Innovation Community Input

ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
5	**A**	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.)		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
8	**B**	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.		

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9	**B**	All	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
10	**B**	All	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)*.		
14	**B**	16-24	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.		
15	**A**	16-24	Expand sports/athletic and other activities (e.g., acupuncture) to expose youth to healthy alternatives.		
20	**A**	0-18	Yoga that is geared towards young men and used in smoking cessation programs.		

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21	B	0-18	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.		
24	B	0-18	Institute a Good Behavior Game (D. Embry) that rewards positive behavior and monitors attendance and other behavioral outcomes.		
25	A	0-18	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.		
26	B	0-18	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.		
28	A	0-18	Create a spirituality program that teaches moral reflection and the benefits of spiritual awareness.		

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31	**B**	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.		
39	**A**	18+	Support for recreational activities, especially those involving physical exercises.		
41	**A**	18+	Art, music, literature, stage plays – support to enable people in treatment and recovery to participate in a hands-on way and broaden their experiences.		
48	**A**	18-59	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.		

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50	**B**	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.		
51	**B**	18-59	Can we use Eye Movement Desensitization and Reprocessing (EMDR) for SMI adults with mood disorders, psychosis, and other mental health issues?		
52	**A**	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. *Rev. See ID 238		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
53	**A**	18-59	Regarding Angela's comments above on ILF's – I suggest adding structure and recovery-oriented services to these facilities. Creating an Independent Living Facility database to track availability for clients.		
55	**A**	60+	Suggest a pilot-program, one-stop shop for geriatric services that include mental health and physical health.		

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56	**A**	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		
57	**B**	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).		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
58	**B**	60+	Suggest implementing voice-activated phones for seniors.		
59	**B**	60+	Suggest looking into Response Link for medication management purposes.		
60	**B**	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
61	**B**	18-59	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
62	**B**	18-59	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		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
63	**B**	0-18	I suggest creating some innovative anger management curriculum because my daughter has been through the program and everything is really repetitive.		
64	**B**	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.		
65	**A**	18+	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.		
66	**B**	18+	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.		

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67	**B**	18+	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.		
68	**B**	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
70	**A**	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.		
76	**A**	18-59	Peer Advocacy Services – Peers provide services in hospital settings to individuals. Peers provide assistance with mental health power of attorney and jail diversion classes.		
77	**B**	18-59	Wellness City – This is a total wellness center. Physical, mental and social health as well as educational health.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
78	**A**	16+	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
79	**B**	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		

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80	**A**	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.		
81	**A**	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.		
82	**A**	18+	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.		

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86	**B**	18+	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.		
88	**B**	All	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.		
90	**A**	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
91	**B**	16-25	Transition Life Coach program to address the needs of Transition Age Foster Youth who are moving from foster care into adulthood. At age 17, youth in foster care would choose a responsible adult to act as a Life Coach. The youth would be aided in this decision by the advice and assistance of their social worker, attorney, CASA and other responsible adults involved with the youth and the Life Coach would be approved by and answerable to the juvenile court.	Transitional age foster youth have very high rates of mental illness when compared with their peers. TAY are at an age where mental illnessess often become an issue and this age group is difficult to engage. There are no preventative programs to address the needs of Transitional Age Foster Youth.	Transitional age foster youth hesitate to become involved in a program perceived as a system program; those who are struggling but have not "failed" are often not noticed; foster youth are cloaked in confidentiality; funding;
93	**A**	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
94	**B**	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 podcast 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.		
95	**A**	18+	Develop a model program that truly includes the family as a partner in the treatment of their adult children and spouses.		
99	**A**	18+	Peer and family outreach to currently unengaged clients (specifically those in SROs)		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
105	**A**	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
106	**B**	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
107	**A**	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.		

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ID	Code	Age Group	Suggestion/Comment/Idea	Problem idea addresses in MH community	Barrier to resolving the problem
108	**C**	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.		

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109	**B**	18+	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.		
111	**B**	18+	Composting at clubhouses. From this compost: growing in tubs, boxes etc herbs which have medicinal qualities and small vegetables.		
112	**B**	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.		

