide assistance with travel funding. 2) Movies that can provide examples about experiencing a mental illness.
3/23/09	18+		Provide clients with information and education on healthy living including cooking, proper diet, recreational activities and budgeting.
3/23/09	18+		Clients need an SSDI stepping stone to assist with independence including benefits counseling.
3/23/09	18+		Assistance with transportation issues (directions, options) and needs (getting to appointments).
3/23/09	All		1) Assistance with filling out benefits paperwork. 2) Assistance in schools to help identify and reduce stigma for children with behavioral issues.
3/23/09	All		Need mitigation of immigration related issues for those in need of or seeking mental health services.

INNOVATION COMMUNITY INPUT

Date Received	Age Group		Suggestion/Comment/Idea
3/23/09	0 – 18		Need increased peer support and groups that can go out to schools to help with day-to-day activities.
3/23/09	All		Need aftercare follow-up for those who have received services.
3/23/09	18+		Need internship programs for students prior to entering the mental health field.
3/23/09	All		Need trauma informed integrated services that include education and cross training in substance abuse, mental health, justice system, and trauma to improve service delivery.
3/23/09	All		Would be helpful to have daycare/childcare services provided at clinics for parents who need to attend appointments or meetings for behavioral health issues, maybe via vouchers.
3/23/09	All		Need to provide mental health services for mothers and children at the same time in the same facility.
3/23/09	All		We need prevention services for teens and families to address suicide, depression, mental health issues, stigma reduction, and success/hope stories. Need to spread information on research. Use media outreach methods. Also a captive audience in waiting rooms.
3/25/09	All		1) Consider development of a settlement house model for new immigrant group that includes socialization to new cultural norms and expectations for social roles in the US. El Cajon – Chaldean, Spring Valley/Lemon Grove – Somali. Use the settlement house to meet needs of 0-18 population. 2) We need a mental health service model to meet the needs of juvenile prostitutes that will relocate them to safe houses in different communities.
3/25/09	All		1) All refugee populations be scanned for parasites and tropical diseases which currently are not recognized by many GPs and lead to depression and debilitating effects. This has enormous effects on work, school, and family relations and keeps people out of mental health issues. 2) Training of health, mental health, school, and police/fire personnel on the traumatic effects of war on our refugee population.
3/25/09	All		Family counseling done with a translator to support Burmese/? Population in San Diego County. These family groups need support in many areas – domestic problems, cultural information, and educational support to keep children in school.
3/25/09	All		Provide volunteer services to single parent families, or families whose both parents work, to come in and help with house cleaning and/or preparing healthy meals. I would like to see additional assistance to families whose children are falling behind due to stress of life on the parents. Things such as hygiene, health care, nutrition, and help with studying.

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Date Received	Age Group		Suggestion/Comment/Idea
3/25/09	0 – 25		Start youth driven mental health promotion groups. Use these groups as cultural/linguistic specific team to go out and speak about forming positive mental health and wellness at schools and other community specific events.
3/25/09	All		Need to be able to bill for case management for children with ADHD. Patients with CMS & CI have to pay out of pocket for these services. To make these services available/sustainable, they must be billed for.
3/25/09	18+		Need for more ways and people to help older people (transportation) to get to dr appointments, especially when they are in Clairemont, Chula Vista, etc.
3/25/09	All		Assist families to enroll FS's through school site access to improve entire family's health, lower stress r/t poor access to services and poor nutrition. Implement improved physical activity/nutrition/health curriculums at school to improve health, well-being, and decrease chronic disease over the entire age spectrum.
3/25/09	18 – 59		Providing mental health services to victims of domestic violence by providing whole family therapy 2x per week in their homes. This approach would address growing transportation time limitation due to employment and other access issues.
3/25/09	All		1) Provide mental health services in the home thereby removing barriers to accessing care. 2) Nutrition classes available to parents with kids with low SES, may be required during pregnancy too. 3) Independent living skills for reunited parents. 4) More training skills for developmentally delayed populations. 5) Use these funds to support the mental health services that kids who are in federal custody (or unaccompanied immigrant minors) receive. 6) Provide mental health services in the home thereby removing barriers to accessing care. 7) Increase funding for pregnant women with an alcohol/drug dependency so that they can fully recover and deliver/maintain healthy children. 8) Make people eligible to have more help, no matter if they are low income or a place to leave. 9) Provide more supports within the after school programs in County schools for ADHD children. 10) We need to establish a program to better serve seniors, specifically making it accessible to the largest number of seniors. 11) Services for teens/youth in low income communities should be provided more readily at all high school in the form of a drop in counselor. 12) Mental health services (individual and group) for refugee populations specific to El Cajon (Iraqi, Afghan). 13) Access to mental health services for undocumented/uninsured students/families. 14) Mentor programs for youth (teens).

