

## INNOVATION PARKING LOT

### SUMMARY OF COMMUNITY INPUT FROM PREVIOUS INNOVATION CYCLES

Code	Input
<b>A= Input taken under advisement for Innovation; B= Requires further investigation/considered for future Innovation programming; E= Potential for other MHS funding</b>	
A	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.
A	Create a Wellness Coordinator/Chief Wellness Officer to act as an ombudsman between County funded programs and chronic disease groups in the community.
A	Yoga that is geared towards young men and used in smoking cessation programs.
A	Create a spirituality program that teaches moral reflection and the benefits of spiritual awareness.
A	Creating an Independent Living Facility registry to create standards for this level of care provider.
A	Creating an Independent Living Facility database to track availability for clients.
A	Suggest a pilot-program, one-stop shop for geriatric services that include mental health and physical health.
A	An integrated, co-located mental health services program for Latino children and their parents.
A	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.
A	Peer Recovery Team – In-home and community services. Peers will support people to get to appointments via public transit, etc.
A	Modeled after "promotora" programs, peer advocates will work with patients from the 3 central SD psych facilities.
A	Senior community centers that focus on prevention to keep seniors active. In addition to nutrition, social services information and referral, offer workforce training, life long learning, mental alertness activities.
A	Creating a role for family partners to meet with caregivers/family members of adult/older adults with SMI.
A	Using Jacquie Lowell's local improvisation group workshops for clients to build confidence and increase socialization.
A	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.
A	Develop a model program that truly includes the family as a partner in the treatment of their adult children and spouses.
A	Peer and family outreach to currently unengaged clients (specifically those in SROs)
A	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.
A	Real coordination between community health clinics and mental health clinics
A	Family members working in clinics as volunteers
A	Need an ER culture shift towards acceptance of peers in the workplace including training and education.
A	Expansion of integrated care in community care clinics to create a "family" system of care
A	Need to provide mental health services for mothers and children at the same time in the same facility.
A	More long term treatment concentrating on the spiritual aspects of a person's life.

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A	Make people eligible to have more help, no matter if they are low income or a place to leave.
A	Treating compulsive hoarding.
A	Consumer/peer outreach in clinics working as liaisons and holding stakeholder meetings
A	Family mental health advocates.
A	Socialization model for adults that goes beyond clubhouses
A	Need assistance/increase in referrals to primary care services from the mental health side including more coordination.
A	Decrease physical-based case management – e.g. case management/brokerage that occurs outside of the client's appointment with their care coordinator
A	Psychiatrist practicing in primary care settings.
A	Improved information systems/implementation specialists are necessary for physical and behavioral integration to occur effectively.
A	Operationalization of cultural competency.
A	Peer run crisis center modeled after the Living Room (RI in AZ)
A	Online Game to Reach Youth for. See Link below: <a href="http://www.inspireusafoundation.org/">http://www.inspireusafoundation.org/</a> ; <a href="http://www.reachout.com.au/home.asp">http://www.reachout.com.au/home.asp</a>
A	Holistic approach to older adult well being through Senior Center
A	OA Mobile MH Assessment Unit
A	Program to address compulsive hoarding
A	<b>Transportation multifaceted initiative that includes a transit guru, travel buddies, ridesharing, volunteer drivers and transport planning</b>
A	Develop an expressive arts program with a stage oriented skill training module taught by a community professional in conjunction with a group therapy experience run by a mental health professional
A	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 if that helps so that they do not need psychiatry interventions.
A	Change graffiti from a crime to a form of expression. Have a public mural that kids can use.
A	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.)
A	
A	Implement a family/youth after school neighborhood clean-up program.
A	Create a “healthy body, healthy mind” program
B	Critical incident stress debriefing (CISD) uses a structured, small group format to discuss distressing crises.
B	A sexual health-based, harm reduction, relapse prevention program targeted at high sex/drug linked addiction.
B	Develop a training capacity to provide ongoing, system-wide training and clinical consultation regarding the specific needs of LGBT clients receiving mental health services.