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117	**A**	18-59	Real coordination between community health clinics and mental health clinics		
118	**A**	18-59	Family members working in clinics as volunteers		
122	**B**	18+	Need the Wellness City – addressing issues beyond the mental illness.		
123	**A**	18+	Need an ER culture shift towards acceptance of peers in the workplace including training and education.		
124	**A**	18+	Expansion of integrated care in community care clinics to create a “family” system of care.		
128	**A**	18+	Provide clients with information and education on healthy living including cooking, proper diet, recreational activities and budgeting.		
134	**B**	0-18	Need increased peer support and groups that can go out to schools to help with day-to-day activities.		
139	**A**	All	Need to provide mental health services for mothers and children at the same time in the same facility.		

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147	**B**	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.		
152	**B**	All	Nutrition classes available to parents with kids with low SES, may be required during pregnancy too.		
158	**A**	All	Make people eligible to have more help, no matter if they are low income or a place to leave.		
160	**B**	All	We need to establish a program to better serve seniors, specifically making it accessible to the largest number of seniors.		
168	**A**	All	I would like to see more long term treatment concentrating on the spiritual aspects of a person's life.		

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171	**A**	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.		
176	**A**	All	Wellness center at clubhouses or community centers.		
177	**A**	All	Consumer/peer outreach in clinics working as liaisons and holding stakeholder meetings.		
181	**A**	18+	Family mental health advocates.		
182	**A**	18+	Socialization model for adults that goes beyond clubhouses.		

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184	**A**	All	Decrease physical-based case management – e.g. case management/brokerage that occurs outside of the client's appointment with their care coordinator		
185	**A**	All	Psychiatrist practicing in primary care settings.		
186	**A**	All	Improved information systems and implementation specialists are necessary for physical and behavioral integration to occur effectively.		
189	**A**	18+	Increased peer support in hospitals and other areas.		
190	**A**	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.		

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191	B	All	Coordination between clinicians and nutritionists to address health/physical/wellness related issues in order to treat clients holistically		
192	B	All	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.		
193	A	All	Operationalization of cultural competency.		
194	B	0-18	Educational curriculum in school settings focused on wellness and health.		
195	B	18+	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.		
196	A	18+	Need to incorporate other wellness tools at B&Cs like exercise, maintaining balanced body/mind		
197	A	18+	Peer run crisis center modeled after the Living Room (RI in AZ)		

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198	**B**	18+	To Maximum Independence (TMI) needs to be brought to our community to increase employment outcomes		
200	**B**	18+	Promotoras that focus on wellness, nutrition, etc. with education for unique populations.		
205	**B**	All	Horticultural therapy programs for youth at juvenile programs, Board & Cares, and other community sites.		
206	**A**	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		

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207	**B**	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.		
208	**A**	60+	Older Adult Mobile Mental Health Assessment Unit		
209	**B**	60+	Crisis intervention		
210	**A**	60+	Independent living standard setting and referral system with peers for persons coming from hospitals and EDs		
211	**A**	60+	Peer recovery/behavioral specialist/promotora client support		
213	**A**	60+	Holistic approach to older adult well being through Senior Center		
215	**A**	60+	Program to address compulsive hoarding		

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217	**B**	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.		
218	**A**	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.		

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219	**B**	18+	Funding to have a mental health clinician review all current/proposed protective supervision cases to verify level of impairment.		
220	**B**	18+	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.		
221	**B**	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.		
222	**A**	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.		

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223	**A**	All	Change graffiti from a crime to a form of expression. Have a public mural that kids can use.		
224	**A**	All	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.)		
226	**A**	All	Implement a family/youth after school neighborhood clean-up program.		
229	**B**	All	Have an information/support group for those with or caring for those with mental health challenges via conference call		
232	**A**	All	Create a "healthy body, healthy mind" program		
233	**B**	All	Health coaches for kids and parents – childhood obesity and mental health		
234	**B**	18+	Mission:Get Hired Program for Veterans		

