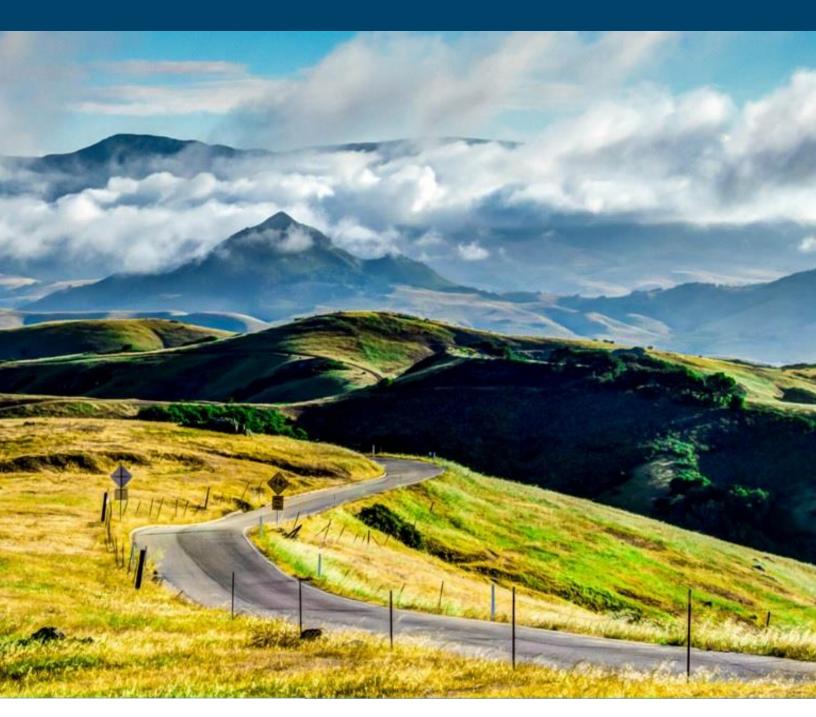# County of San Luis Obispo Mental Health Services Act

DRAFT PROPOSAL FOR THE INNOVATION COMPONENT OF THE THREE-YEAR PROGRAM AND EXPENDITURE PLAN

COUNTY OF SAN LUIS OBISPO

DRAFT INNOVATION PLAN FY 2021-2025
Draft available for public review 03/23/2021 – 04/21/2021
County of San Luis Obispo
Behavioral Health Department

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
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County of San Luis Obispo Innovation Plan

Executive Summary

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) is excited to put forth this plan to utilize Mental Health Services Act (MHSA) Innovation (INN) component funds to test new methods to serve and engage the community mental health field. The goal of the proposed Innovation projects is to build capacity within the community by learning new and adapted models for promoting positive mental health and reducing the negative impact of mental illness and stigma.

Over a sixteen-month period, the SLOBHD worked collaboratively with local stakeholders, including consumers and family members, to develop the County's INN Plan containing two INN projects. The plan consists of new and novel mental health practices or approaches that will contribute to informing the County and its stakeholders as to improved methods for addressing mental health disparities.

The County of San Luis Obispo's INN Plan consists of two distinct projects which will be conducted over four years. The total cost of the two projects, including administrative services, is projected to be approximately $1.2 million. The projects will be funded with the County's INN funds. However, every effort will be made to access revenue through Federal Financial Participation for appropriate projects. The table below depicts the projected expenditures for each project and its administration from FY 20-21 through FY 23-24.

INN Project Budgets	FY 20-21	FY 21-22	FY 22-23	FY 23-24	Total
Behavioral Health Education and Engagement Team (BHEET)	$150,322	$149,730	$153,275	$156,926	$610,253
SoulWomb	$175,320	$148,680	$140,240	$111,940	$576,180
TOTAL INN Budget	$325,642	$298,410	$293,515	$268,866	**$1,186,433**

MHSA funds will be used to implement the following two new projects, with planning and services expected to begin in May of 2021, after any necessary procurement processes have been completed. The projects were selected based on MHSA's required outcomes, general standards, the community's input and priorities, and the feedback from the Mental Health Services Oversight & Accountability Commission (MHSOAC). Innovation represents a significant opportunity to engage new systems and gain knowledge around many difficult mental health system issues. The projects listed herein are:

Behavioral Health Education and Engagement Team (BHEET):

The Behavioral Health Education and Engagement Team (BHEET) Innovation Project is designed to test the efficacy of adopting a peer-based outreach and engagement model within the community mental health system. BHEET will embed peer system navigators within the county's local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities for individuals who are outside the service range of SLOBHD services.

The County has found success engaging new clients by utilizing peer system navigators to both help individuals stepping down from inpatient psychiatric care to outpatient services and to provide support and resources for new outpatient clients and their families. However, this model does not exist within the community-based network of providers and clients are often left to navigate the mental health system on their own – which can lead to a lack of engagement, failures to follow through with referrals and appointments, and the risk of increased symptomology.

The learning goal of this project is to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes.

SoulWomb:

The SoulWomb Innovation Project is designed to test the effectiveness of a holistic, mindfulness-based sound meditation therapeutic practice for individuals in outpatient behavioral health services. The SoulWomb project is centered on the introduction of an innovative twist on Eastern wellness practice within the context of Western co-occurring disorder treatment. Participants enter the SoulWomb "pod" and are immersed in surrounding meditative sounds, meant to calm, center, and open their chakras.

The County has a growing population of forensic mental health court and diversion clients. These clients are often managing multiple issues: incarceration and release, probation, court mandates, homelessness, family pressures, unemployment, and typically have co-occurring substance use and mental health disorders. Ancillary services in substance use disorder treatment are traditionally based in a 12-step approach, while mental health treatment has embraced a wide range of wellness supports, socialization, and rehabilitation activities. Eastern approaches such as yoga and meditation are often recommended but are not embraced by court and diversion program participants. The SoulWomb project introduces an accessible, safe, and supportive means to engage resistant clients in developing a wellness practice.

The key learning goal of this project is to learn whether this sound meditation technique will be effective for increasing court/diversion clients' wellness participation and ultimately, improving their mental health outcomes.

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Community Program Planning and Local Review Process

County Name: San Luis Obispo

Work Plan Name: County of San Luis Obispo Innovation Plan

Briefly describe the Community Program Planning Process for development of the Innovation Work Plan. Please include the methods for obtaining stakeholder input.

A new planning round of innovation was officially launched in June 2019. The first Innovation Stakeholder meeting for the new round took place on June 11, 2019. The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, INN Coordinator. Returning and new Stakeholders assembled to review the Innovation Regulations, begin a larger conversation about the needs and learning interests of the community, and begin collaborating on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current Innovation round, including the successes and challenges of implementing the current active projects.

As of this INN plan's posting, the County has four projects in operation:

1. **SLO Acceptance:** Testing LGBTQ+ affirming training curriculum for community mental health system clinicians; 2018-2022.
2. **3x3:** Testing early childhood behavioral health screening protocols for community pediatric providers; 2018-2022.
3. **Behavioral Health Assessment & Response Project (BHARP):** Tests a community-based and academically informed training model and system to learn, assess, and intervene when cases of threat become apparent or imminent; 2019-2023.
4. **Holistic Adolescent Health:** Testing a new mental, physical, and social health curriculum and delivery model for youth 13-18 years of age; 2019-2023.

As with previous Innovation planning rounds, the community was invited to participate in planning sessions through MHSA stakeholder meetings and town halls, Behavioral Health Board outreach, Wellness Centers and other consumer outreach by the Peer Advocacy and Advisory Team, and public communication (e.g. social media). All community members were invited to take the opportunity to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members,

public mental health system providers, and a variety of subject-oriented leaders from education, law enforcement, veterans, and other health and social services. New participants were invited from local non-profit organizations supporting underserved populations (such as the Gay and Lesbian Alliance, GALA) and students from the local California Polytechnic State University (Cal Poly). The stakeholder group and meetings were designed with the purpose of encouraging the development of learning projects and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

Following the initial "kick-off" for this Innovation planning round on June 11, 2019, stakeholders were invited to contact MHSA staff with questions, ideas, and development proposals. These informal sessions were held over the phone and email, as well as in other meetings such as the Behavioral Health Board meeting, and provider contract meetings with the County. Subsequent formal planning meetings were held with stakeholders throughout 2019 and 2020. Innovation stakeholders and members of the general public were invited to join the MHSA Advisory Committee (MAC) meeting on August 28, 2019, held as a "Town Hall" in the coastal region of Los Osos, CA, to learn about MHSA and take part in a planning collaboration. At that event, the County presented Innovation and discussed some of the themes which had emerged since June. In addition, at that Town Hall, staff sought community input on needs, interests in learning, and innovative ideas.

In the spirit of Innovation, the County stakeholder process ensured the maximization of time and knowledge of the community members who had come to the Innovation Planning Team, as well as the optimization of project development by using a user-friendly online tool. For this round of innovation, as the County had done successfully with past rounds of planning, the Innovation Stakeholder group (named the "Innovation Planning Team") were provided with an online project development tool. The County continued the use of the "Innovation Creation Station," an online activity to assist innovators in developing their ideas and answering key questions necessary to meet the Innovation component guidelines.

This web-based toolkit consisted of Innovation definitions, guidelines, and a worksheet to walk "developers" through the creation and justification of an Innovation project. The objective for the Innovation Planning Team was to develop projects outside of the stakeholder meetings and bring the proposals to the group for revision and final approval.

During stakeholder planning meetings, County staff (and former project developers) shared guidance, advice, and tools to assist new proposers in providing concise narratives and complete thoughtful proposals. Technical assistance was provided to Innovators and stakeholders throughout the development phase of the proposals. This assistance included County staff answering questions regarding the online survey tool, sharing examples of local and other counties' proposals, and hosting brainstorming sessions with other key stakeholders.

Innovation stakeholders met again on October 30, along with the MAC, to discuss the themes which had begun to emerge through the formal and informal meetings. At that meeting, County staff provided an update on four proposals in development: (1) a project to introduce sound meditation with behavioral health treatment court participants, (2) an update of a past-proposed project to address engaging reluctant community members reaching out for mental health care,

(3) the need for addressing gaps in older adult mental health in nursing facilities, and (4) an interest in re-booting the County's trauma-informed care training Innovation for new populations.

The Innovation stakeholder group reconvened on January 29, 2020 to hear presentations for the four proposals that had emerged over the six months of planning. Innovation developers presented their project ideas and took questions from the stakeholder meeting participants. However, that meeting was not as well-attended as past meetings. Following the meeting, the County MHSA staff agreed there needed to be more discussion and dialogue with the community about the projects, and another meeting was scheduled for February 27, 2020. The four proposals were presented again, but to a more robust audience of stakeholders representing communities potentially impacted by each Innovation (e.g. County Jail Medical staff, older adult healthcare providers, CenCal managed care plan staff, etc.).

Since its first plan in 2010, the County has used a decision-making strategy for Innovation that is unlike most other planning protocols. Once the proposals were reviewed to ensure adherence to the Innovation Regulations, the County provided stakeholders with an online tool to rank the proposals – without concern for cost. This allows stakeholders to make recommendations based on the merits of the learning rather than on the costs associated with the project. The question put to stakeholders is "What do we want to learn most?" rather than "What service can we afford?". Once that ranking is complete, the County then assesses the potential costs for each project and determines how many projects may move forward.

The first complete draft of proposals became available following the February 2020 meeting, and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to "score" each proposal anonymously based on the project's merits, need/problem definition, learning goal, implementation, operation, and sustainability. Results of the ranking were disseminated to the Innovation Stakeholder group and to the innovators. The ranking results were:

1. Behavioral Health Education & Engagement Team (BHEET)
2. SoulWomb
3. Mental Health Integration for OA in Residential Facilities
4. C-Cares (County's trauma-informed training)

During the early part of 2020, the INN Coordinator began communication with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to receive feedback on the proposed projects and provide additional assistance to the Innovators. The County subsequently withdrew its "C-Cares" proposal and the remaining three projects continued to be refined. In March 2020, the COVID-19 emergency created a significant setback in the County's planning and timeline. In response to the shelter-in-place order and the closing of some clinic operations and offices, most all MHSA program planning was suspended while the County and its program providers turned their focus to establishing telehealth and other safety practices. A previously scheduled MHSA Advisory Committee stakeholder meeting was held by conference call on March 25, 2020. At that meeting the MHSA Coordinator informed stakeholders that Innovation planning

would be placed on hold while the County and its statewide counterparts examined any immediate fiscal impacts on component revenues.

Stakeholders reconvened (via Zoom) on May 27, 2020, and County staff broadcast the meeting in a Town Hall style on Facebook live. At this meeting, stakeholders and the public were provided an update on the three projects planned to move forward, while also hearing updates on COVID-19 impacts on MHSA. The County and many of its MHSA colleagues across the state were waiting on information which may have impacted whether the County would be given flexibility on the use of Innovation funds. The California Behavioral Health Directors Association (CBHDA) reported in July 2020 that no changes in flexibility were expected in the current fiscal year. The County informed stakeholders on July 29, 2020 that the Innovation plan would move forward. A draft was then sent to the MHSOAC for review.

The now-former Innovation Coordinator (Nestor Veloz-Passalacqua) met with the MHSOAC who provided additional feedback and guidance to refine the proposals. However, soon thereafter Nestor was promoted to a position in another part of the agency. A recruitment was launched in October 2020, with the position unable to be filled until January 2021. The MHSA Coordinator reviewed the MHSOAC notes, and the budgets submitted by the proposers. The County elected to reduce the number of proposed projects from three (3) to two (2). Since November, the County has worked with the proposers and key stakeholders for each project to revise and refine the proposals herein.

Identify the stakeholder entities involved in the Community Program Planning Process

The County's Innovation Planning Team is a stakeholder group consisting of up to 20 representatives of the broad community, including consumers, family members, system providers, subject experts, and underserved cultural communities. The Innovation Planning Team met several times between June 2019 and February 2021 and will reconvene to oversee the launch of Innovation programs and participate in reviews thereafter.

Below is a list of stakeholders that participated in San Luis Obispo County's Innovation Planning Process:

- Behavioral Health Board (BHB) members (including family members and consumers).

- Members of underserved communities, including Promotores Collaborative (representing the Center for Family Strengthening), participants of the County's Cultural Competence Committee which advises the department on how to improve services for underserved ethnic and cultural groups, and the Gay and Lesbian Alliance (GALA).

- Consumers and family members (youth and adult) as well as organizations that represent them such as the Peer Advisory and Advocacy Committee and the National Association of Mental Illness.

- Community mental health system providers, including staff and peer advocates from Transitions Mental Health Association (TMHA), Wilshire Community Services (WCS), California

Polytechnic State University, Community Action Partnership of San Luis Obispo (CAPSLO), and Family Care Network.

- Other County agencies, including Sherriff's Department and Jail Medical Services, Probation, Office of Education and local school districts (administrators, teachers, counselors), and the Veterans Services Office.