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Date Received	Age Group		Suggestion/Comment/Idea
3/25/09	All		15) Establish a mentoring program that allows high school age children to have a peer mentorship relationship similar to that of Big Brothers/Big Sisters with junior high/elementary school age children. 16) Provide meals for underserved children in kindergarten. 17) Increase counseling services for high school youth (drugs & alcohol, anger management). 18) I would like to see more long term treatment concentrating on the spiritual aspects of a person's life. 19) More live-in residential facilities. 20) Increased amount of low income/transitional housing for victims of DV possibly in cluster to build a community feeling with on-site support such as advocates or counseling.
4/3/09	60+		I recommend a program with these components for treating compulsive hoarding: training for clinicians who then provide crisis intervention, assessments and treatment; A coordinator/director position that will be responsible for public, private and community partnerships. Cross-training for landlords, public safety personnel and protective service workers; Long-term case management and supportive services; A research component to develop evaluation guidelines and define best practice outcomes.
4/3/09	All		Education on mental health issues for providers. Need assistance with patient follow through via a care manager who will outreach and connect clients with resources especially to physical health. This will lower utilization of emergency services.
4/3/09	18+		1) Provide FSPs for individuals with great need before, during, and after services at the hospital or crisis home. We suggest peer support specialist have at their discretion the use of motel temp short-term housing, mobile psychiatric assistance, meals on wheels. No limited number of visits. Specialist will assist the client for 6 months with a transition to a case manager if client wishes. 2) Program to address stigma in primary care with coordinators to guide clients through services, must include education and advocacy.
4/3/09	All		1) Comprehensive transportation plan to help increase access to services. 2) Wellness center at clubhouses or community centers. 3) Consumer/peer outreach in clinics working as liaisons and holding stakeholder meetings. 4) Community development specialists to coordinate resources and volunteers
4/3/09	All		Integrated psychiatric and primary care with collaboration on site with one team. This would include group case collaboration/supervision with the integrated (mental and physical healthcare) team.
4/3/09	18+		1) Expansion of supported housing and employment model. 2) Family mental health advocates. 3) Socialization model for adults that goes beyond clubhouses.

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Date Received	Age Group		Suggestion/Comment/Idea
4/3/09	18+		1) Mechanism to move stabilized patients out of mental health clinics into primary care clinics including making primary care clinics more welcoming and proactive regarding mental health issues. 2) Increased peer support in hospitals and other areas.
4/3/09	18+		Need assistance/increase in referrals to primary care services from the mental health side.
4/3/09	All		Decrease physical-based case management – e.g. case management/brokerage that occurs outside of the client's appointment with their care coordinator
4/3/09	All		Psychiatrist practicing in primary care settings.
4/3/09	All		Improved information systems and implementation specialists are necessary for physical and behavioral integration to occur effectively.
4/6/09	All		Improve integration between County mental health system and community clinics and health centers by developing a protocol for transition of people with SMI between mental health and primary care and linkage of stable County SMI patients without a medical home to a community clinic for primary healthcare needs.
4/8/09	All		Need to integrate yoga into more mental health services. Classes could be held on-site at group homes, juvenile detention centers, schools, clinics, hospitals, community centers. Classes could include topic related courses such as "yoga for depression," as well as yoga classes for culturally specific communities.
4/8/09	All		1) Coordination between clinicians and nutritionists to address health/physical/wellness related issues in order to treat clients holistically 2) Comprehensive family services that allow for interactions between systems like Justice, CPS, CWS, physical and mental health. Should include funding for brainstorming how to assist family nucleus. 3) Operationalization of cultural competency.
4/8/09	0 -18		Educational curriculum in school settings focused on wellness and health.
4/8/09	18+		1) Need to address poor nutrition at Board and Cares especially in regards to providing balanced meals. We need to educate B&C providers and provide funding for better meals. 2) Need to incorporate other wellness tools at B&Cs like exercise, maintaining balanced body/mind 3) Peer run crisis center modeled after the Living Room (RI in AZ) 4) To Maximum Independence (TMI) needs to be brought to our community to increase employment outcomes