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235	**A**	18+	Implement a program that engages physical health, behavioral health and social service providers in a targeted training program that teaches them how to better coordinate the needs of their mutual patients/clients by establishing "virtual" care teams.	Adults with chronic health conditions often have chronic mental and behavioral health conditions as well. Physicians providing good care in the face of greater demands of process and paperwork, and lower levels of reimbursement, unaware of the health plan of care and its goals. Financial consequences of chronic illness are profound.	Lack of poor reimbursement for care management, siloed service delivery by individuals providers, busy schedules that do not allow time for in-person, multidisciplinary, patient/client care conferences, lack of communication and sharing of information and outcomes by providers
236	**A**	0-25	Introduce PATH4TEENS workshop to at risk transition age youth as well as a training workshop for teachers and counselors who can administer the workshop to the risk youth as part of their regular activities. Through this interactive workshop, each student will begin to recognize his/her own individual leadership capacity, career inclinations, character values and interpersonal skills.	Teens acting out behavior is one of the challenges our schools are facing today. At-risk youth may be faced with self worth and identity issues.	Current school system or other youth programs available are not created to help youth understand their personality and behavioral differences and does not teach them how to value these differences.

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237	**B**	60+	Horticultural Therapy introduced as a mental health practice. Each mental health clinic with a garden where they grow plants, vegetables, herbs, fruit trees to help client decrease their mental health symptoms	Decrease isolation, lack of sense of purpose, increase hope, bring renewal, decrease mental health symptoms	None but the problems that will be encountered are land/space for the garden, therapist trained in horticultural therapy
238	**A**	18+	Creation of the Independent Living Facility Association (ILFA) to promote the highest quality home environments for persons with mental disorders by providing education and training to ILF owners through established standards of care. Approach is four pronged and will focus on the following areas – Registry, Education, Peer Review & Accountability and Advocacy	The lack of adequate housing options for mental health clients and the reliance on unregulated ILFs. Consumers, family members, case managers, hospitals and discharge planners have nowhere to go for accurate, reliable information on ILFs. High recidivism/relapse rates for persons with severe mental illness (SMI) due to the lack of stable housing resulting in high costs for health and other public services. Lack of training available specifically for ILF personnel. Lack of understanding and reliable information on the he legal rights surrounding use of ILFs. NIMBY'ism.	Lack of Needed Start-Up Funding. A sustainable funding source. Timing.

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239	**A**	18-59	Veteran's Re-Boot Workshop is a new and innovative three-phased employment model designed specifically for veterans that aims to address the complex needs of recently separated service members and veterans who are transition from military service to civilian life	Release from military without re-programming predisposes veterans to PTSD, Over 1/3 of troops returning from Iraq have been screened to be "at risk" for PTSD and other mental health needs, veterans routinely avoid positive responses on the PDHA survey because of the stigma	Many veterans associate PDHA surveys are a sign of weakness and thus avoided indicating positive responses.
240	**B**	18+	Assign a nurse practitioner or primary care physician to FSP programs	Addresses the early mortality rate individuals with a mental illness have	Waiting lists for primary care at community clinics, an individual's symptoms preventing them from leaving his/her home to access care.
241	**B**	60+	Dementia Support program for those individuals in our community whose needs cannot be effectively met in the current systems of care including Mental Health, Public Guardian and Aging & Independence Services	Persons with dementia, especially those without financial assets or family members, were unable to receive services necessary to remain in their own homes or to remain free from abuse or neglect.	Persons with a diagnosis of dementia have difficulties being served within the traditional mental health system due to the lack of a primary diagnosis of mental illness and those persons with dementia who have limited financial resources are not eligible for the Public Guardian Program. No current programs in place to assist this population, which is expected to grown significantly