- Staff and managers, including the Behavioral Health Director, clinicians, case managers, and medical professionals of the SLOBHD representing various divisions, including Drug and Alcohol Services, Justice Services, Patients' Rights, and Prevention & Outreach.

Ethnic representation in the Planning sessions included members of the Latino, Asian, African American, and Native American communities. Providers specializing in cultural-based services were integral in developing Innovation needs and proposals. Cultural groups represented throughout the Planning sessions included LGBTQ, veterans, youth, older adults, spiritual, and individuals experiencing homelessness.

List the dates of the 30-day stakeholder review and public hearing. Attach substantive comments received during the stakeholder review and public hearing and responses to those comments. Indicate if none received.

The Innovation proposals were finalized on March 1, 2021, and a draft was made public for a 30-day review on March 23, 2021. A public hearing will be held as part of the Behavioral Health Board's (BHB) regular April 21, 2021 meeting. The plan will then be sent to the County's Board of Supervisors for approval before May 4, 2021. Once approved the Innovation Work Plan will be submitted for approval by the Mental Health Services Oversight and Accountability Commission in June 2021.

[Approvals and substantive comments to be added after draft approval]

COMPLETE APPLICATION CHECKLIST
Innovation (INN) Project Application Packets submitted for approval by the MHSOAC should include the following prior to being scheduled before the Commission:
☐ Final INN Project Plan with any relevant supplemental documents and examples: program flow-chart or logic model. Budget should be consistent with what has (or will be) presented to Board of Supervisors. *(Refer to CCR Title9, Sections 3910-3935 for Innovation Regulations and Requirements)*
☐ Local Mental Health Board approval   Approval Date: _____
☐ Completed 30-day public comment period   Comment Period: _____
☐ BOS approval date   Approval Date: _____ If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: _____ *Note: For those Counties that require INN approval from MHSOAC prior to their county's BOS approval, the MHSOAC may issue contingency approvals for INN projects pending BOS approval on a case-by-case basis.*
Desired Presentation Date for Commission: _____

County Name: San Luis Obispo County

Date submitted: _____

Project Title: Behavioral Health Education and Engagement Team (BHEET)

Total amount requested: $610,253

Duration of project: Four Years

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:
An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☑ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:
An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☑ **Increases the quality of mental health services, including measured outcomes**
- ☑ **Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes**
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

<div align="center">**Section 2: Project Overview**</div>

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Outreach and Engagement for Community Members Outside Higher Levels of Care

The County of San Luis Obispo's Behavioral Health Department (SLOBHD) and its Innovation stakeholder partners are seeking to address the problem of engaging community members needing mental health services who fall out of the scope of existing outpatient services. San Luis Obispo County lacks an outreach and engagement model for community members that fall outside of the system for higher levels of care. The County and its stakeholders have identified a significant gap in success for those individuals seeking "mild to moderate" outpatient services. These community members still need case management and support for accessing, navigating, and receiving managed care-referred, community-based services. These individuals would include:

- People who do not meet severity criteria for SLOBHD outpatient services (and/or Full Service Partnership [FSP] services) and are at risk of dropping out or not engaging in services without assistance in making and keeping the connection to the local managed care plan.

- People who have recently closed their cases at SLOBHD after experiencing success in their treatment and may have stepped down to a lower level of care, or who are in the process of terminating services with SLOBHD due to a reduction in symptoms and impairments but could benefit from follow-up support and assistance for a successful transition into community-based services.

Some individuals in these scenarios experience a pattern of increased decompensation. These individuals are known to make regular calls to the local crisis hotline and have contact with the Mental Health Evaluation Team (MHET), Crisis Stabilization Unit (CSU), emergency departments, and police wellness checks. In various cases, these individuals need to reach a higher level of medical necessity to get into (or back into) SLOBHD services. Other areas of impact include:

- Reduced mobility, functionality, and/or transportation issues that make getting to scheduled appointments difficult if not impossible.

- Lack of support available to individuals in the interim period before the assessment to help ensure the person does not go into crisis.

- Minimal follow-up support and assistance provided to individuals who do receive crisis intervention services.

- Misunderstanding or not knowing how to navigate the services that they have been referred to and/or are eligible for.

The local, confidential mental health support, crisis, and suicide prevention telephone line, known as Central Coast Hotline, received a total of 5,834 San Luis Obispo County phone calls in the fiscal year 2018-2019. Thirty-one percent (31%), 1,808, of those calls received referrals for services outside of SLOBHD services. Current, local behavioral health data (Nov. 2018-Dec. 2019) indicates a total of 322 individuals chose and were transferred to a non-specialty mental health service; a total of 69 were referred to non-specialty mental health services from assessment; and a total of 42 were referred as a step-down after meeting all or some of their treatment goals.

Providers, consumers, and stakeholders report that once a community-based referral is given, there is a lack of follow-through (on both the referring body and the consumer) that often leads to a drop-off, as the participant never connects with the respective services or attends a few sessions and then quits. In 2019, a total of 359 referrals were made to the local Medi-Cal managed care plan, CenCal—and their provider network, the Holman Group:

- SLOBHD's Central Access team reports that 208 adults in 2019 chose to access non-specialty mental health services and were referred outside of SLOBHD.

- 121 clients were referred to the Holman Group either after a mental health assessment or by SLOBHD clinic providers to a lower level of care.

- 30 clients were referred to the Holman Group by staff from SLOBHD's Drug and Alcohol Services clinics.

In order to evaluate the increased quality of BHEET, one of the measurable outcomes will be an increased engagement rate. Of the initial 359 referrals to the Holman Group in 2019, thirty-six percent (36%), 129, did not follow through with the referral to receive mental health services. And of the sixty-four percent (64%), 230 referrals, that did follow through with the Holman Group, twenty percent (20%), 46 individuals, did not continue to engage after the initial service.

The original concept for this BHEET Innovation project was first brought forth by a group of peer and consumer advocates. The project identified the need for targeted outreach and engagement to those reaching out for help to Central Coast Hotline. Many individuals, as described by consumers with lived experience, make their first attempt at getting help through safe, anonymous channels – like Hotline – but without a human connection, often fail to follow through with making appointments and attending services.

The County's contracted system navigator (and Hotline provider) partner, Transitions-Mental Health Association (TMHA), and its Peer Advocacy and Advisory Team (PAAT) members participated in Innovation stakeholder planning sessions and shared anecdotal evidence of a growing disparity between clients entering the County system and those being referred to

community providers. That disparity, according to the collective of stakeholders, was synthesized to describe that for individuals suffering a mental health issue, who also have fear, stigma, or a lack of supports, being referred into a somewhat incohesive network of mental health providers caused confusion and a lack of engagement.

County staff held informal meetings and conversations with PAAT members and TMHA staff, as well as gathered perspective from other providers and the Behavioral Health Board, to determine a pathway to mitigating this concern. A more defined gap emerged as community stakeholders identified the growth of Medi-Cal beneficiaries needing mental health services yet not meeting the County's medical necessity.

In developing this proposal, multiple, informal stakeholder listening sessions occurred in which both mental health consumers and family members provided feedback regarding the lack of follow-through with the above referrals, relaying their own experiences or the experiences of loved ones. Consumers were often in crisis or on the verge of crisis, isolated, confused about the process, and/or anxious to meet with a new provider. Similar feedback was received during the External Quality Review Organization (EQRO) process in 2019.

The County and its Innovation stakeholder planning members looked at various outreach and navigation models, including those offered within the local Prevention and Early Intervention (PEI) plan. In that plan's Early Intervention module, system navigators (provided by TMHA among other community-based organizations) are peers with lived experience assigned to provide outreach and education and support "Access and Linkage to Treatment" throughout the community. These individuals are often engaged in helping family members and loved ones connect to supportive services, provide outreach and linkage for the homeless community, and support Transitional Aged Youth (many college and college-aged students) in accessing resources.

In the County's Community Services and Supports (CSS), peer system navigators are embedded in the outpatient clinics to assist new clients and their family members. This model was developed in the County's original Innovation plan (2012) as an adaptation of the Stanford Cancer Concierge model. Another past Innovation project, Transition Assistance and Relapse Prevention (TARP), continues to be funded in CSS. TARP provides to assist FSP clients in access and linkage to supports while stepping down from intense treatment to ongoing outpatient services within SLOBHD.

Because Peer System Navigators in PEI and CSS are providing services for individuals eligible for the SLOBHD Medi-Cal services, stakeholders recommended that the County test the efficacy of adopting a similar peer-based outreach and engagement model within the community mental health managed care system for individuals outside of eligibility for SLOBHD Medi-Cal services BHEET will embed peer system navigators within the county's local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities for individuals who are outside the service range of SLOBHD services.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

A) Provide a brief narrative overview description of the proposed project

The Behavioral Health Education and Engagement Team (BHEET) Innovation Project is designed to test the efficacy of adopting a peer-based outreach and engagement model within the community mental health system. BHEET will be implemented by a contracted provider to embed two (2) new peer system navigators within the local Medi-Cal health plan provider to offer mentorship, engagement, case management, navigation with community resources, and educational presentations and activities for individuals who are outside the service range of SLOBHD services, including:

- People who do not meet severity criteria for SLOBHD outpatient services (and/or Full Service Partnership [FSP] services) and are at risk of dropping out or not engaging in services without assistance in making and keeping the connection to the local managed care plan.

- People who have recently closed their cases at SLOBHD after experiencing success in their treatment and may have stepped down to a lower level of care, or who are in the process of terminating services with SLOBHD due to a reduction in symptoms and impairments but could benefit from follow-up support and assistance for a successful transition into community-based services.

The project is designed to connect, continue support, and increase access to managed behavioral healthcare services, providing an extended window of assistance to help individuals further reduce their need for crisis intervention or FSP mental health services. The County has found success engaging new clients by utilizing peer system navigators to both help individuals stepping down from inpatient psychiatric care to outpatient services and to provide support and resources for new outpatient clients and their families. However, this model does not exist within the community-based network of providers, and clients are often left to navigate the mental health system on their own – which can lead to a lack of engagement, failures to follow through with referrals and appointments, and the risk of increased symptomology.

Specifically, this proposal pairs an individual seeking managed behavioral healthcare services with a peer system navigator. The "Behavioral Health Navigators" (BHN) would be culturally and linguistically competent and have personal experience receiving behavioral health services. BHN would be skilled at engaging participants in trauma-informed approaches and helping the individual connect to and follow through with referred

services, avoiding further crisis escalation and promoting on-going recovery. Potential outcomes may include:

- Increased linkage to initial managed care referrals

- Reduced no-shows of scheduled appointments

- Reduced impact on psychiatric crisis services

- Reduction in Emergency Room hospital visits

- Overall increase in participant life satisfaction and goal achievement

The learning goal of this project is to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes.

Components:

The project model includes a team comprised of two (2) Behavioral Health Navigators working collaboratively with managed care referral points, case management, and therapeutic services. The intervention piece of the model includes the following:

1. Program outreach and presentations to service providers, businesses, and community groups.

2. Collaboration with SLOBHD managed care personnel in order to facilitate referral, engagement, and a warm handoff with individuals who have recently closed their County case, are in the process of closing services, or who do not meet the criteria to open County services and have been referred to the Holman Group, the local managed behavioral healthcare service.

3. Linkage and collaboration with SLOBHD managed care, CenCal, Holman Group, and therapists, with the provision of system navigation, focused on self-care, rehabilitation, coping mechanisms, and other healing-activities.

4. Linkage and collaboration with wellness, center-based activities focused on self-care, navigation, rehabilitation, coping mechanisms, and other healing-activities.

5. Individual system navigation and referral provided for up to 100 people annually, with a duplicated contact target of 300 annually.

The BHN will provide supportive listening, understanding, and informative feedback based on the client's stated, self-determined goals and needs, as well as education and guidance on system navigation and direct referral to area providers. The BHN will also offer support throughout the process of linkage to any services determined of interest by the participant. Services would include being with individuals while calls for any appointments for referred services are made, supporting participants in the completion of required documents for initial and follow-up appointments, and helping secure transportation needs when applicable. The individual would gain the support to be engaged in services through navigation and connection offered by the peer.

Staff would be tasked with documenting data that would be gathered throughout the testing phase to measure the efficacy of providing stable mental health to individuals at the outset, when failing to meet the criteria for SLOBHD Services. Other critical data collected would be recording any recidivism and emergency services used by the participants. The staff will also capture data on the level of follow-through, appointment attendance, sustained usage after service linkage by the program clients, therapy attendance, and the success of client-identified goals.

B) **Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.**

Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

C) **Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.**

The approach of the project was determined appropriate based on the local data and the perceived problem presented in the community. It was identified that many potential individuals seeking mental health services who do not meet the criteria for higher levels of care are either not connected to services or escalate to a crisis in order to access services. The inclusion of mental health educational opportunities, outreach, and one-on-one engagement with individuals experiencing this situation are crucial to help participants navigate and maintain some level of connection to establish a successful path for engagement and recovery. By using a model that offers support at this specific level of mental health need, further escalation of symptoms will be prevented, thus decreasing crises and the utilization of costly and impacted behavioral health services.

D) **Estimate the number of individuals expected to be served annually and how you arrived at this number.**

The project anticipates testing the model with 100 participants annually based on the number of Behavioral Health Navigators (2) and reports showing the available participant population receiving referrals to managed care.

E) **Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).**

The project will be available to all adults (18 and older) independent of age, gender identity, race, origin, or language. Efforts will be made to provide culturally competent services to all individuals. Participants will be referred to programs from the SLOBHD, Holman Group, Hotline, Hospitals, and the County Jail.

RESEARCH ON INN COMPONENT

A) **What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?**

The efficacy of Peer Support Specialists, including peers working side-by-side with clinical teams and FSPs, has been tested and well documented. What distinguishes this project is the use of a peer team as outreach, engagement, and case management for the "invisible" population that either struggles with behavioral health issues but do not seek or follow through with referrals or services or fall outside of the higher levels of care within the mental health system but still need case management and support for accessing, navigating, and receiving services. In other words, the people who fall through the cracks in the system until their symptoms and life challenges deteriorate to the point of system eligibility.