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B	Supplement trade work skill-building into treatment for co-occurring issues.
B	Teen parenting programs for young men to provide them with information and an education on the impact of pregnancy.
B	Institute a Good Behavior Game that rewards positive behavior and monitors attendance and other behavioral outcomes.
B	Use Carol D.'s model to increase children's IQs. This model gives different techniques they can use can increase their IQ.
B	Paying MH clients to quit smoking; lose weight; reduce days in hospital; stop drinking; stay off drugs; etc.
B	Eye Movement Desensitization and Reprocessing (EMDR) for SMI adults with mood disorders, psychosis, etc.
B	Enhancing home services using cell phone technology (i.e., cell phones adapted for older adults).
B	Voice-activated phones for seniors.
B	Response Link for medication management purposes.
B	A website that links with a GPS system for caretakers, family members, etc., to monitor and track seniors online.
B	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.
B	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.
B	Innovative anger management curriculum.
B	Screening and brief education into middle schools, specifically regarding substance abuse.
B	EBP of Family Psycho-education (SAMHSA) based on McFarlane's model.
B	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.
B	Put resources towards the Independent Living Association.
B	Using Doctors in residencies to provide quality medical care to our older adults.
B	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.
B	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. \
B	Older Adult Mobile Mental Health Assessment Unit
B	Pod cast "Dealing with Depression – A Consumer's Viewpoint." the series over the internet and market in a way that makes the information available on demand.
B	Fingertip Stress Reduction (FSR).
B	An ongoing scrapbook project for each clubhouse.
B	Composting at clubhouses.

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B	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.
B	Need the Wellness City – addressing issues beyond the mental illness.
B	Need increased peer support and groups that can go out to schools to help with day-to-day activities.
B	Start youth driven mental health promotion groups.
B	Nutrition classes available to parents with kids with low SES, may be required during pregnancy too.
B	Establish a program to better serve seniors, specifically making it accessible to the largest number of seniors.
B	Coordination between clinicians and nutritionists to address health/physical/wellness related issues in order to treat clients holistically
B	Comprehensive family services that allow for interactions between systems like Justice, CPS, CWS, physical and mental health.
B	Educational curriculum in school settings focused on wellness and health.
B	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.
B	To Maximum Independence (TMI) needs to be brought to our community to increase employment outcomes
B	Promotoras that focus on wellness, nutrition, etc. with education for unique populations.
B	Horticultural therapy programs for youth at juvenile programs, Board & Cares, and other community sites.
B	Recommend that case managers/clinician work in conjunction with Adult Protective Services with these family members.
B	Crisis intervention
B	Using a video-based group intervention for trauma associated with mental health/substance abuse in a homeless population
B	Funding to have a mental health clinician review all current/proposed protective supervision cases to verify level of impairment
B	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
B	An Adolescent Health Center (AHC) to provide primary health/behavioral health services to youth.
B	Have an information/support group for those with or caring for those with mental health challenges via conference call
B, E	Fit-for-Life wellness center modeled after Boston University. The Center is a combination of fitness and mental health wellness at a community gym that is open to consumers and community members.
E	Integrated substance use disorder-mental health service specifically focused on the LGBTQ community.
E	Residential and outpatient alcohol and drug services for pregnant/parenting teens that includes daycare.
E	Suggest using a computerized system for patient health records that combines physical and mental health services.
E	“Transition Life Coach.” to guide the youth through the foster care system.
E	The need was also expressed for a Veteran’s Court.
E	Independent living via Fairweather Lodges throughout the County.

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E	More crisis beds in North County especially North Inland.
E	More emphasis in the mental health system targeting cognitive problems.
E	Movies that can provide examples about experiencing a mental illness.
E	Need mitigation of immigration related issues for those in need of or seeking mental health services.
E	Need aftercare follow-up for those who have received services.
E	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.
E	Need to be able to bill for case management for children with ADHD.
E	Provide meals for underserved children in kindergarten.
E	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.
E	Mentor programs for youth (teens).
E	Mental health services (individual and group) for refugee populations specific to El Cajon (Iraqi, Afghan).
E	Services for teens/youth in low income communities at all high school in the form of a drop in counselor.
E	Provide more supports within the after school programs in County schools for ADHD children.
E	Increase funding for pregnant women with an alcohol/drug dependency
E	Support the mental health services that kids who are in federal custody (or unaccompanied immigrant minors) receive.
E	Community development specialists to coordinate resources and volunteers
E	Bajo un mismo techo in LA County – training and internship program.
E	Online counseling for isolated/rural older adults