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242	**B**	60+	Testing to see if the Aging Well training, a MHSA funded training, and its goals can be modified to be culturally and linguistically appropriate and satisfactory to Hispanic older adults	Aging Well is working to mainstream mental health care for older adults. During provider presentations, providers have commented that the current training is not useful in the Hispanic community, due to religious issues, traditions, family involvement in healthcare decisions and different learning styles.	Because the development of training and materials is a costly undertaking, it is difficult to procure training funding for all populations.
243	**B**	16+	Create a mediation services program for clients in AOD treatment and/or recovery and their families.	Clients in AOD treatment and/or recovery often relapse into substance abuse after re-introduction into the family setting because of inability to resolve the conflicts that arise.	AOD treatment and recovery assists the client in rebuilding self-esteem, but not rebuilding the family relationship. There are no "family communication" programs that empower both parties equally.
244	**B**	16-59	Implement a conflict resolution skills training to transition aged youth (TAY) and adults at risk for becoming perpetrators of violence	Violence is an all too common predicator of the need of mental health services. Victims of violence, be it in the family or community, are sure to suffer the behavioral consequences.	A lot of effort has been put into identifying violence as an inappropriate way to deal with conflict, but empowering TAY and adults with alternative skills has not been widely promoted.
245	**B**	18+	Wellness Centers for clients who no longer need intensive services and are able to graduate or transition from transitional mental health clinics	Need to move clients who are further along in their recovery onto appropriate mental health services where the focus can be on community reintegration, client empowerment, social, emotional	Clients who do not move out of the outpatient clinics impact the flower of new clients needing to receive services. typically mental health services are offered in silos.

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246	**B**	0-59	Restorative Practice (RP) and Restorative Justice (RJ) - Violence will be prevented via mediation and healing the wounds of the past with victims/survivors of crime and violence which would also help greatly to prevent domestic violence/child abuse, etc.	Youth violence in school and on the streets, and also child and spouse abuse in homes	Restorative Practice and Justice have not been widely used in San Diego nor has the Juvenile Justice system been oriented to solving problems in this way.
247	**B**	0-18	Provide immediate intervention during the Collaborative Curfew Sweeps established by the San Diego Police Department.	Enables immediate access to mental health services in a non traditional setting and a non traditional hour of the day.	The ethnically diversity within these communities requires multiple strategies to destigmatize mental health, increase access to services and engage children/youth and their families in achievement of their treatment goals.
248	**B**	16-25	Support a demonstration model of providing mental health assistance to mothers with maternal depression	Poor recognition of maternal depression, depressed moms may not want to seek help, Spanish language need	Lack of identification, lack of services, stigma

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249	**B**	16+	Provide hoarding specific training to all front line workers who interact or treat hoarding in their jobs.	Mental health workers in SD do not know how to treat this problem. Additionally, other service providers lack effective methods in the management of these cases. Approach will provide an underserved population with evidence based treatment that would otherwise not be available. This would increase the efficacy and quality of services provided to individuals with hoarding.	Until recently, we have not truly understood how this psychiatric problem has such large community ramifications. Providers lack information and education on how to treat these causes. We have not had a formal method of setting up trainings that would bring together providers and offer intensive training.
250	**B**	0-18	Providing School Social Workers to treat early identified students/families at risk, case mange youth and family to stabilize and ensure youth and families are mentally healthy and able to be educated within the schools	Children and teens are identified as needing services too late. The system is set up so that individuals need to fail in order to access the appropriate level of care.	Gatekeeping. Diagnosis and extreme behaviors are what get people what they need, however most of the time, too late.

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251	**B**	0+	Provide people who hoard assistance with the clean-up of their property; both the cost of the clean-up and actual compassionate help sorting, organizing and disposing of their excess storage. Include mentoring by past hoarders who have overcome the desire to accumulate and hold on to an excessive amount of belongings.	How to balance the problems the hoarder faces with the neighbors rights to live in a neighborhood free from the health and safety concerns and the eyesore of the hoarders property.	Hoarders frequently don't see the behavior as a problem and don't see the behavior as a problem and don't seek treatment, and treatment is expensive, long and involved, and difficult to find. Those that do want to clean-up their property are faced with large costs associated with the removal.
252	**B**	18+	Provide a series of "Health Lifestyles" groups to housing or local clubhouses, service providers	Persons with mental health issues generally die around age 55, much earlier than the general population and display poor eating, shopping and exercise habits. Simple interventions can have a noticeable	Funding for elective services such as this idea is difficult to obtain. Funding for housing is usually centered to "bricks and mortar" or for specific services only.
253	**B**	18+	Provide hoarding specific training to all front line workers who interact or treat hoarding in their jobs.	Mental health workers in SD do not know how to treat this problem. Additionally, other service providers lack effective methods in the management of these cases. Approach will provide an underserved population with evidence based treatment that would otherwise not be available.	Until recently, we have not truly understood how this psychiatric problem has such large community ramifications. Providers lack information and education on how to treat these causes. We have not had a formal method of setting up trainings that would bring together providers and offer intensive training.