B) **Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.**

Project investigation of post intervention and case management of crisis calls confirmed the need for wrap-around services and follow-up care to encourage recovery and well-being. In order to best assist clients calling Hotline in need of services, best models of crisis lines should focus on providing support for callers after their initial contact with a crisis line and follow-up for referrals and evaluating clients as they continue along with supportive services.[1] It is important to connect crisis callers to resources soon after the initial contact. Crisis callers are calling because of being in a specific, particular time of need; while crisis hotlines serve a great purpose in having a positive effect with offering support for callers, a deeper connectedness to help reduce impulses to self-harm is obtained by going beyond short-term contact and through structured and enduring support.[2] BHEET follows the widely accepted best

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[1]Hoffberg A. S., Stearns-Yoder K., and Brenner L. (2020). The Effectiveness of Crisis Line Services: A Systematic Review. *Front. Public Health* 7:399. https://www.frontiersin.org/articles/10.3389/fpubh.2019.00399/full

[2] Coveney, C. M., Pollock, K., Armstrong, S., & Moore, J. (2012). Callers' Experiences of Contacting a National Suicide Prevention Helpline. *Crisis, Journal of Crisis Intervention and Suicide Prevention*. 33:6. https://econtent.hogrefe.com/doi/full/10.1027/0227-5910/a000151

practice in helping for individuals who are outside the service range of SLOBHD services. This practice shows positive outcomes when introduced in crisis intervention. A study looking at post crisis call intervention through telephone follow up found that suicidal participants significantly increased helpful activities like following up with resources (p<.01) and spending less time alone (p<.05) after the post crisis call intervention; the same study also found that family and friends who called the crisis line for others used significantly more coping mechanisms for stress (p<.01) and experienced less psychological stress (p<.001) after the post crisis call intervention.[3] It is the County's belief that BHEET will use evidence-based practices to engage and reach clients to help an identified population.

SLOBHD believes that BHEET will produce learning for San Luis Obispo County in how to best serve a population that historically has not been served by County programs using a tested approach.

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

> **A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?**
>
> The project's goals are as follows:
>
> - When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer term services?
>
> - When provided peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?
>
> - When provided peer engagement and short-term case management and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?
>
> - When provided peer engagement and short-term case management and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?

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[3] Mishara, B. L., Houle, J., & Lavoie, B. (2005). Comparison of the Effects of Four Suicide Prevention Programs for Family and Friends of High Risk Suicidal Men Who Do Not Seek Help Themselves. *Suicide and Life-Threatening Behavior.* 35:3. https://guilfordjournals.com/action/showCitFormats?doi=10.1521%2Fsuli.2005.35.3.329

- When provided peer engagement and short-term case management and/or therapy, does self-empowerment and advocacy increase for participating individuals?

- When provided peer engagement and short-term case management, is there a significant improvement in depression, anxiety, and other behavioral health screening scores within a short period of time (3 months)?

B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?

The key learning goal of this project is to determine if engaging community mental health patients early, with short-term case management by individuals with lived experience, will lead to improved follow-through with referrals to traditional, longer term services and improved mental health outcomes. The County is adapting a tested approach, the use of peer Behavioral Health Navigators (BHN) providing in-person engagement and services, to a population that traditionally only receives referral and limited case management over the phone. Though current BHN services are available in the community, this approach tests a change in the referral system and a formal addition of peer assisting in a currently non-existent "warm hand-off."   By embedding BHN services in this process, the County will be testing to determine if this system's efficacy in the learning areas listed above. We want to learn the following: will the combined efforts of outreach, screening and education, peer engagement, and behavioral health navigation, increase engagement, participation, self-advocacy, and overall mental wellbeing for those who would otherwise not engage in services referred through managed care.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

The BHEET Innovation project aligns with the goals and measurable objectives. To gather the most effective and reliable information regarding the goals, the project will engage in the following evaluation process:

- Pre-program surveys will be provided to all BHEET participants within the first two weeks of project participation to establish a baseline on areas listed above (referral follow through, level of isolation, symptom management, utilization of crisis services, self-empowerment). Post-program surveys will be administered at the 3-month mark of participation to gauge growth/change in areas listed. Post-program surveys will also include open-ended questions to assess the participants' experience in the project, assess common themes at the level of project effectiveness.

- Participants who have engaged with the program and completed anxiety and/or depression screening will demonstrate a decrease in symptom scores and/or increase in

self-coping scores, depending on the tool utilized. For example, if the HANDS (Harvard Department of Psychiatry Depression Screening Scale) is utilized and likely depressive symptoms are reported, SLOBHD would expect to see a drop of at least one rating category (shifting from a score of 17-30 to a score of 9-16 or shifting from 9-16 to 0-8) within a 3-month period.

Learning Goal #1: When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer term services?

Measures and Data Collection Strategy:
- Review existing claims records for receiving mental health services at Holman Group after Hotline referral. Staff will measure appropriate follow through by metrics to be determined during the planning period. Indicators of follow through to services include increased visits to mental health services, increased second appointment attendance, and increased participation in longer term services.

Learning Goal #2: When provided peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?

Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate metrics to be determined during the planning period. Indicators of isolation and/or denial of services include contact with friends, family, or other support networks and increased visits to mental health services or preventative primary care visits.

Learning Goal #3: When provided peer engagement and short-term case management and/or therapy, are symptoms decreased to a level that avoids the need for longer term, traditional services?

Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Post-scores will be compared to pre-scores. Staff will measure appropriate utilization metrics to be determined during the planning period. The selected measures will be based on data to be collected to analyze changes in mental health outcomes.

Learning Goal #4: When provided peer engagement and short-term case management and/or therapy, does the utilization of crisis services, emergency room visits, and/or law enforcement involvement decrease?

Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate health care

utilization include: fewer urgent medical visits, decreased emergency department visits, crisis services used, and/or law enforcement involvement.

Learning Goal #5: When provided peer engagement and short-term case management and/or therapy, does self-empowerment and advocacy increase for participating individuals?

> Measures and Data Collection Strategy:
> - Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate utilization metrics include: knowledge and attitudes of mental health care, mental health self-efficacy, and behavioral intentions.

Learning Goal #6: When provided peer engagement and short-term case management, is there a significant improvement in depression, anxiety, and other behavioral health screening scores within a short period of time (3 months)?

> Measures and Data Collection Strategy:
> - Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate utilization metrics include: self-reported of feelings of depression, anxiety, and other mental health outcomes.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County plans to select a contract provider who will best execute the project. The County has outstanding contractual partnerships across the community mental health system, as well as strong relational partnerships with many community schools, colleges, health providers, and law enforcement agencies. The County of San Luis Obispo Behavioral Health Department (SLOBHD), including the MHSA Administrative Team, is well-equipped to conduct a fair and successful procurement process (in partnership with County Purchasing) and expedite a contract to be sure Innovation Project timelines presented herein are met.

The County Innovation Component Coordinator, Timothy Siler (Administrative Services Officer II), is the community liaison for all Innovation (and Prevention & Early Intervention) projects and evaluation. Timothy coordinates the stakeholder planning process and will be the one to develop any Requests for Proposal (RFP) to select providers. The MHSA Administrative Team also includes Frank Warren (Division Manager), the County MHSA Coordinator, who manages all aspects of MHSA, including contracts and plan monitoring. Jalpa Shinglot (Accountant III), is the fiscal lead

and works with each provider to develop accurate budgeting and spending plans. Kristin Ventresca, the CSS Coordinator (Program Manager II), also provides contract management and oversight. Timothy utilizes California Polytechnic State University statistics and public policy students who assist in data collection, technical assistance for providers, and reporting, as part of paid internship positions.

All Innovation Project providers will meet regularly with Timothy and the team before and during the start-up phase to finalize plans, conduct data collection tests, and develop tools. Some plans may need to be adjusted (based on hiring, procurement of materials, etc.), and Timothy will work with each contractor to provide support and guidance to keep the projects on time. After the launch of each project, Timothy will work with the contractors to provide quarterly reports and data collection. The MHSA Administrative Team will conduct spot checks, review project materials, and review quarterly reports to ensure quality and regulatory compliance.

Additionally, the County will establish a contract with an Evaluator to manage the analysis of data, as well as provide technical assistance to the projects to be sure tools are developed which accurately measure the results of each objective. This Evaluator will provide regular reports to the MHSA Administrative Team and MHSA Advisory Committee (stakeholder group), as well as the final report which will be provided to the MHSOAC.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The first Innovation stakeholder meeting for the new round took place on June 11, 2019. The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, INN Coordinator. Returning and new Stakeholders assembled to review the Innovation Regulations, begin a larger conversation about the needs and learning interests of the community, and begin collaborating on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current Innovation round, including the successes and challenges of implementing the current active projects.

As with previous Innovation planning rounds, the community was invited to participate in planning sessions through MHSA stakeholder meetings and town halls, Behavioral Health Board outreach, Wellness Centers and other consumer outreach by the Peer Advocacy and Advisory Team, and public communication (e.g. social media). All community members were invited to take the opportunity to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, and a variety of subject-oriented leaders from education, law enforcement, veterans, and other health and social services. New participants were invited from local non-profit organizations supporting underserved populations (such as the Gay and Lesbian Alliance, GALA) and students from the local California Polytechnic State University (Cal

Poly). The stakeholder group and meetings were designed with the purpose of encouraging the development of learning projects and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

A mainstay of Innovation stakeholder planning participants has been the Peer Advocacy and Advisory Team (PAAT). This group of consumers, organized by Transitions-Mental Health Association (TMHA) and supported with MHSA Workforce, Education and Training (WET) funds, train weekly in active advocacy within the community mental health system. PAAT members sit on the Behavioral Health Board, participate in community governance, and are participants in all MHSA planning. The County's first round of eight (8) Innovation projects (2010) and the eight (8) projects implemented since were all planned with consumers and family members, and several were brought forth and developed by local peers.

The original concept for the BHEET Innovation project was first brought forth by a group of PAAT members in the County's last planning round, beginning in 2018. The project (Mobile Peer Partner Innovation) identified the need for targeted outreach and engagement to those reaching out for help to the local mental health hotline ("Central Coast Hotline"). The need was identified as the gap in engagement for those either not in crisis or ineligible for County services. Many individuals, it was surmised by stakeholders, make their first attempt at getting help through safe, anonymous channels—like Hotline—but without a human connection, often fail to follow through with making appointments and attending services.

While the concept was popular with stakeholders, the logistics of the original plan proved challenging at the time, and other viable projects emerged in the stakeholders' ranking system. As the County entered the new round of planning, stakeholders in the June 11th meeting brought up the need for engagement of new community mental health clients. The County's contracted partner, TMHA, and its PAAT members in attendance shared anecdotal evidence of a growing disparity between clients entering the County system and those being referred to community providers. That disparity, according to the collective of stakeholders in the meeting, was similar to how it was described by consumers the year previous – for individuals suffering a mental health issue, who also have fear, stigma, or a lack of supports, being referred into a somewhat incohesive network of mental health providers caused confusion and a lack of engagement.

Stakeholders in the planning session discussed (among other ideas) the interest in bringing back the concept of reaching out to those who make their initial call to Hotline. After the meeting, County staff held informal meetings and conversations with PAAT members and TMHA staff, as well as gathered perspective from other providers and the Behavioral Health Board, to determine a pathway to mitigating this concern. A more defined gap emerged as community stakeholders identified the growth of Medi-Cal beneficiaries needing mental health services, yet not meeting the County's medical necessity. These individuals are referred by the County to the local managed care provider, CenCal, who subcontracts a group of providers under the banner, The Holman Group.

At the MHSA Advisory Committee Town Hall in August 2019, community members (including consumers and family members with lived experience within the community managed care plan) agreed that this gap was potentially detrimental to engaging new patients, and potentially

preventing more severe mental health issues. In September 2019, TMHA and PAAT began developing an Innovation proposal to bring to the stakeholder planning team.

Innovation stakeholders and the MAC met again on October 30, to discuss the themes which had begun to emerge through the formal and informal meetings. At that meeting, the County's liaison from CenCal (also a member of the Behavioral Health Board) reviewed the concept presented by TMHA and indicated approval. Consumers and family members in attendance also spoke up with support and gave testimonials of their own challenges when entering the community system. The themes were common: (1) a feeling of being bounced around from Hotline to the county, to Holman, to a therapist's office, to making appointments, etc. with little communication between steps, (2) the lack of support for the questions emerging with clients and their family members (e.g. severity, how to complete paperwork, whether medication is necessary, etc.), and (3) the feeling of being alone (i.e. stigma).

The first complete draft of proposals became available following the February 2020 meeting, and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to "score" each proposal anonymously based on the project's merits, need/problem definition, learning goal, implementation, operation, and sustainability. Results of the ranking concluded BHEET ranked first among the four original projects.

In March 2020, the COVID-19 emergency created a significant setback in the County's planning and timeline. In response to the shelter-in-place order and the closing of some clinic operations and offices, most MHSA program planning was suspended while the County and its program providers turned their focus to establishing telehealth and other safety practices. A previously scheduled MHSA Advisory Committee stakeholder meeting was held by conference call on March 25, 2020. At that meeting, the MHSA Coordinator informed stakeholders that Innovation planning would be placed on hold while the County and its statewide counterparts examined any immediate fiscal impacts on component revenues.

Once the County had indication from the State that the Innovation revenues would not be impacted for this round, planning resumed, and a draft was sent to the MHSOAC for review. The now-former Innovation Coordinator (Nestor Veloz-Passalacqua) met with the MHSOAC who provided additional feedback and guidance to refine the proposals. However, soon thereafter Nestor was promoted to a position in another part of the agency. A recruitment was launched in October 2020, with the position unable to be filled until January 2021. Frank Warren, the MHSA Coordinator reviewed the MHSOAC notes, and the budgets submitted by the proposers. The County's MHSA Leadership team reviewed the plans and suggested some reductions in scope and some revisions for each remaining project. The County asked the proposers of BHEET to revise its plan to focus on the navigation and peer support services (eliminating the in-house clinician) and include CenCal in its planning. Meetings were held in November and December 2020, which included the County, including Amanda Getten, LMFT (Division Manager, Managed Care and Quality Support), Anne Robin, LMFT (Behavioral Health Director), representatives from CenCal, TMHA, PAAT, and the MHSA Leadership team. This revised plan represents that planning.

The revised scope and project were presented to the MHSA Advisory Committee on January 27, 2021. Stakeholders were informed of the Innovation process and timeline, having been adjusted due to COVID-19 issues and staffing vacancies. Going forward, the County is confident in its community planning support. The staff, stakeholders, and additional appropriate partners will continue to meet regularly during the project development, implementation, and evaluation to identify and address challenges and to coordinate proper engagement for the intervention being tested.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration

The Project is a great example of community collaboration as it has been client-driven, partner-engaged, and stakeholder-prioritized since its inception three years ago. BHEET is designed to facilitate a strong collaboration that includes community participation and feedback, SLOBHD, and experts. Peers are, as defined by the International Association of Peer Supporters (INAPS), community members with personal experience in a certain field (i.e.: mental health) who collaborate with clients and share their personal experiences as a way to bring equality between client and provider. This project seeks to engage individuals in the mental health system by following a path of continued engagement, navigation, and support.

B) Cultural Competency

The Project is designed to impact diverse participants from across the County. At the root of BHEET is understanding and embracing the unique perspective and challenges of each client/consumer. BHEET clients will receive the personalize assistance tailored to their needs and preferences, while incorporating key factors that speak and represent the clients' cultures, background, religious affiliation, family and social life, and other factors, with the goal to support the navigation and connection to services. The project staff will provide support and service to anyone, regardless of race, gender identity, sexual orientation, and/or belief.

