



Thursday February 27, 2020
3:00pm-4:00pm
277 South Street, suite T
San Luis Obispo, CA. 93401

Innovation Meeting Minutes

1. Nestor Veloz-Passalacqua welcomed the stakeholder group at 3:00 pm. All participants introduced themselves and Nestor presented the goals for the meeting. Nestor also reviewed the Stakeholder Process, format, and rules for the meeting (e.g. consensus voting, no rules of order, etc.)
2. **Innovation budget:**
The estimated budget for Innovation round 2020-2024 is about \$1 million. The estimate per year is \$250,000 for all approved projects.
3. **Steps to Innovation:**
 - Approval by the Behavioral Health Board
 - Approval by the Board of Supervisors
 - Approval by the Mental Health Services Oversight and Accountability Commission
 - Technical Assistance provided by OAC Staff
 - Presentation/Approval by Commission
 - Request for Proposal (RFP)
 - Contract Development and Board of Supervisors Approval
4. **Innovation Proposals:**
 - A. SoulWomb: To study the impact of “intent based” sound therapy and meditation with the SoulWomb on SLOBHD forensic population.
 - Sound meditation and Healing
 - Personalized space
 - Meditation on Demand
 - 3D spatial sound technology (Hearing, feeling & moving sound)
 - Augmentation with Treatment as Usual
 - Preventive & Restorative
 - Trackable individualized results
 - Each session is 12-20 mins
 - Intent based

The SoulWomb sessions would occur 2-3 times per week with each session lasting 12-20 minutes followed by 10-15 minutes of meditation. There would also be a pre and post assessment evaluation. The goal is to study the impact on the participants wellbeing, coping skills, depression and anxiety symptoms as well as medication intake.

- B. Mental Health Integration for Older Adults in Residential Facilities: This program would provide education and consultation to facility staff, so they feel more empowered and comfortable with;
- Identifying red flags and triggers
 - Deescalating situations
 - Recognizing and addressing crisis, recognizing symptoms and reducing their presentation
 - Promoting an environment of wellness and recovery.

The project would include teams comprised of a Behavioral Health Clinician, and an Advocate. The teams would be located at the RCFE's in order to create an Integrated and collaborative effort between Behavioral Health and Physical Health. The goal would be to learn whether providing mental health support in an RCFE would produce better health outcomes and create more living options for Older Adults.

- C. Behavioral Health Education and Engagement Team (BHEET): The project tests the development of an outreach and engagement model and its effective impact by combining peer case managers and a licensed clinician to offer community education and outreach, assessment, mentorship, therapeutic engagement, case management, and system navigation for individuals who are outside the service range of behavioral health services. Project activities include:
- Outreach and presentations to community organizations and businesses
 - Educational presentations for engaged clients
 - Wellness Center based activities
 - Screening events
 - Short-term therapy
 - Short-term case management

The goals would include referral follow through, lower isolation rate, decreased symptoms, decrease in crisis services, decrease in depression and anxiety and better likelihood to engage in services.

- D. Community Customer Awareness Response Effort (C-Care): This proposal would offer recurrent tailored trainings to participating private, community-based, and faith-based settings. These trainings would include cultural competence, NAMI

session, suicide intervention, and navigation in the mental health system. The implementation would occur in four sessions:

- C-Care 101: General Training
- C-CARE 102: Challenges & Solutions
- C-CARE 103: Site-Specific Intervention & Strategy Development
- C-CARE 104: Action Plan & Strategic Implementation

The goals would be to increase engagement and customer service, increase public Collaboration, reduce conflict, and increase safety and communication internally.

5. What's next:

- The ranking process is anonymous
- Stakeholders will receive an e-mail with a link with each proposal information (hard copies of the proposals and ranking sheets will also be available for the stakeholders). This PowerPoint presentation will also be made available to stakeholders/
- Stakeholders will have seven (7) days to complete the ranking process (the e-mail will provide more detailed information. The deadline can also be extended if needed)
- Ranking scores will be added, and final results sent to stakeholder and the Innovation Presenters

6. Innovators:

- Continue revising proposals and have a final draft by the end of the March.
- You will be notified of the ranking on Monday, March 9th by the end of business day (unless extensions are requested)
- Once prioritization is released, we will then work the Oversight & Accountability Commission team to finalize the narrative of the proposal and address any questions/concerns.

7. Meeting Adjourned 4:35pm

8. Attendees:

Traci Autry, Nicole Bennett, Elissa Feld, Raven Lopez, Christy Mulkerin, Mahesh Natrajan, Trista Ochoa, Rebecca Redman, Davis Riester, Nestor Veloz-Passalacqua, Wendy Wendt, Danielle Friedrich, Melissa Masters, Katy Bertrand, Jeremy Sire, Jessie Yates, Barry Johnson, Dawn Anderson, Mark Woelfle, Frank Warren