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254	**B**	18+	Address the issue of hoarding. Assisting with needed training for all stakeholders, providers and enforcement personnel, as well as the public on how to effectively treat and manage hoarders.	Addresses the challenging problem of addressing residences occupied by hoarders who are individuals unable to discard items, thereby creating fire hazards, substandard living conditions, and a public nuisance to the community.	A long term solution from a prosecutor's perspective is to stop the hoarding activity permanently.
255	**B**	16-25, 60+	Providing computers to elderly clients to decrease isolation and hiring TAY to teach elders to use the computers.	The use of computers would allow elders to communicate with others expanding their social life, providing meaningful activities and potentially increasing their community involvement. TAY tutors would benefits by establishing a needed work history, offering support to elders, earning a few dollars and recognizing that they do have something of benefit to offer	The lack of resources to pull this multigenerational program together: get computers to elders, who have little to no experience with them, staff time to research and coordinate the provision of free/low-cost computers, staff time to solicit TAY willing to participate, funds to pay for internet fees for elders and coordination of all activities needed to make the project a success.
256	**B**	18+	Support for the collaborative concepts that Dr. Ayres has put forward regarding the growing issue of hoarding	Currently, there is no protocol for how to handle hoarders when they are encountered in the field. This is due to the large part, to a nearly universal lack of awareness, training and coordination that is available.	Any efforts to increase awareness on this issue and provide training and collaborative solutions have largely been ineffective due to a lack of funding and qualified individuals to coordinate these activities.

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257	**B**	60+	Address the issue of hoarding by providing hoarding trainings to providers and people in the community to promote interagency collaboration and access to quality services	Mental health providers and other service providers have lack or little training on hoarding. In addition, the families, whose loved ones have hoarding behaviors have lack of information on how to deal with them.	Lack of provider's training and education to community and lack of collaboration within agency due to limited resources and knowledge.
258	**B**	16-25	Mentor student groups according to needs: drug and alcohol abuse, bullying, date rape and violence, gang affiliation consequences	Self-esteem building	Role models in the home environment presented barriers. Little work opportunity in the students home of origin.
259	**B**	0-18	Develop and implement a comprehensive, county-wide protocol for victims of child sex trafficking. Allow first responders to have the training, skills and knowledge necessary to understand the true nature of child sex trafficking	Currently, there is no comprehensive, uniform coordination to address the response to the growing problem of commercial sexual exploitation and trafficking of children. Most key agencies do not have written protocols or policies to respond	A lack of awareness regarding the true nature of the trafficking and the commercial sexual exploitation of children is a reason why this problem persists.
260	**B**	0+	Project that attempts to offer and provide specialty mental health service for parents of kids receiving care in our Children System of Care	Problems/Barriers for Children System of Care	Awareness, assessment, treatment at same site as Children's receiving mental health, CADRE (outpatient is easiest to convert/utilize)

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261	**B**	18+	Children's programs should have mental health services for the parent/caretaker embedded in the program alongside the treatment for children. Individual, couple and medication services could be provided on site through MSHA funding.	Adults may not qualify for our Adult MH system and yet are in need of individual or couples therapy.	Lack of resouces and funding for adults who do not qualify for the Adult MH system by still have Axis I mental health issues that need treatment.
262	**B**			Truancy among Children/Youth, mental illines contributes, leads to delinquency	stigma, poverty, confidentiality, parental cooperation
263	**B**			Patients that leave inpatient placement and don't accept/follow through with any community service - fail to engage - but show up again and again at hospital	
264	**B**		Peer involvement to engage	Unengaged SMI who are at home	
265	**B**		Introduction of peer recovery	Unengaged homeless females COD	
266	**B**		Implement SOAR (SSI/SSDI Outreach, Access and Recovery) model for an integration project between an FQHC and a community mental health center	Majority of the uninsured clients would qualify for SSI/SSDI. Only 37% of all applicants are approved in initial application, however within SOAR program more can be approved.	County has traditionally funded behavioral health services for indigent clients and integration efforts are just beginning