C) Client-Driven

BHEET was originally conceived and proposed by peers who were (or had been) consumers of the community mental health system. In partnership with local providers, these clients were able to provide the Innovation planning team with real-life examples and experiences that made stakeholders aware of the need. BHEET engages clients in the development of continued support system and navigation for a successful recovery path and strategy. The BHEET Innovation project allows clients to actively participate in the process of recovery, navigation, and connectedness of the mental health system, as designed and directed by the client. The core belief of the project lies in the power of choice for mental health consumers and the philosophy that clients are the only experts on themselves.

D) Family-Driven

The Project is designed to engage participants and their direct family support network as the primary agents of information. Since this project will work with adults, families will only be involved in the process as is appropriate and approved by the client. BHEET Peer Partners will identify clients' loved ones who are part of the support network and can be supportive of clients' engagement, navigation, and connection to mental health services.

E) Wellness, Recovery, and Resilience-Focused

The Project services maintain the philosophy, principles, and practices of the Recovery Vision. The BHEET innovation project seeks to provide clients with tools necessary for them to continue a path of recovery or to feel confident while seeking, navigating, connecting, and engaging mental health services. The objective of the project is to provide clients the assurance and continued support needed as participants continue to receive services. BHEET's focus lies in their personal experience and achievement while recovering themselves from mental illness, the project employs recovery and wellness models tailored to the clients' needs.

F) Integrated Service Experience for Clients and Families

The Project involves an integrated community approach and resource knowledge experience among stakeholders involved. The BHEET innovation project engages clients across a wide spectrum of needs and services, treatment options, and service providers. The Behavioral Health Navigators will play a role in introducing and helping clients navigate and connect to services, as well as providing the necessary support to engage in services. Success and lessons learned will be shared and considered when assisting ensuring optimal engagement and navigation of the system.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The Behavioral Health Department will select an evaluator who meets the Department's standards for cultural competence—including the ability to provide services (e.g. surveys, focus groups, etc.) in the county's threshold language of Spanish. All SLOBHD contractors, including service providers and evaluators must complete required cultural competence training provided by the County. In addition, providers and evaluators are provided program specific training in any issues of culture which may impact the program being conducted. For instance, BHEET staff and evaluators will be provided with training support for a deeper understanding of services within the community's underserved populations. For example, training and understanding of the issues related to trauma, the LGBTQ+ population, race, and ethnicity will improve the Project's ability to engage the target population and achieve desired learning outcomes.

For the evaluation activities themselves, the selected evaluator will ensure each action, method, tool, and document reflect the standards outlined above. Each participant will be given time to

complete pre- and post-assessments to determine the level and composition of intervention best suited to their experience and needs as it relates to their mental health and wellbeing.

A formal group of meetings will take place during the first six months of project development with a group of stakeholders who will assist in developing the program by providing suggestions that include the following areas: (1) developing the hiring requirements for new peer partners, (2) developing a template outlining the connection and navigation of mental health services for the client, and (3) developing evaluation tools.

Participants will be asked to complete surveys, designed to gather feedback regarding their perceptions of the quality and intervention of BHEET engagement, their reflections on effectiveness, preparedness, and sensitivity to the participants' needs, their recommendations for changes or improvements, and their overall satisfaction with the project intervention.

During implementation, the project will produce quarterly reports that will be disseminated to the County. After the testing period ends, stakeholders will then be presented with the outcome of the test and will be consulted on the evaluation of the data collected.

All Innovation programs and evaluation are reviewed by the Innovation stakeholder group as discussed in the Community Planning section. Stakeholders participate in procurement processes, as well as contract monitoring, and review of evaluation practices throughout the course of the project.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The Innovation project will incur costs associated with the development, coordination, hiring of staff, and implementation of the BHEET project. If the evaluation indicates the intervention or part of its components are effective, the SLOBHD will work to identify strategies to update practices or internal guidelines that would allow participants and staff to continue accessing the intervention or a model of the intervention. Additionally, SLOBHD, in collaboration with community partners, would potentially identify and determine other funding sources to continue the intervention or some of the components.

The BHEET project will provide services to individuals seeking mental health treatment services. The project design will allow for voluntary participation and is scheduled to only accommodate clients within the testing phase. Clients will be able to complete any session cycles they may begin, even after the testing phase. No clients will have BHEET services terminate prior to scheduled completion.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) **How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?**

The Innovation project provider will produce quarterly reports with detailed information on the project's accomplishments and challenges. Content will be developed in concert with participants and County staff to communicate how the project is evolving and what is being learned. The MHSA Leadership Team will provide updates to stakeholders at the bi-monthly MHSA Advisory Committee meeting, and the Behavioral Health Board when possible. SLOBHD plans to include testimonials from participants, loved ones, and other appropriate staff. At the end of the four-year project, there will be a comprehensive and detailed report available to the County and the stakeholders. Information on the results of the Innovation Project evaluation will be posted online at https://www.slocounty.ca.gov/MHSA.aspx, distributed via email, and reviewed at community meetings open to the public.

B) **KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.**

1. Community wellness navigator
2. Mental health case management
3. How to reach people in need of mental health help
4. How to get mental health help
5. What mental health help is in my community?

TIMELINE

A) **Specify the expected start date and end date of your INN Project**

Start: July 1, 2021 – End: June 30, 2025

B) **Specify the total timeframe (duration) of the INN Project**

Four years

C) **Include a project timeline that specifies key activities, milestones, and deliverables—by quarter:**

Quarter	Activity/Milestone	Deliverable
Q1 Jul-Sep 2021	-Hire BHEET Behavioral Health Navigators (BHN) -Convene planning and implementation meetings with key partners (TMHA, SLO Behavioral Health, Cencal, CHC) -Develop evaluation plan with specific metrics	-Staff hired - Team charter that defines roles, responsibilities, and work plan -Evaluation tools and implementation timeline in place
Q2 Oct-Dec 2021	-Onboard and train BHN, including shadowing of staff from partner programs -Continue planning and implementation meetings with partners, to include introduction of BHN staff, finalization of referral process, confidentiality -Determine schedule of team meetings to include all key partners -Evaluation plan finalized, survey tools and reports developed, and staff trained in data collection -Develop marketing materials for project outreach, education and engagement, including Spanish language materials -Identify clients in target population at team meetings and begin referral process and provision of BHN services	-Staff trained -Team meetings scheduled -Final evaluation plan in place and in play -Program marketing materials created including bilingual materials -Clients begin to receive BHN service
Q3 Jan-Mar 2022	-Continue refining referral process, program marketing, and service provision based on input from clients, BHN, and partner agencies -Work with local Wellness Center staff and other community services to create specific groups, classes and activities tailored to the target population -Program management and BHN team members provide presentations regularly at system coordination meetings, partner agency and referral source team meetings, and at health centers -Run initial reports	-Clients receive BHN services including outreach, engagement, linkage to providers, connection with Wellness Centers and follow-up -Program presentations to market program occur weekly -Output data is queried, and first report is created

Q4 Apr-Jun 2022	-BHN activities continue (on-going) -Outreach to potential participants, community agencies, and program partners continues (on-going) -Team meetings with key partners continue (on-going) -Pre/post retrospective client surveys administered (every six months)	-50 individuals received BHN services in first year of project -At least 50% of clients served participate in survey -Survey results received and evaluated
Q5 Jul-Sep 2022	-Create fiscal year-end report to include unique numbers served, duplicated contacts, survey data, and other evaluation components -Report first year results to project partners and stakeholders -Analyze first year results and modify program, accordingly, including review of training for BHN	-Project reviewed and refined based on data and client and team feedback -Disseminate Year 1 report to relevant groups and stakeholders
Q6 Oct-Dec 2022	-Pre/post retrospective client surveys administered (every six months)	-Survey results received and evaluated
Q7 Jan-Mar 2023	-BHN activities continue (on-going) -Outreach to potential participants, community agencies, and program partners continues (on-going) -Team meetings with key partners continue (on-going)	-Clients receive BHN services including outreach, engagement, linkage to providers, connection with Wellness Centers and follow-up -Program presentations to market program occur weekly
Q8 Apr-Jun 2023	-Pre/post retrospective client surveys administered (every six months)	-Survey results received and evaluated -100 clients participated in program in the past four quarters -At least 50% of clients served participated in survey
Q9 Jul-Sep 2023	-Program sustainability reviewed by planning team; recommendations provided to SLO Mental Health Services Act Advisory Committee	-Project partners provide activity and sustainability presentation and report to MHSA stakeholders

Q10 Oct-Dec 2023	-Final pre/post retrospective client surveys administered (every six months)	-Survey results received and evaluated
Q11 Jan-Mar 2024	-Ramp down of Innovation project begins	-Finalization of project data collection -Project partner team meeting to review data, lessons learned, and recommendations for the future -Sustainability plan
Q12 Apr-Jun 2024	-Full project report, including project evaluation finalized and disseminated to stakeholders -BHEET prepares for transfer to post-Innovation funding and format	-Final project report -Transition to sustainable funding

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Section 4: INN Project Budget and Source of Expenditures

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INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

The next three sections identify how the MHSA funds are being utilized:

> A) **BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
> B) **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**
> C) **BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)**

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement and identify the key personnel and contracted roles and responsibilities that will be involved in the project. Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Personnel Costs (4-Year Total $487,454) –
- **Salaries (4-Year Total $428,498):** This includes the cost for a 1.70 FTE Case Manager (BHN), a .22 FTE Program Manager, and a .04 FTE Director. A 3% cost of living increase is built into years 2-4 of the project.
- **Indirect Costs (4-Year Total $58,955):** Indirect costs are based on 12% of salaries and operating expenses and includes costs that are allocated to all programs such as accounting, human resources, administration, and other costs that are not considered direct.

Operating Costs – Direct Costs (4-Year Total $59,200): This includes costs associated with the on-going operation of the project. Operating expenses may include, but are not limited to the following:
- Office rent
- Client expenses such as bus passes, incentives, etc.
- Program supplies/materials for the classes/presentations
- General office supplies
- Food and snacks for the classes/presentations
- Staff development and training
- Cell phone and telephone for staff
- Insurance expense
- Transportation costs for staff to travel for outreach, meetings, trainings, etc.
- Advertising for the project

Non-Recurring Costs – Computer (4-Year Total $3,600): This includes two new computers for the Case Manager positions.

Other Expenditures (4-Year Total $60,000): This includes costs for project County Innovation Evaluator of $15,000 per year. The County Innovation is responsible for the overall coordination, evaluation, and auditing process of all Innovation Projects' data collection, analysis, and state reporting including measure program outcomes to determine the extent to which they are the result of the program and prepare a final outcome evaluation report that summarizes results of the study.

PERSONNEL COSTS (salaries, wages, benefits)		FY 20/21	FY 21/22	FY 22/23	FY 23/24	TOTAL
1.	Salaries (salaries & benefits)	$102,423	$105,495	$108,660	$111,920	$428,498
2.	Direct Costs	-	-	-	-	-
3.	Indirect Costs	$14,499	$14,435	$14,815	$15,206	$58,955
4.	Total Personnel Costs	$116,922	$119,930	$123,475	$127,126	$487,453
OPERATING COSTS		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
5.	Direct Costs	$14,800	$14,800	$14,800	$14,800	$59,200
6.	Indirect Costs	-	-	-	-	-
7.	Total Operating Costs	$14,800	$14,800	$14,800	$14,800	$59,200
NON-RECURRING COSTS (equipment, technology)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
8.	Computers	$3,600	-	-	-	$3,600
9.		-	-	-	-	-
10.	Total Non-recurring costs	$3,600	-	-	-	$3,600
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
11.	Direct Costs	-	-	-	-	-
12.	Indirect Costs	-	-	-	-	-
13.	Total Consultant Costs	-	-	-	-	-
OTHER EXPENDITURES (please explain in budget narrative)		**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
14.		-	-	-	-	-
15.		-	-	-	-	-
16.	Total Other Expenditures	$15,000	$15,000	$15,000	$15,000	$60,000
BUDGET TOTALS						
Personnel (line 1)		$102,423	$105,495	$108,660	$111,920	$428,498
Direct Costs (add lines 2, 5 and 11 from above)		$14,800	$14,800	$14,800	$14,800	$59,200
Indirect Costs (add lines 3, 6 and 12 from above)		$14,499	$14,435	$14,815	$15,206	$58,955
Non-recurring costs (line 10)		$3,600	-	-	-	$3,600
Other Expenditures (line 16)		$15,000	$15,000	$15,000	$15,000	$60,000
TOTAL INNOVATION BUDGET		$150,322	$149,730	$153,275	$156,926	$610,253

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)					
ADMINISTRATION:					
A. **Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1. Innovative MHSA Funds	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
2. Federal Financial Participation					
3. 1991 Realignment					
4. Behavioral Health Subaccount					
5. Other funding*					
6. Total Proposed Administration	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
EVALUATION:					
B. **Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1. Innovative MHSA Funds					
2. Federal Financial Participation					
3. 1991 Realignment					
4. Behavioral Health Subaccount					
5. Other funding*					
6. Total Proposed Evaluation					
TOTAL:					
C. **Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1. Innovative MHSA Funds	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
2. Federal Financial Participation					
3. 1991 Realignment					
4. Behavioral Health Subaccount					
5. Other funding*					
6. Total Proposed Expenditures	**$150,322**	**$149,730**	**$153,275**	**$156,926**	**$610,253**
*If "Other funding" is included, please explain.					

County Name: San Luis Obispo County

Date submitted: _____

Project Title: SoulWomb

Total amount requested: $576,180

Duration of project: Four Years

Section 1: Innovations Regulations Requirement Categories

CHOOSE A GENERAL REQUIREMENT:
An Innovative Project must be defined by one of the following general criteria. The proposed project:

- ☐ Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention
- ☑ **Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population**
- ☐ Applies a promising community driven practice or approach that has been successful in a non-mental health context or setting to the mental health system
- ☐ Supports participation in a housing program designed to stabilize a person's living situation while also providing supportive services onsite

CHOOSE A PRIMARY PURPOSE:
An Innovative Project must have a primary purpose that is developed and evaluated in relation to the chosen general requirement. The proposed project:

- ☐ Increases access to mental health services to underserved groups
- ☑ **Increases the quality of mental health services, including measured outcomes**
- ☐ Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes
- ☐ Increases access to mental health services, including but not limited to, services provided through permanent supportive housing

Section 2: Project Overview

PRIMARY PROBLEM

What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community. Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.