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Date Received	Age Group		Suggestion/Comment/Idea
4/8/09	18+		Peers with wellness focus in hospitals, clinics, and other community sites with a novel population focus. Peers should be in every psychiatric and crisis unit.
4/8/09	18+		1) Promotoras that focus on wellness, nutrition, etc. with education for unique populations. 2) Bajo un mismo techo in LA County – training and internship program.
4/8/09	18+		1) Subsidized housing for mental health individuals that includes a wellness coach with a holistic approach. The housing must be independent and integrated into the community. 2) Media blast for wellness information (tv, radio, internet, billboards)
4/8/09	0 – 5		Need to identify kids experiencing childhood traumas or experiences at an earlier age to provide early interventions.
4/8/09	All		Horticultural therapy programs for youth at juvenile programs, Board & Cares, and other community sites.
4/13/09	0 – 18		Online game to reach youth for MH. We need to be using the media of today that the youth identify with and turn to for information. There is a need to provide this medium for the youth to access and reach out to them and with coping skills. Also we should look at having this for TAY and adult population. http://www.inspireusafoundation.org/; http://www.reachout.com.au/home.asp
4/14/09	16+		Recommend that mental health case managers/clinician work in conjunction with Adult Protective Services with these family members. This will increase the family member's access to mental health services, reduce the number of calls to PERT for crisis intervention, and reduce instance of elder abuse.
4/14/09	60+		1) OA Mobile MH Assessment Unit 2) Crisis intervention 3) Independent living standard setting and referral system with peers for persons coming from hospitals and EDs 4) Peer recovery/behavioral specialist/promotora client support 5) Pilot for integrated primary care/behavioral health clinic – BH specialist embedded in primary care clinic to integrate stable persons with SMI 6) Holistic approach to older adult well being through Senior Center 7) Transportation multifaceted initiative that includes a transit guru, travel buddies, ridesharing, volunteer drivers and transport planning 8) Online counseling for isolated/rural older adults 9) Program to address compulsive hoarding

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Date Received	Age Group		Suggestion/Comment/Idea
4/16/09	18+		Using a video-based group intervention as a first-response approach to the trauma associated with mental health and substance abuse disorders in a homeless population. Through teaching points focused on the regulation of affect and a group process focused on social learning and affect regulation theories, the goals of the group is to have members identify with true story characters and begin to normalize their experiences.
4/16/09	16 – 25		Develop an expressive arts program taught by a community professional in conjunction with group therapy run by a mental health professional. The idea is to have the consumer groups eventually becoming the mentors providing training to future consumer groups, offering services to other underserved populations and entering the community with a skill set and knowledge that they can achieve a sense of mastery.
4/16/09	18+		1) Funding to have a mental health clinician review all current/proposed protective supervision cases to verify level of impairment 2) Utilize mental health personnel as agents to act on behalf of those In-Home Supportive Services recipients who elect not to/are unable to ensure compliance with their role as employer
4/17/09	0 – 25		Adolescent health center (AHC) to provide primary health/behavioral health services to youth. The AHC model would provide primary care, psychosocial, health promotion/disease prevention education, and referrals. Also focus on case finding, screening, referral, and health education. Preliminary idea for an AHC location in Central/Southeast serving low income Latino and African-American population.
4/17/09	18+		Establishing an alternate pathway for new clients to County outpatient clinics who are not in immediate need of meds to enter a Wellness, CBT or WRAP class to see.
4/17/09	All		1) Change graffiti from a crime to a form of expression. Have a public mural that kids can use. 2) Have a program in which youth are actively involved in deciding which activities that program focuses on (e.g., writing, drawing, sports, video production, etc.) 3) Utilize innovative advertising methods to maximize existing resources. 4) Implement a family/youth after school neighborhood clean-up program. 5) Implement standardized online resources for community members (mental health education online).
4/17/09	All		1) Have a program with the specific objective of providing mental health services to undocumented immigrants 2) Have an information/support group for those with or caring for those with mental health challenges via conference call 3) Employ a program for when a youth transitions out of inpatient/residential care and returns home 4) Implement a public services announcement to make the community at large more aware of mental health challenges and the resources available 5) Create a “healthy body, healthy mind” program