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267	B		Training program to become a Trauma-Informed service delivery system for San Diego County Library Staff	Individuals with mental health problems and who have experienced trauma often seek refuge for safety and support at non-traditional mental health settings such as public libraries. Staff are ill-equipped to deal with behaviors if they escalate, often resorting to responses that further jeopardizes the safety of the customer, themselves and members of the public	Lack of exposure
268	B		Long-term home visitation programs to promote the social and emotional development of young children, to reduce infant maltreatment and to provide parents with skills and support to enhance their children's school readiness skills	Young parents who face multiple risk factors as a group have reduced skill, ability and support in the area of supporting and encouraging their children's development	Insufficient focus on the earliest development of children which results in scientific knowledge not being integrated in our efforts
269	B	16+	Engage in capacity building for the treatment of depression and anxiety among community college students	Not enough medication psychatirst in the county to address the needs that we have, especially in the higher education community	No success in providing medication support for college students that find themselves with first onset of anxiety and depression, students do not have insurance and must navigate the county mental health system, limited resources at community colleges for medical services

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L1	B		Wellness City model, Community Building transitional, supportive housing with peer recovery svc	Housing	Funding, lack of coordination between providers, silos
L2	B		Holistic health services: Touch Therapy, Message, Acupuncture, Acupressure, Jin Shin	Lack of alternative treatments	Traditional Medical Model, Lack of exposure, Lack of Funding
L3	B		Rent/Buy Big houses with lots of rooms. Rent out to people w/MH dx. Peer Counselor onsite 24/7 with Harm Reduction Model, Work Opportunities and Use already existing buildings for housing homeless and people with mental health challenges	Affordable Housing, Housing/Homelessness	Lack of affordable sites to use for housing, Money, red tape, discrimination, lack of affordable housing, procedures take too long, low income of SSI residents
L4	B		Housing with Job training in trade jobs with harm reduction model	Employment & Housing	Funding, mindset
L5	B		Life skills, socialization training and Specific life skills training to support transitioning from B/C to ILF or own apt using peers and others	Isolation and lack support, B/C facilities are mostly not transitional - people remain for decades	Lack of knowledge socialization training can resolve cognitive challenges & lack of experience. Funding
L6	B		One stop that offers mind, body, spirit recovery tx	Services all dispersed and too focused	Funding, Paradigm shift to holistic
L7	B		Peers as In Home Support Service providers for Older adults allowing them to stay at home rather than go into facilities	Many seniors in costly assisted living facilities who could live at home with some peer assistance	Funding & shift of funds from facilities to employ peers more cost effectively
L8	B		Shuttle homeless to one-stop or shelter for showers, laundry, housing services	Hygiene, health, shelter of homeless	Funding

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L9	B		Recovery Ranch for dually diagnosed with animal shelter/Petting zoo, training, self-supporting	Limited resources for co-occurring	Funding
L10	B		Pet therapy, companion animals, resident animals at residential facilities & CH to promote wellness/healing	Loneliness & Isolation in residential facilities.	Funding. Lack of understanding value of pets to wellness
L11	B		Education/training in physical wellness with nutrition & cooking & exercise classes	Integrate MH with all wellness avenues. 3-4-50: 3 behaviors contribute to top 4 illnesses = 50% of deaths	Lack of awareness the role exercise and nutrition have on how people feel. Funding
L12	B		Elder peer program to provide support in convalescent homes/SNFs for people with MH challenges	MH residents in nursing home often feel isolated and stigmatized by other residents	Lack of awareness and funding
L13	B		Therapeutic arts & music program	Common lack of engagement in activities.	Funding and awareness of benefit
L14	B		Day care & after school care for parents to work	No daycare for parents to go to work	Funding
L15	B		Dental & Vision Services	Long term effects of no dental or vision coverage on MH recovery	Budget cuts eliminated dental & vision services
L16	B		Credit counseling, resolution & financial skills training	Many people have severe credit problems and/or bills related to their past MI. Many can't open a bank account preventing achieving independence, or being able to pay a move-in deposit.	Stigma. Credit counseling costly. Complex processes. Lack of knowledge by providers or people with mental health challenges to maneuver. Services not geared to addressing needs of disabled.