Lack of Diversity in Therapeutic Approaches to Co-Occurring Forensic Mental Health

San Luis Obispo County has an increasing forensic mental health (court and diversion) population accessing services and programs including extended therapy, co-occurring disorder (COD) treatment, and psychotropic medications. Treatment of CODs, which includes a variety of cognitive behavioral methods, benefits from wellness and recovery supports for clients. Traditional mental health treatment makes use of rehabilitation and socialization supports and self-care, while traditional substance use treatment centers its ancillary services in 12-step models. As COD treatment becomes more commonplace and treating multiple diagnoses simultaneously is considered best practice, the County is recognizing the need for treatment supports which benefit both mental health and substance use treatment.

The County has identified this issue as a major problem as the Behavioral Health Department (SLOBHD) seeks meaningful ways to develop therapeutic practices within its growing forensic population, which includes individuals pre-and-post adjudication, formerly incarcerated, and those on probation. These programs include the Behavioral Health Treatment Court (post-adjudication) and Mental Health Diversion Court (pre-adjudication), as well as the Veterans Treatment Court (which has both levels). These clients are often managing multiple issues: incarceration and release, probation, court mandates, homelessness, family pressures, unemployment, and typically have co-occurring substance use and mental health disorders.

Building solid Wellness Recovery Action Plans (WRAP) as self-designed prevention and wellness courses for clients with co-occurring disorders is an objective for establishing a consistent and successful therapeutic practice in these programs. Mindfulness and meditation are considered healthy tools within a "Wellness Toolbox." For clients with both an addiction diagnoses as well as a severe mental illness, the 12-step approach has limits: (1) a social expectation which some mental health clients may find difficult to manage and (2) a formulaic notion of recovery which may be defeating. Those with primary addiction issues may benefit from the 12-step approach but demonstrate little interest in self-care or traditional mental health socialization models. Eastern approaches such as yoga and meditation are often recommended but are not embraced by court and diversion program participants. Clients report feeling uncomfortable in group exercise (yoga) settings and that silence and self-reliance of meditation is too awkward and unappealing.

So how does the County build self-care and recovery support that engage clients in trusted techniques while acknowledging the challenges of forensic, COD clients? This project proposes a

holistic approach that is rooted in non-western interventions in the hopes to retain and develop a path of recovery for this growing population.

The prevalence and severity of mental illness, addiction, trauma, depression, and other difficult conditions among the forensic mental health population, including veterans, is a critical issue in San Luis Obispo County, as it is throughout California. Since 2017, the community has been reacting to the controversial death of an inmate at the County's jail. The inmate, who suffered from co-occurring disorders, died while in custody.[4] The story resonated throughout local government, law enforcement, community stakeholders and advocates, and providers and consumers within public mental health services. Answers and changes were demanded of the mental health system, including jail-related services, from local leaders as well as local families.

Additionally, the impact of 2016's Proposition 57 passing resulted in a need for rehabilitative co-occurring treatment for non-violent offenders released from prison into the community. A "Stepping Up" collaborative was established among local government agencies as part of the national effort to reduce the number of people with mental illnesses in jails. As part of the Stepping Up response, a community Sequential Intercept Model (SIM) mapping exercise was held in 2018 to determine the gaps and needs throughout the criminal justice (and its public support) system. A SIM is a workshop to develop a map that illustrates how people with behavioral health needs come in contact with and flow through the criminal justice system. A stakeholder group from across the continuum gathered to identify gaps and strengths, including the need for expanded outpatient COD treatment for system clients.

The county's daily forensic mental health population averages approximately 600 individuals within the jail, post-incarceration, probation, or pre-adjudication. Forty percent (40%) take psychotropic medication for a mental disorder. This, compared to an average of 20 percent (20%) of inmates on psychotropic medication among 45 other county jails in the state, indicates a growing concern.[5] Recidivism rates in San Luis Obispo County are also high, at 44.1% of adults on probation reoffending in the fiscal year 2017-18.[6]

The County has an estimated population of 18,000 veterans that continues to grow, representing about eight percent (8%) of the entire county population—about 1.5 times the rate in California, five percent (5%), and slightly higher than the US rate, seven percent.[7] According to the veteran Affairs (VA) office, "nationally about 1.7 million veterans received treatment in a VA mental health specialty…focusing on mood disorders, such as depression and bipolar disorder, psychotic

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[4] Fountain, M. (2019. January 17). Inmate Died in SLO County Jail After 46 Hours in Restraint Chair, Coroner Says. *The Tribune.* https://www.sanluisobispo.com/news/local/article144057364.html

[5] Social and Emotional Wellness. (2018, July). San Luis Obispo County Public Health Department. http://www.slohealthcounts.org/content/sites/slodph/Social-Emotional-Wellness_Community_Health_Assessment_San_Luis_Obispo_County_July2018.pdf

[6] Annual Statistical Report Fiscal Year 2017-18. (2018, June). San Luis Obispo County Probation Department. https://www.slocounty.ca.gov/Departments/Probation/Forms-Documents/Annual-Statistical-Fiscal-Year-Reports/Probation-Annual-Statistical-Report-FY2017-18.pdf

[7] San Luis Obispo County CA. (2021). Census Reporter. https://censusreporter.org/profiles/05000US06079-san-luis-obispo-county-ca/).

disorders, such as schizophrenia, PTSD and other anxiety disorders."[8] Posttraumatic stress disorder (PTSD) and substance use disorder (SUD) often co-occur among veterans seeking Veterans Affairs (VA) care. According to one national epidemiologic study, 46.4% of individuals with lifetime PTSD also met criteria for SUD.[9] Currently, the County offers services to 28 veterans annually in its Veterans Treatment Court program and 91 in the Veterans Outreach Program, which includes community rehabilitative activities and engagement with a Behavioral Health Clinician.

Discussions with providers, jail medical staff, consumers, and other stakeholders led to the development of the SoulWomb project. The reason it has been prioritized for a project over alternative challenges identified in the county includes both its community salience and its promise—evident in its ranking by key stakeholders amongst other proposals. After having it brought to the County's attention by a local stakeholder who had witnessed it in another county, meeting with the developer and forensic program leaders, and testing the concept with consumers, SoulWomb appeared to offer a learning opportunity as well as a truly innovative approach to an intractable population. Providing self-care tools, emotional regulation, stress reduction, and positive treatment experiences for the forensic mental health population will significantly improve the outcomes associated with the programs in which they are employed. For a population experiencing both mental health issues and addiction (or other diagnoses and challenges), this project is a priority because it addresses a gap within the crucial therapeutic process for wellness and recovery.

PROPOSED PROJECT

Describe the INN Project you are proposing. Include sufficient details that ensures the identified problem and potential solutions are clear. In this section, you may wish to identify how you plan to implement the project, the relevant participants/roles within the project, what participants will typically experience, and any other key activities associated with development and implementation.

    A) Provide a brief narrative overview description of the proposed project

    The County has a growing population of forensic mental health (court and diversion) clients. These clients are often managing multiple issues: incarceration and release, probation, court mandates, homelessness, family pressures, unemployment, and typically have co-occurring substance use and mental health disorders. Ancillary services in substance use disorder treatment are traditionally based in a 12-step approach, while mental health treatment has embraced a wide range of wellness supports, socialization, and rehabilitation activities.

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[8] VA Research on Mental Health. (2021). US Department of Veterans Affairs.
https://www.research.va.gov/topics/mental_health.cfm
[9] Pietrzak, R. H., Goldstein, R. B., Southwick, S. M., & Grant, B. F. (2011). Prevalence and Axis I comorbidity of full and partial posttraumatic stress disorder in the United States: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Condition. *Journal of Anxiety Disorders, 25*, 456-465.
https://www.sciencedirect.com/science/article/pii/S0887618510002288?casa_token=1AyeXY330E0AAAAA:aaiuo mWlBRTDalE6OhYpbXV_sugKeAp2hc4MASjTmmEfXshA1U69H3XNFdkX7YlZUAa1k-YAcDo

Techniques such as acupuncture, acupressure, meditation, and yoga are increasingly used by counselors and therapists to reduce anxiety, specific phobias, and substance abuse to enhance self-confidence, personal control, and marital satisfaction.[10] Meditation, rooted in Eastern philosophical cultures, allows an individual to follow one's own breath to find an inner state of harmony and to develop awareness. Eastern approaches such as yoga and meditation are often recommended but are not embraced by court and diversion program participants. The SoulWomb project introduces an accessible, safe, and supportive means to engage resistant clients in developing a wellness practice.

The SoulWomb project introduces a holistic, mindfulness-based, sound meditation treatment support practice in SLOBHD's "Justice Services" clinic. The use of sounds to aid in meditation and relaxation is aimed at relieving symptoms of mental health issues and building self-care skills. The SoulWomb uses sound therapy as the "training wheels" of a foundation for a strong, long-term meditation practice enabling participants to be mindfully engaged. The intervention is aimed at relieving stress, depression, feelings of detachment, coping skills, irritability, anxiety, and physical pain. The project will be integrated into forensic mental health programs and can be used to address and/or supplement treatments for a range of co-occurring disorder symptoms and concerns. The SoulWomb can also aid in relapse prevention, recidivism prevention, and help with reentry.

The SoulWomb is an enclosed (curtained) meditation space with a footprint of roughly 5 feet by 5 feet. The participant sits on a cushioned bench inside the SoulWomb which features surrounding speakers for a 12 to 20 minute audio program. The pre-recorded, orchestrated sequence of therapeutic sounds are programmed based on the client's selections, which may be assisted by a Program Coordinator. The Program Coordinator will work with clients and treatment staff to help select sound programs from the SoulWomb curriculum which address targeted outcomes such as reduced stress, anxiety, irritability, pain, and improved self-worth, esteem, and confidence.

Participants have the option to use heart rate variability technology that records heart rhythm patterns captured on clients' own smartphone, smartwatch, or laptop used to check coherence and heart rate variability over time. All data will be saved on participants own secure devices. These sound meditation sessions are designed to boost immune levels and functions, help in coping with stress, depression, feelings of detachment, irritability, anxiety, and physical pain.[11] It is highly recommended that participants are consistent with the use the SoulWomb for a period of at least six (6) weeks, two (2) to three (3) times a week, with each session lasting 12 to 20 minutes and leaving 10 to 15

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[10] Alexander, C. N., Rainforth, M. V., & Gelderloos, P. (1991). Transcendental Meditation, Self-actualization, and Psychological Health: A conceptual overview and statistical meta-analysis. *Journal of Social Behavior & Personality*, 6(5), 189-248. https://www.tm.org/popups-responsive/research-self-actualization.html; Walsh, R. (1995). Initial Meditative Experiences: Part I. *Journal of Transpersonal Psychology*. 9, 151-192. http://www.atpweb.org/jtparchive/trps-09-77-02-151.pdf

[11] Chanda ML, Levitin DJ. (2013, April 17). The neurochemistry of music. *Trends Cogn Sci* (4):179-93. doi: 10.1016/j.tics.2013.02.007. PMID: 23541122.

minutes post-meditation to document and journal their thoughts and feelings in a questionnaire form to be provided. The weekly frequency and duration of sessions can be increased and specific meditation tracks recommended over time in consultation with participants' therapist. As the participants become more invested in their practice, the duration of each session can be increased from 12 to 20 minutes up to one-hour.

The SoulWomb has a curated a set of sound meditation tracks that are intent based and provide very specific benefits listening to them over time:

- Guided sound meditation: participants meditate to voiced guidance on how to make the best of their time inside the SoulWomb. Ideal in guiding beginners, those unfamiliar, and sometimes even skeptical of the practice of sound meditation.

- Ancient Tibetan bowl and gong: sound based mindful sound meditation has shown to induce the relaxation response, reduce stress, and potentially stress-related disease in the body.[12]

- Shamanic drumming: shamanic drumming induced a complex composite intervention with the potential to modulate specific neuroendocrine and neuroimmune parameters in a direction opposite to that expected with the classic stress response.[13]

- Transcendental Meditation: "transcendental meditation helped to achieve a state of 'restful alertness,' a deep physiological rest which was associated with periods of respiratory suspension without compensatory hyperventilation, decreased heart rate, heightened galvanic skin response along with enhanced wakefulness."[14]

- Vibra-acoustic/tactile based sound meditation: music combined with vibrations has a relaxing effect that relieves anxiety, discomfort, mood, tension, and overall well-being.[15]

- Binaural beats: In a study examining the effects of binaural beat audio and pre-operative anxiety, listening to binaural beats had the potential to decrease acute pre-operative anxiety significantly.[16]

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[12] Shrestha, S. (2009). *How to Heal with Singing Bowls: Traditional Tibetan Healing Methods*. Sentient Publications. https://1stdirectory.co.uk/_assets/files_comp/3d5383b0-99f1-4a1a-a595-ddd00a9ade0a.pdf

[13] Gingras, B., Pohler, G., & Fitch, W. T. (2014). Exploring shamanic journeying: repetitive drumming with shamanic instructions induces specific subjective experiences but no larger cortisol decrease than instrumental meditation music. *PloS one*, *9*(7), e102103. https://doi.org/10.1371/journal.pone.0102103

[14] Nagendra RP, Maruthai N and Kutty BM (2012) Meditation and its regulatory role on sleep. *Front. Neur.* **3**:54. doi: 10.3389/fneur.2012.00054

[15] Naghdi, L., Ahonen, H., Macario, P., & Bartel, L. (2015). The effect of low-frequency sound stimulation on patients with fibromyalgia: a clinical study. *Pain research & management*, *20*(1), e21–e27. https://doi.org/10.1155/2015/375174

[16] Wiwatwongwana, D., Vichitvejpaisal, P., Thaikruea, L., Klaphjone, J., Tantong, A., & Wiwatwongwana, A. (2016, Oct 14). The effect of music with and without binaural beat audio on operative anxiety in patients undergoing cataract surgery: a randomized controlled trial. *Eye*. 30, 1407-1414. https://doi.org/10.1038/eye.2016.160

SoulWomb will effectively engage participants in mindful meditation than expecting clients to develop a mediation practice on their own. According to Mahesh Natrajan, the creator of SoulWomb, participants who meditate inside the SoulWomb are up to 82% more likely to be engaged in longer meditation, reach a meditative state up to 58% faster, and up to 54% more likely to meditate with ease.[17] There is a passive approach to SoulWomb that reduces barriers to first-time and skeptical participants. These sounds envelope the participant in 360 degrees of soothing, surrounding healing music, getting them to a stress free, happy, and comfortable state of mind almost immediately—much like the vibrational happiness infants experience inside the womb of their mother or while listening to classical music.

The SoulWomb experience is designed to be used with a curriculum created and curated after SoulWomb creator team interviews of several clinical psychologists and therapists in the medical field and recovery centers. SoulWomb therapists will work with participants and use journals, questionnaires, and group discussion to assess the participants engagement and results from the SoulWomb session.

The curriculum, much like a classroom curriculum with measured outcomes, for the SoulWomb includes:

- Verbal intake & introduction to the concepts of the SoulWomb and sound meditation. (There is an introductory, fifteen-minute meditation track that walks the participant through what to expect, do's and don'ts, and how to get the most out of each session)

- One-time scheduling of three (3) sessions a week for 12 – 20 minutes each.