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L17	**B**		Program to assist in expunging felonies, as adjunct to MH calendar. Legal assistance and peer support, help to cover fines, etc. Arbitrator to act as go- between county and consumer. Negotiate mitigation of penalties, etc	Clearing criminal history of people with mental health challenges to integrate into society is time-consuming and tedious process, no one's job	Can't pay court costs & fees or restitution. Unable to successfully complete probation or parole. Can't get work, no way to pay. Don't know how to pursue process.
L18	**B**		Transition team for people from acute care to B&C or shelter to ensure recovery path is paved	Poor coordination of care for people going from acute care environments to B & C or Shelter.	Lack of funding. Not anyone's job. Little tracking where patients will be going.
L19	**B**		WEB based clearing house partnership with warm-line for contacting friends/family/supporters	Many disappear from street, B&C, ILF and are never heard from again. Where do they go? Are they okay? Should police be notified? How can they say they're okay without returning to possibly a bad situation?	Confidentiality concerns. No clear authority or advocate. No concern, nobody cares. No place to check-in with peers.
L20	**B**		Broad education for PCPs, MHPs on trauma-informed care with mandatory certification process	Trauma plays a big role as a catalyst for further difficulties and mental health challenges.	Stigma, lack of education on correlation between trauma and illness, funding for trauma-informed care
L21	**B**		Screen, sponsor, fund, help negotiate deposit & first months rent for people to live independently	Self-sufficiency, self-determination in affordable housing. To get into independent housing in the community is a financial burden most can't carry on their own	Stigma, rent deposit, utility start up
L22	**B**		Mobile vision & dental care	Lack of vision and dental care affecting people's wellness	Budget cuts, lack of sense of urgency

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L23	B		Fund sliding scale rent program	Lack of affordable independent housing means many are homeless in order to pay for food	Current economic conditions, unemployment, Section 8 has a wait list of 8-9 years
L24	B		Train/Fund Peer run Independent Living Facilities	Most ILFs are run for profit & are not person-centered or recovery focused	Funding
L25	B		Anger management, conflict resolution and other support workshops at clubhouses	Interpersonal skills	Training, Funding
L26	B		Buy up foreclosures to house people with mental health challenges	Affordable Housing	Funding, stigma, Centralized care, Long waiting list
L27	B		One stop for homeless to meet various needs	Integrated care for people with mental illness who are homeless in one location. People have trouble getting needs met when spread out	Funding, stigma, Lack of coordinated integrated care for homeless in one location
L28	B		Program for people with mental health and gambling challenges with peers sharing success stories in community	Treatment for Gambling & MH Challenges does not exist	Recognition of prevalence, stigma, education, funding
L29	B		Coin-operated toilets with showers for homeless to defray costs of maintenance	Not enough access to public restrooms or showers for homeless people	Stigma against the homeless and/or MI. NIMBYism – fear that access to accommodations will draw undesirables. Disagreement over who should pay and maintain facilities.

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L30	**B**		Updated comprehensive list of providers in County who accept Medi-CAL & Medicare	Difficulty in finding PCPs and specialists who will accept MediCal. People go to hospital instead of appropriate provider	No combined listing available, providers change status often
L31	**B**		One stop housing source for housing search including HUD, Sec 8, B&C, ILF, sober living, renter's assistance, etc.	Resources for housing are too fragmented. Too many different places to apply, waiting lists extremely long.	No centralized, integrated resource agency.
L32	**B**		County Partnership with State to enhance B&C oversight	Poor conditions in many B&Cs. Abuse of rights of residents, inadequate food and clothing, etc.	Sparse resources for B&C oversight. State Community Care Licensing Division over-committed. B&Cs are mostly profit driven.

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