- Short five (5) to (7) minute self-evaluation after each session.

- Weekly/monthly review of the wellness forms to track progress on how this has affected their life's daily outcome with a counselor.

- "End of program" evaluation with counselor (exit interview).

The purpose of the curriculum is to enable both the participants and SLOBHD to track and assess the participants' responses to treatment made week over week. This way, any project outcomes established at the beginning can be evaluated at exit from the justice system. This curriculum is template driven and can be easily customized to a participant given their needs for the treatment plan and specific disorder being treated. This curriculum is currently deployed in three (3) businesses that host the SoulWomb pod in Santa Clara and San Diego Counties: at Father Joe's Village, a non-profit, homeless services provider, at Samadhi Yoga Gruha and Wellness Center, a private wellness studio, and at a private, inpatient drug and alcohol recovery center. SLOBHD's strategy will be to customize and adapt this curriculum to fit the specific participant group profile.

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[17] Natrajan, M., personal communication, 2020.

B) Identify which of the three project general requirements specified above [per CCR, Title 9, Sect. 3910(a)] the project will implement.

Makes a change to an existing practice in the field of mental health, including but not limited to, application to various populations.

C) Briefly explain how you have determined that your selected approach is appropriate. For example, if you intend to apply an approach from outside the mental health field, briefly describe how the practice has been historically applied.

The SoulWomb is an adaptable and sustainable self-care intervention designed to help individuals manage their thoughts, feelings, and emotional health. The County has determined this approach to be appropriate for clients in forensic mental health populations because it is individualized, non-invasive, and easily replicated for self-care. County forensic mental health treatment programs have begun the use of Wellness Recovery Action Plans (WRAP), as self-designed prevention and wellness courses for clients with co-occurring disorders. Mindfulness and meditation are considered healthy tools within a "Wellness Toolbox."[18]

Various criminal justice reforms have increased the demand on the County's mental health services by increasing the responsibility of managing forensic mental health populations to the state's counties. In 2014, voters passed Proposition 47, which reclassified several drug and property crimes as misdemeanors; in 2011, the passage of AB109 "realigned" supervision and responsibility of nonserious, nonviolent, and nonsexual felonies to counties.[19] The passing of Proposition 57 in 2016 significantly reduced the number of prison inmates, with an estimated 11,500 non-violent offenders released in 2020-2021.[20] In 2017, the County committed to a three-year "Stepping Up" plan aimed at reducing the prevalence of mental illness in the County jail with the goals of (1) reducing the number of people with mental illness booked in jail, (2) reducing the length of stay in jail for people with mental illness, (3) increasing the percentage of people connected to treatment upon release, and (4) reducing the rate of recidivism for people with mental illness.[21]

The SoulWomb's innovative strategies address many of the mental health challenges facing veterans and other county residents in the forensic mental health population. The benefits of a SoulWomb sound meditation session extend beyond the time spent inside

[18] Cook, J. A., Copeland, M. E., Corey, L., Buffington, E., Jonikas, J. A., Curtis, L. C., . . . Nichols, W. H. (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. Psychiatric Rehabilitation Journal, 34, 113–120. doi:10.2975/34.2.2010.113.120

[19] Teji, S. (2015, Dec). *Sentencing in California: Moving Toward a Smarter, More Cost-Effective Approach*. California Budget & Policy Center. https://calbudgetcenter.org/resources/sentencing-in-california-moving-toward-a-smarter-more-cost-effective-approach/

[20] Martin, B., & Lofstrom, M. (2017, July 24). *Proposition 57's Impact on Prisons*. Public Policy Institute of California. https://www.ppic.org/blog/proposition-57s-impact-prisons/

[21] Stepping Up to Reduce Mental Illness at County Jail (2017). County of San Luis Obispo. http://2017.slocountyannualreport.com/stepping-up-to-reduce-mental-illness-at-county-jail.html

the SoulWomb by helping participants continue with their day being calmer, more collected, and better prepared to cope with stressful situations. Although this incubator project intends to gather additional data, SLOBHD expects that participants, through the experience of the SoulWomb, will gain sustainable insight about how to self-regulate stressors that can help alleviate mental health issues. SLOBHD seeks to utilize SoulWomb's innovative activity to engage and improve these populations' wellness:

- The National Institute of Health finds sound meditation, using a myriad of instruments such a gongs, crystal bowls, tingsha, drums, didgeridoos, chanting, etc., has been historically and successfully used to reduce stress, anger, confusion, fatigue, anxiety, depression, etc.[22]

- A study from the National Library of Medicine shows there is a precise science of how sound frequencies from these instruments work on the body and overall well-being.[23]

- The sound sessions included are meant to calm, invoke joy, keep focused, be rejuvenated, increase energy, etc.[24]

- A study reviewing 400 published scientific articles on music as medicine, found strong evidence that music has mental and physical health benefits in improving mood, reducing stress, and provide physical pain relief.[25]

- One study in the Journal of Evidence-Based Integrative Medicine found that an hour-long sound meditation helped people reduce tension, anger, fatigue, anxiety, and depression while increasing a sense of spiritual well-being.[26]

Mindfulness and Meditation strategies are currently being used to serve in various populations the country:

- Meditation is one of the complementary and integrative health (CIH) approaches within the VHA Whole Health System of care. One such research

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[22] Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2017). Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study. *Journal of evidence-based complementary & alternative medicine*, *22*(3), 401–406. https://doi.org/10.1177/2156587216668109

[23] Chanda ML, Levitin DJ. (2013, April 17). The neurochemistry of music. *Trends Cogn Sci* (4):179-93. doi: 10.1016/j.tics.2013.02.007. PMID: 23541122.

[24] Edenfield, T. M., & Saeed, S. A. (2012). An update on mindfulness meditation as a self-help treatment for anxiety and depression. *Psychology research and behavior management*, *5*, 131–141. https://doi.org/10.2147/PRBM.S34937

[25] Levitin, D., & Chanda, M. L. (2013, Mar 27). The Neurochemistry of Music. *Trends in Cognitive Sciences*. 17(4) 179-193 https://doi.org/10.1016/j.tics.2013.02.007.

[26] Goldsby, T. L., Goldsby, M. E., McWalters, M., & Mills, P. J. (2017). Effects of Singing Bowl Sound Meditation on Mood, Tension, and Well-being: An Observational Study. *Journal of evidence-based complementary & alternative medicine*, *22*(3), 401–406. https://doi.org/10.1177/2156587216668109

paper published by VA that led to the popularity of mindfulness in the VA across the country.[27]

- San Mateo County has a program for Meditation & Mindfulness-Based Substance Abuse Treatment for Incarcerated Youth. The results showed a decrease in impulsiveness and an increase in perceived risk of drug use after the intervention, indicating that this is a promising intervention for high-risk or incarcerated youth.[28]

- One study of mindfulness and meditation in young, incarcerated individuals show that three (3) out of four (4) groups reporting mental wellbeing saw a significant reduction in levels of perceived stress.[29]

D) Estimate the number of individuals expected to be served annually and how you arrived at this number.

The County anticipates serving 13 – 20 participants each month, which equals 160 – 240 participants per year as determined by current Hotline caller data.

E) Describe the population to be served, including relevant demographic information (age, gender identity, race, ethnicity, sexual orientation, and/or language used to communicate).

Participants from the county forensic and veteran population, regardless of age, gender identity, sex, ethnic background, race, and other signifiers, will be able to participate. Careful attention is paid to other languages, since 20% of the sound meditation sessions are recorded in English. These sessions would only benefit those that understand spoken English. The other 80% of the sound meditation sessions do not have these limitations and can be used by everyone. The project is also designed to address language translation if needed.

RESEARCH ON INN COMPONENT

A) What are you proposing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?

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[27] Hempel, S, Taylor, SL, Marshall, NJ, Miake-Lye, IM, Beroes, J M, Shanman, R, et al. (2014). *Evidence Map of Mindfullness.* Department of Veterans Affairs.
https://www.hsrd.research.va.gov/publications/esp/cam_mindfulness.cfm
[28] Carpenter, K., Jyotishi, M., & Chu, C. (2020). *Supporting At-Risk Youth: Local Action Plan 2020-2025*. San Mateo County Probation Department.
https://probation.smcgov.org/sites/probation.smcgov.org/files/SAN%20MATEO%20LAP%202020-2025%20FINAL%20REPORT_v2_0.pdf
[29] Simpson, S., Mercer, S., Simpson, R. *et al.* Mindfulness-Based Interventions for Young Offenders: a Scoping Review. *Mindfulness* **9,** 1330–1343 (2018). https://doi.org/10.1007/s12671-018-0892-5

Mindfulness meditation is currently used in other counties in individual or group settings but is typically not integrated into the patient treatment plans or in the way that SLOBHD intends to use/track/measure with SoulWomb. The marriage of audio technology and sound meditation in this manner has not been implemented or used by any other counties. Meditation is completed inside of a sound dampened "pod" with audio speakers and a touch panel display for an immersive experience. Participants also have the option to use heart rate variability technology that monitors, and records heart rhythm patterns used to check coherence and the heart rate variability over time, showing tangible effects of the meditation session on a client.

B) Describe the efforts made to investigate existing models or approaches close to what you're proposing. Have you identified gaps in the literature or existing practice that your project would seek to address? Please provide citations and links to where you have gathered this information.

County staff research has concluded there are existing meditation and mindfulness models/approaches to mental health that are currently being used. However, the intersection of audio technology and sound mediation in the approach that SoulWomb employs, has not been tested, implemented, or used so far for forensic court and diversion populations.

There have been several qualitative, detailed investigations of the experience of a mindfulness-based intervention with incarcerated adolescents. The conclusion of which suggests that adapted mindfulness-based interventions are feasible as treatments for incarcerated youth and have promising potential.[30] This is the same principal foundation of meditation on which SoulWomb is based, with the added element of selective, intentional sound. The addition of sound is what makes this meditation experience more adaptable and easier to benefit from without the need to learn anything apart from being available and present.

Another interesting study looked at methods for reducing trauma symptoms and perceived stress in male prison inmates. This study reviewed the Transcendental Meditation Program and was conducted with 181 Oregon state correctional system inmates with a moderate to high-risk criminal profile in a four-month post-test. The results showed significant reductions in total trauma symptoms, anxiety, depression, dissociation, sleep disturbance subscales, and perceived stress.[31] Some of the SoulWomb meditation sessions use the same Transcendental Meditation practices to produce a profound state of "restful alertness."

[30] Murray, R., Amann, R., & Thom, K. (2018). Mindfulness-based interventions for youth in the criminal justice system: a review of the research-based literature. *Psychiatry, psychology, and law*. 25(6) 829-838 https://doi.org/10.1080/13218719.2018.1478338
[31] Nidich S, O'Connor T, Rutledge T, et al. Reduced trauma symptoms and perceived stress in male prison inmates through the Transcendental Meditation program: A randomized controlled trial. Perm J 2016 Fall;20(4):16-007. DOI: https://doi.org/10.7812/TPP/16-007.

There are non-profit organizations, such as the Prison Mindfulness Institute based out of Chicago, running programs across the country to assess the impact of the *Path of Freedom* curriculum that ran for five years in Golden, Colorado with great success. The program leverages and integrates a mindfulness practice with cognitive-behavioral training and social emotional learning into prison systems.[32] The Corrective Services of New South Wales, Australia is running similar programs using mindfulness and meditation to cut crime and reduce gate fever among female inmates; the success of such programs has led to continuing government sponsorship of programs like this one for inmates to address some of the issues that can lead to their offending behavior.[33]

While the programs listed above were somewhat effective, each program had its own set of challenges. The table below identifies a few of the challenges such programs face when compared to the SoulWomb.

#	Challenges with current programs being used[34]	How the SoulWomb overcomes these challenges
1	The program requires 500 hours of mandatory mindfulness-based training to County jail. This is a heavy, recurring time & cost investment to the County.	No training required. The meditation audio track catalog will each individually "train" the participants on how to meditate and benefit most from each session. This is major time and cost savings to the County
2	Single vipassana style meditation focus for mostly relaxation and minimal use of sound.	Multitude of "intent based" guided sound meditation practices like mindfulness meditation, vibro-acoustic meditation, singing bowl therapy, body scan relaxation, transcendental meditation and much more to choose and prescribe from.
3	Sessions are at least 1 hour long, which in most cases is too long for participants to sit through and benefit from.	Sessions are short 12-20 mins long and mindfully engaging for optimal participant mental and physical health benefit.
4	There are no reports or metrics detailing how many directly benefited from each session.	Tracking progress from each session is a key metric to measure participant health improvement directly from SoulWomb sessions and how that helps over time.

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[32] Research. (2021). Prison Mindfulness Institute. https://www.prisonmindfulness.org/projects/research/

[33] Pitt, H. (2019, July 15). *Mindfulness and meditation used to cut crime and reduce 'gate fever'.* The Sydney Morning Herald. https://www.smh.com.au/national/nsw/mindfulness-and-meditation-used-to-cut-crime-and-reduce-gate-fever-20190709-p525mb.html

[34] 2017 Service, Training, Community, Research (2017). Prison Mindfulness Institute. https://www.prisonmindfulness.org/wp-content/uploads/2018/08/2017-PDN-Annual-Report-Reduced.pdf

LEARNING GOALS/PROJECT AIMS

The broad objective of the Innovative Component of the MHSA is to incentivize learning that contributes to the expansion of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the expansion of effective practices.

> **A) What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?**
>
> The Innovation Project's goals are as follows:
>
> - Does the use of sound meditation intervention increase the wellbeing and overall outlook of life of participants?
>
> - Which specific sound meditations have the greatest impact for participants with dual diagnosis?
>
> - What is the appropriate number of times the intervention is most positively effective in the participants' behavior?
>
> - What is the optimal duration of an individual session to most positively be effective in the participants' behavior?
>
> - Does the intervention positively impact the medication intake of participants?
>
> **B) How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?**
>
> The key learning goal of this project is to learn whether this sound meditation technique will be effective for increasing forensic mental health court and diversion clients' wellness participation and, ultimately, improving their mental health outcomes. The learning goals align with the direct intervention and assess the impact in various factors associated with coping, decreasing depression and anxiety symptoms, better medication management, and overall health and mental improvement. The intervention process assessment and results are based on non-invasive biofeedback devices to measure improvement related to mental health experiences over time, as well as the completion of short assessments on a weekly basis, which will allow the fine tuning of the frequency use of the intervention and the time spent for the meditation sessions.

EVALUATION OR LEARNING PLAN

For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. Specifically, please identify how each goal will be measured and the proposed data you intend on using.

Learning Goal #1: Does the use of sound meditation intervention increase the wellbeing and overall outlook of life of participants?

    Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate metrics include: self-reported attitudes towards goals, satisfaction, and feelings of participants.

Learning Goal #2: Which specific sound meditations have the greatest impact for participants with dual diagnosis?

    Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to review participant feedback and review of heart rate variability readings. Staff will measure appropriate metrics to be determined during the planning period. Indicators of appropriate metrics include: time a participant's heart rate settles in SoulWomb and individual reporting from surveys.

Learning Goal #3: What is the appropriate number of times the intervention is most positively effective in the participants' behavior?

    Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Post-scores will be compared to pre-scores. Staff will measure appropriate utilization metrics to be determined during the planning period. The selected measures will be based on data to be collected to analyze changes in mental health outcomes.

Learning Goal #4: What is the optimal duration of an individual session to most positively affect the participant's behavior?

    Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to review participant feedback and review of heart rate variability readings. Staff will measure appropriate metrics to be determined during the planning period. Indicators of appropriate metrics include time a participant's heart rate settles in SoulWomb and individual reporting on when participants felt relaxed, calm, or peaceful.

Learning Goal #5: Does the intervention positively impact the medication intake of participants?

    Measures and Data Collection Strategy:
- Pre- and post-assessment/surveys of participants to establish baseline and intervention results. Staff will measure appropriate utilization by metrics to be determined during the planning period. Indicators of appropriate utilization

metrics include medication compliance as per the participant's electronic health record.

Section 3: Additional Information for Regulatory Requirements

CONTRACTING

If you expect to contract out the INN project and/or project evaluation, what project resources will be applied to managing the County's relationship to the contractor(s)? How will the County ensure quality as well as regulatory compliance in these contracted relationships?

The County plans to select a contract provider who will best execute the project. The County has outstanding contractual partnerships across the community mental health system, as well as strong relational partnerships with local community schools, colleges, health providers, and law enforcement agencies. The SLOBHD, including the MHSA Administrative Team, is well-equipped to conduct a fair and successful procurement process (in partnership with County Purchasing) and expedite a contract to be sure Innovation Project timelines presented herein are met.

The County Innovation Component Coordinator, Timothy Siler (Administrative Services Officer II), is the community liaison for all Innovation (and Prevention & Early Intervention) projects and evaluation. Timothy coordinates the stakeholder planning process and will be the one to develop any Requests for Proposal (RFP) to select providers. The MHSA Administrative Team also includes Frank Warren (Division Manager), the County MHSA Coordinator, who manages all aspects of MHSA, including contracts and plan monitoring. Jalpa Shinglot, Accountant III, is the fiscal lead and works with each provider to develop accurate budgeting and spending plans. Kristin Ventresca, the CSS Coordinator (Program Manager II), also provides contract management and oversight. Timothy utilizes California Polytechnic State University statistics and public policy students who assist in data collection, technical assistance for providers, and reporting, as part of paid internship positions.

All Innovation Project providers will meet regularly with Timothy and the team before and during the start-up phase to finalize plans, conduct data collection tests, and develop tools. Some plans may need to be adjusted (based on hiring, procurement of materials, etc.), and Timothy will work with each contractor to provide support and guidance to keep the projects on time. After the launch of each project, Timothy will work with the contractors to provide quarterly reports and data collection. The MHSA Administrative Team will conduct spot checks, review project materials, and review quarterly reports to ensure quality and regulatory compliance.

Additionally, the County will establish a contract with an Evaluator to manage the analysis of data, as well as provide technical assistance to the projects to be sure tools are developed which accurately measure the results of each objective. This Evaluator will provide regular reports to the MHSA Administrative Team and MHSA Advisory Committee (stakeholder group), as well as the final report which will be provided to the MHSOAC.

COMMUNITY PROGRAM PLANNING

Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community.

The first Innovation Stakeholder meeting for the new round took place on June 11, 2019. The stakeholder meetings were conducted by Frank Warren, MHSA Coordinator, and Nestor Veloz-Passalacqua, INN Coordinator. Returning and new Stakeholders assembled to review the Innovation Regulations, begin a larger conversation about the needs and learning interests of the community, and begin collaborating on a new round of research and experiment-based projects. The meetings also provided stakeholders and the community with presentations regarding the current Innovation round, including the successes and challenges of implementing the current active projects.

As with previous Innovation planning rounds, the community was invited to participate in planning sessions through MHSA stakeholder meetings and town halls, Behavioral Health Board outreach, Wellness Centers, and other consumer outreach by the Peer Advocacy and Advisory Team and public communication (e.g. social media). All community members were invited to take the opportunity to submit proposals and concepts to be considered as new projects. Stakeholder meetings included interested community members, consumers and family members, public mental health system providers, and a variety of subject-oriented leaders from education, law enforcement, veterans, and other health and social services. New participants were invited from local non-profit organizations supporting underserved populations (such as the Gay and Lesbian Alliance, GALA) and students from the local California Polytechnic State University (Cal Poly). The stakeholder group and meetings were designed with the purpose of encouraging the development of learning projects and developing new creative initiatives to test potential solutions for difficult challenges in the mental health field.

Participants in the first meeting included Mahesh Natrajan, the original developer and designer of SoulWomb, a sound meditation program. A few months earlier, Mr. Natrajan had been introduced to County staff by a MHSA stakeholder who had seen the SoulWomb installation in a northern California community center. That stakeholder, a former County employee with knowledge of MHSA principles, felt the program aligned well with wellness and recovery practices and could be effective in a public mental health setting. County staff invited the stakeholder and Mr. Natrajan to attend Innovation planning sessions.

Stakeholders in the planning session discussed (among other ideas) the interest in improving outcomes for the county's growing court and diversion mental health programs. Since 2017 the community has been reacting to the controversial death of an inmate at the County's jail. The inmate, who suffered from co-occurring disorders, died while in custody.[35] The impact of 2016's Proposition 57 passing resulted in a need for rehabilitative co-occurring treatment for non-violent

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[35] Fountain, M. (2019. January 17). Inmate Died in SLO County Jail After 46 Hours in Restraint Chair, Coroner Says. *The Tribune.* https://www.sanluisobispo.com/news/local/article144057364.html

offenders released from prison into the community. A "Stepping Up" collaborative was established as part of the national effort to reduce the number of people with mental illnesses in jails.

Participants in that initial meeting suggested the County examine the impact a "non-traditional" intervention may have within the treatment of County Behavioral Health clients, including its growing court and diversion mental health programs. A meeting was convened August 8, 2019 with MHSA leadership staff and Division Managers from the Behavioral Health Department, including Dr. Star Graber, Drug & Alcohol Services, and Teresa Pemberton, LMFT, the manager of the new Justice Services Division. The meeting was held at the Prevention and Outreach Division, which also serves as the clinic for veterans Treatment Court and other Veterans programs, and adolescents and young adults receiving co-occurring treatment. At that initial meeting, Mr. Natrajan presented an iteration of the idea and the model to integrate and develop a new, holistic approach using sound meditation as part of an additional treatment for participants involved in the justice system and diagnosed with co-occurring disorders.

The project's design and delivery method would allow participants to experience a comprehensive and holistic intervention using sound meditation as part of their recovery process. Ms. Pemberton felt the application of a self-care practice within treatment planning would be successful for forensic program clients. Dr. Graber also suggested the use of a positive experience within a small space (the SoulWomb booth) while part of community treatment would help former inmates (or those pre-sentencing) to regulate and build coping skills for the experience of being in a confined, small space.

During the planning period, stakeholders were invited to work with MHSA staff to develop proposals. Informal sessions were held over the phone and email with community partners (e.g. Stepping Up coordinator, Jail Medical staff), as well as in other meetings such as the Behavioral Health Board meeting, and provider contract meetings with the County. Innovation stakeholders were invited to join the MHSA Advisory Committee (MAC) meeting on August 28, 2019 which was held as a "Town Hall" in the coastal region of Los Osos, CA. At that event, which invited members of the general public to learn about MHSA and take part in a planning meeting, the County presented Innovation and discussed some of the themes which had emerged since June, including the effort to improve outcomes within forensic programs. Community members attending that meeting, including those with lived experience in court-ordered mental health programs, were genuinely enthusiastic about the use of self-care, meditation, and innovative approaches to the target population.

Innovation stakeholders met again on October 30, along with the MAC, to discuss the themes which had begun to emerge through the formal and informal meetings. At that meeting, staff from the Sherriff's Department, including the Stepping Up Coordinator, provided feedback and support for the strategy to address and improve outcomes within forensic mental health programs. Dr. Christy Mulkerin, Jail Medical Director, provided staff with thoughtful design recommendations, including the assurances that participation in ancillary treatment programs be voluntary, and not tied to court orders.

The first complete draft of proposals became available following the February 2020 meeting and stakeholders were given a week to review the proposals and provide a ranking. The online ranking system allowed every member of the stakeholder group (those wishing to complete their ranking on paper were provided printed surveys) to "score" each proposal anonymously based on the project's merits, need/problem definition, learning goal, implementation, operation, and sustainability. Results of the ranking concluded SoulWomb ranked second among the four original projects.

The SoulWomb project design is the result of continuous, community engagement, refinement, and expert collaboration between Mr. Natrajan, local community members, and experts in the field of the justice and mental health system. As key stakeholders continue to provide feedback to the design, development, and future implementation of the project, SLOBHD is committed to ensure adaptability and engagement process throughout the four-years of innovation testing.

The Innovation Project team has solidified their efforts with Mr. Natrajan, individuals with lived experience, community members, experts in the justice field, and co-occurring disorders to emphasize and facilitate proper coordination and implementation of the proposal. The staff and appropriate partners and stakeholders will meet regularly during the project development, implementation, and evaluation to identify and address challenges, and to coordinate proper engagement for the intervention being tested.

MHSA GENERAL STANDARDS

Using specific examples, briefly describe how your INN Project reflects, and is consistent with, all potentially applicable MHSA General Standards listed below as set forth in Title 9 California Code of Regulations, Section 3320 (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standards could not be applied to your INN Project, please explain why.

A) Community Collaboration
The Project is designed to facilitate a strong collaboration that includes community participation and feedback, SLOBHD, and experts in the forensic mental health system and veteran communities. The Project fosters and maintains community collaboration through a process of consistent stakeholder advisory group interaction and by representing diverse racial/ethnic, cultural, and linguistic communities. The Project works with individuals with lived experience, mental health providers, families, parents/primary caregivers, and other professionals to enhance and develop a cohesive and comprehensive project.

B) Cultural Competency
At its core, this project is steeped in a cultural awareness. The approach itself is based in Eastern healing culture, and the test is based on applying that indigenous, culturally identified practice within the scope of a Western treatment protocol. In addition, the population targeted, forensic mental health clients, bring elements of their individual race, communities and cultures, and therapeutic providers are encouraged to develop competence across traditional psychological perspectives. As Robert Carter (et. al.) outline in the Handbook pf Racial-Cultural Psychology and Counseling, "The ability to engage in indigenous healing

practices or to utilize indigenous healing systems is another racial-cultural skill that would increase the effectiveness of counselors."[36]

The Project will impact diverse participants from across the County. The Project employs culturally and linguistically appropriate staff who will engage participants through service delivery that fosters equal access to services without disparities. Additionally, through the project design, the stakeholder advisory group incorporates culturally and linguistically appropriate guidance in the administration, implementation, delivery, and evaluation processes. Cultural competency will be achieved by providing participants with the opportunity to participate in the project in which all services will be delivered in the participant's primary language. Services will engage and retain diverse individuals through recruitment by a trusted source. The stakeholder advisory group will monitor the project for disparities in services using process data and community data provided by the project data analyst.

C) Client-Driven

The Project is designed to engage staff and participants who work primarily with individuals with co-occurring disorders, which is ultimately the population that will be impacted by the Innovation Project. Individual experiences and individualized information will provide guidance and lead to a better participant understanding of the SoulWomb intervention, the impact, and continued fine-tuning of the approach necessary to identify and engage with those participants who may benefit from an additional holistic approach to recovery.

D) Family-Driven

SoulWomb will be implemented amongst MHSA programs which have consumer and family-driven principles embedded in their design. For instance, the Behavioral Health Treatment Court and Mental Health Diversion Court programs had consumers and family members involved in their design and are part of the stakeholder groups reviewing program outcomes. Forensic mental health programs at SLOBHD design individual treatment plans which may include family involvement, yet often are working toward family reunification. As the Innovation project progresses, key stakeholders, including the Andrew Holland Foundation (representing the family of the deceased inmate described in the Community Planning section), will shape program decision-making and determine which elements of the SoulWomb and approach are essential to assist participants in developing a mindful, healthy, and recovery driven approach impacting their livelihood.

E) Wellness, Recovery, and Resilience-Focused

The SoulWomb project embraces and facilitates Wellness, Recovery, and Resilience philosophy, principles, and practices. SoulWomb empowers clients to set and achieve individual goals of self-care while addressing trauma and other root causes and mental health determinants. The interdependent model allows the client to self-direct their growth in meditation, while being supported in each progressive step. The SoulWomb curriculum helps

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[36] Carter, R. et al (2004, Nov). *Handbook of Racial-Cultural Psychology and Counseling, Volume 1: Theory and Research*. John Wiley & Sons.

clients to build capacity towards independent self-care practices which will be a bedrock of their resilience after treatment.

F) Integrated Service Experience for Clients and Families

The SoulWomb project will be embedded in programs which rely on the support of integrated therapeutic and justice services teams, including therapists, probation, family members, stakeholders, case management, peers, courts, and psychiatry/medication management when necessary.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Explain how you plan to ensure that the Project evaluation is culturally competent and includes meaningful stakeholder participation.

The Behavioral Health Department will select an evaluator who meets the Department's standards for cultural competence – including the ability to provide services (e.g. surveys, focus groups, etc.) in the county's threshold language of Spanish. All SLOBHD contractors, including service providers and evaluators, must complete required cultural competence training provided by the County. In addition, providers and evaluators are provided program specific training in any issues of culture which may impact the program being conducted. For instance, SoulWomb staff and evaluators will be provided with training support for a deeper understanding of services within the veteran and other forensic mental health population.

For the evaluation activities themselves, the selected evaluator will ensure each action, method, tool, and document reflect the standards outlined above. Each participant will be given time to complete pre- and post-assessments to determine the level and composition of intervention best suited to their experience and needs as it relates to their mental health and wellbeing. In addition, participants will be asked to complete surveys designed to gather feedback regarding their perceptions of the quality and intervention of the sound meditation engagement, their reflections on effectiveness, preparedness, and sensitivity to the participants' needs, their recommendations for changes or improvements, and their overall satisfaction with the project intervention.

All Innovation programs and evaluation are reviewed by the Innovation stakeholder group as discussed in the Community Planning section. Stakeholders participate in procurement processes, as well as contract monitoring, and review of evaluation practices throughout the course of the project.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

Briefly describe how the County will decide whether it will continue with the INN project in its entirety or keep particular elements of the INN project without utilizing INN Funds following project completion. Will individuals with serious mental illness receive services from the proposed project? If yes, describe how you plan to protect and provide continuity of care for these individuals upon project completion.

The MHSA Coordinator, with the assistance of the MHSA Innovation Stakeholder Group, will host regular meetings to review progress of the active Innovation Projects. Each Innovation Project will be required to submit quarterly and annual reports on findings to date. These reports will be reviewed and discussed among the Innovation Stakeholder Group who will focus on successful outcomes and challenges that may prompt the need for technical assistance and additional resources.

SLOBHD will look holistically at the success of the project. Data driven decision-making will determine if the project is promising and additional time is indicated to further develop definitive results for the project. If necessary, a criterium will be developed to determine if an Innovation project should be extended or supported with alternative funding. Projects can be supported in whole or focused on specific components that are particularly successful in addressing the mental health challenge for the community.

The Innovation project will incur costs associated with the development, coordination, hiring of staff, and implementation of the SoulWomb model. Based on the results of the independent evaluation of the Innovation project, and the availability of other identified funding sources, the County will determine whether to continue the project as is or to keep particularly successful elements by integrating them into existing programs. If the evaluation indicates the intervention or part of its components are effective, the SLOBHD will work to identify strategies to update practices or internal guidelines that would allow participants and staff to continue accessing the intervention or a model of the project. Additionally, SLOBHD would potentially identify and determine other funding sources to continue the intervention or some of the components.

The SoulWomb project will provide services to individuals with serious mental illness and co-occurring disorders. The project design will allow for voluntary participation and is scheduled to only accommodate clients within the testing phase. Clients will be able to complete and session cycles they may begin, even after the testing phase. No clients will have SoulWomb services terminate prior to scheduled completion. The curriculum builds capacity for self-driven mediation and self-care, thereby not requiring ongoing SoulWomb sessions by offering tools and resources clients can use outside of SoulWomb including but not restricted to smartphone applications, books, and YouTube videos that can tell them more about mindfulness and meditation.

COMMUNICATION AND DISSEMINATION PLAN

Describe how you plan to communicate results, newly demonstrated successful practices, and lessons learned from your INN Project.

A) **How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?**

The Innovation Project provider will produce quarterly reports with detailed information on the project's accomplishments and challenges. Content will be developed in concert with participants and County staff to communicate how the project is evolving and what is being learned. The MHSA Leadership Team will provide updates to stakeholders at the

bi-monthly MHSA Advisory Committee meeting, the Andrew Holland Foundation board meetings, Stepping Up Initiative meetings, and the Behavioral Health Board when possible. SLOBHD plans to include testimonials from participants, loved ones, and other appropriate staff. At the end of the four-year grant, there will be a comprehensive and detailed report available to the County and the stakeholders. Information on the results of the Innovation Project evaluation will be posted online at https://www.slocounty.ca.gov/MHSA.aspx, distributed via email, and reviewed at community meetings open to the public.

B) **KEYWORDS for search: Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.**

1. Sound meditation
2. Self-guided meditation
3. Meditation box
4. Alternative medicine or integrative medicine modalities
5. Sound and vibration help in coping with anxiety, depression, addiction, and stress

TIMELINE

A) **Specify the expected start date and end date of your INN Project**

Start: July 1, 2021 – End: June 30, 2025

B) **Specify the total timeframe (duration) of the INN Project**

Four years

C) **Include a project timeline that specifies key activities, milestones, and deliverables—by quarter:**

Quarter	Activity/Milestone	Deliverable
Q1 Jul-Sep 2021	-Hire Project Director -Convene planning and implementation meetings with key partners and form steering committee -Develop evaluation plan with specific metrics -Gather custom requirements for SoulWomb structure	-Staff hired - Team charter that defines roles, responsibilities, and work plan -Evaluation tools and implementation timeline in place -Installation and setup of SoulWomb pod
Q2 Oct-Dec 2021	-Onboard and train staff -Continue planning and implementation meetings with partners, to include introduction of project director, finalization of referral process, confidentiality -Determine schedule of team meetings to include all key partners as listed above -Evaluation plan finalized, survey tools and reports developed, and staff trained in data collection -Develop marketing materials for project outreach, education and engagement, including Spanish language materials	-Staff trained -Setup online scheduling, ushering participants, online tools, post-meditation journaling -Final evaluation plan in place and in play -Clients begin to receive SoulWomb service in phase one pilot launch
Q3 Jan-Mar 2022	-Continue refining referral process, program marketing, and service provision based on input from clients, project director, and partner agencies -Project reviewed and refined based on feedback -Six-month evaluation	-Increased number of participants for phase two pilot launch -Online support for scheduling and tracking finalized -Output data is queried, and first report is created
Q4 Apr-Jun 2022	-Project director activities continue (on-going) -Outreach to target population	-Finalize meditation integrated curriculum for go-live with stakeholders
Q5 Jul-Sep 2022	-Create fiscal year-end report to include performance measures, progress, and value -Analyze first year results and modify program, accordingly, including review of training for BHN	-Project reviewed and refined based on data and client and team feedback

	-Steering committee team meeting	-Disseminate year one report to relevant groups and stakeholders
Q6 Oct-Dec 2022	-Continue serving target population	-County refresher training
Q7 Jan-Mar 2023	-Continue serving target population -Expand availability of SoulWomb -Team meetings with key partners continue (on-going)	-18- month review and evaluation report -Adding of walk-ins and on-demand scheduling
Q8 Apr-Jun 2023	-Measure participation and value for participants by survey	-Survey results received and evaluated
Q9 Jul-Sep 2023	-Program sustainability reviewed by planning team; recommendations provided to SLO Mental Health Services Act Advisory Committee	-Two-year evaluation report
Q10 Oct-Dec 2023	-Continued refinement based on findings from years one and two	-Ongoing client services -Sustainability planning
Q11 Jan-Mar 2024	Ramp down of Innovation project begins	-Finalization of project data collection -Project partner team meeting to review data, lessons learned, and recommendations for the future -Sustainability plan engaged
Q12 Apr-Jun 2024	-Full project report, including project evaluation finalized and disseminated to stakeholders -SoulWomb prepares for transfer to post-Innovation funding and format	-Final project report -Transition to sustainable funding -Explore program availability to other communities and high-risk populations

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES
The next three sections identify how the MHSA funds are being utilized:

   A) **BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)**
   B) **BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)**
   C) **BUDGET CONTEXT (if MHSA funds are being leveraged with other funding sources)**

BUDGET NARRATIVE

Provide a brief budget narrative to explain how the total budget is appropriate for the described INN project. The goal of the narrative should be to provide the interested reader with both an overview of the total project and enough detail to understand the proposed project structure. Ideally, the narrative would include an explanation of amounts budgeted to ensure/support stakeholder involvement (For example, "$5000 for annual involvement stipends for stakeholder representatives, for 3 years: Total $15,000") and identify the key personnel and contracted roles and responsibilities that will be involved in the project (For example, "Project coordinator, full-time; Statistical consultant, part-time; 2 Research assistants, part-time…"). Please include a discussion of administration expenses (direct and indirect) and evaluation expenses associated with this project. Please consider amounts associated with developing, refining, piloting and evaluating the proposed project and the dissemination of the Innovative project results.

Personnel Costs – Salaries (4-Year Total $104,000): This includes the cost for a Project Director. In years one and two, the Project Director time is estimated to be a .30 full-time equivalent (FTE). In years three and four, it will decrease to .20 FTE. Strategic planning and execution, aligning and working with official county stakeholders, clinicians and therapists to build out the curriculum, secure contracts with consultants, expand on existing use cases, debrief with County and be the key point of contact for the overall project goals and outcomes.

Operating Costs – Direct Costs (4-Year Total $70,600): This includes costs associated with the on-going operation of the project, as well as expenses to support the SoulWomb. Operating expenses may include, but are not limited to, office supplies, curriculum supplies, cell phone expense, insurance expense, and travel expenses. Support items may include, but are not limited to, leasing equipment, replacement or upgrades to the touch screen, speakers, controls, upgrading the physical space, upgrading/updating/adding meditation tracks, leasing/upgrading biofeedback equipment, and additional software.

Non-Recurring Costs – Setup & Installation/Testing Equipment (4-Year Total $7,000): This includes the initial setup and installation of the SoulWomb. - Materials include the physical space, electronics, touch screen, on board computer, audio-video equipment, installation cost (transportation, setup/install, test and optimize for the space requirement), and bio-feedback equipment.

Consultant Costs/Contracts – Direct Costs (4-Year Total $334,580):

- **Project Manager (PM) $256,800 (full-time) –** The PM will manage end client needs, assist with scheduling, incident tracking, incident prioritization, enable communication with stakeholders, provide regular scheduled project status readouts to update team and stakeholders. Work with the project director and help schedule meetings with clinicians to assist in documenting and building out curriculum, planning scheduled updates/upgrades and overall asset and resource management.

- **Project Data Analyst $218,400 (full-time) –** The Project Data Analyst will assess, manage, and evaluate usage and generate project status reports to the PM and the Project Director. This person will analyze usage trends for forecasting and provide reports to the PM, report on curriculum efficacy, report on adherence to curriculum, and help the project manager optimize operations and scheduling based on historical usage data and trends.

- **Accounting $29,120 (part-time) –** Accounting contractor to manage financial record keeping of the project.

- **Technical support $24,960 (part-time/as needed)** – Tech Support to help with physical space upkeep, upgrade of physical space, parts upgrade, electronics upgrade, and overall maintenance.

- **Sound Meditation Consultant $5,760** – This person will help with providing voice overs and sound meditation instruments for recording sounds.

Other Expenditures (4-Year Total $60,000): This includes costs for project County Innovation Evaluator of $15,000 per year. The County Innovation is responsible for the overall coordination, evaluation, and auditing process of all Innovation Projects' data collection, analysis, and state reporting including measure program outcomes to determine the extent to which they are the result of the program and prepare a final outcome evaluation report that summarizes results of the study.

PERSONNEL COSTS (salaries, wages, benefits)	FY 2020/2021	FY 2021/2022	FY 2022/2023	FY 2023/2024	TOTAL
1 Salaries	$31,200	$31,200	$20,800	$20,800	$104,000
2 Direct Costs	-	-	-	-	-
3 Indirect Costs	-	-	-	-	-
4 Total Personnel Costs	$31,200	$31,200	$20,800	$20,800	$104,000
OPERATING COSTS	FY 2021/2022	FY 2021/2022	FY 2022/2023	FY 2023/2024	TOTAL
5 Direct Costs	$19,800	$17,400	$17,200	$16,200	$70,600
6 Indirect Costs	-	-	-	-	-
7 Total Operating Costs	$19,800	$17,400	$17,200	$16,200	$70,600
NON-RECURRING COSTS (equipment, technology)	FY 2021/2022	FY 2021/2022	FY 2022/2023	FY 2023/2024	TOTAL
8 Setup & Installation	$5,000	-	-	-	$5,000
9 Testing Equipment	-	$2,000	-	-	$2,000
10 Total Non-recurring costs	$5,000	$2,000	-	-	$7,000
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)	FY 2021/2022	FY 2021/2022	FY 2022/2023	FY 2023/2024	TOTAL
11 Direct Costs	$104,320	$83,080	$87,240	$59,940	$334,580
12 Indirect Costs	-	-	-	-	-
13 Total Consultant Costs	$104,320	$83,080	$87,240	$59,940	$334,580
OTHER EXPENDITURES (please explain in budget narrative)	FY 2021/2022	FY 2021/2022	FY 2022/2023	FY 2023/2024	TOTAL
14	-	-	-	-	-
15	-	-	-	-	-
16 Total Other Expenditures	$15,000	$15,000	$15,000	$15,000	$60,000
BUDGET TOTALS	FY 2021/2022	FY 2021/2022	FY 2022/2023	FY 2023/2024	TOTAL
Personnel (line 1)	$31,200	$31,200	$20,800	$20,800	$104,000
Direct Costs (add lines 2, 5 and 11 from above)	$124,120	$100,480	$104,440	$76,140	$405,180
Indirect Costs (add lines 3, 6 and 12 from above)	-	-	-	-	-
Non-recurring costs (line 10)	$5,000	$2,000	-	-	$7,000
Other Expenditures (line 16)	$15,000	$15,000	$15,000	$15,000	$60,000
TOTAL INNOVATION BUDGET	$175,320	$148,680	$140,240	$111,940	$576,180

*For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)					
ADMINISTRATION:					
A.	**Estimated total mental health expenditures for ADMINISTRATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds	$175,320	$148,680	$140,240	$111,940	$576,180
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Administration**	$175,320	$148,680	$140,240	$111,910	$576,180
EVALUATION:					
B.	**Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds					
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Evaluation**					
TOTAL:					
C.	**Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY & the following funding sources:**	**FY 20/21**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**TOTAL**
1.	Innovative MHSA Funds	$175,320	$148,680	$140,240	$111,940	$576,180
2.	Federal Financial Participation					
3.	1991 Realignment					
4.	Behavioral Health Subaccount					
5.	Other funding*					
6.	**Total Proposed Expenditures**	$175,320	$148,680	$140,240	$111,940	$576,180
*If "Other funding" is included, please explain.					

Attachment A: 30 Day Review Notice

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW & COMMENT
and
NOTICE OF PUBLIC HEARING

County of San Luis Obispo
Behavioral Health Department
Mental Health Services Act

NOTICE OF AVAILABILITY FOR PUBLIC REVIEW

WHO: County of San Luis Obispo Behavioral Health Department
WHAT: The MHSA Innovation Plan for Fiscal Years 2020-24 is available for a 30-day public review
            and comment from March 23, 2021 through April 21,2021.
HOW: To review the proposed plan, visit:
            https://www.slocounty.ca.gov/MHSA.aspx

            To submit comments or questions:
            https://www.surveymonkey.com/r/21-25MHSAInnovationPlan

            Comments must be received no later than April 21, 2021.

NOTICE OF PUBLIC HEARING

WHO: County of San Luis Obispo Behavioral Health Advisory Board
WHAT: A public hearing to receive comments regarding the Mental Health Services Act Innovation
            Plan for FY 2020-2024.
WHEN: Wednesday, April 21, 2021 at 3:00 p.m.
WHERE: Zoom Webinar/Teleconference

   https://slohealth.zoom.us/j/99833767421?pwd=RXM4M3dDb1NaNlBEUVRLREpmVlMrQT09

                 Meeting ID: 998 3376 7421   Passcode: 908455

                              Dial by your location

       +1 669 900 6833 US (San Jose)   +1 929 205 6099 US (New York)
       +1 346 248 7799 US (Houston)   +1 301 715 8592 US (Washington DC)
       +1 253 215 8782 US (Tacoma)   888 475 4499 US Toll-free
       +1 312 626 6799 US (Chicago)   877 853 5257 US Toll-free

                      FOR FURTHER INFORMATION:
                  Please contact Timothy Siler, (805) 781-4064
                            tsiler@co.slo.ca.us