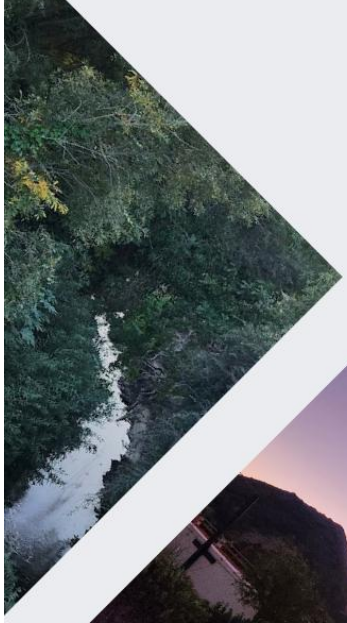
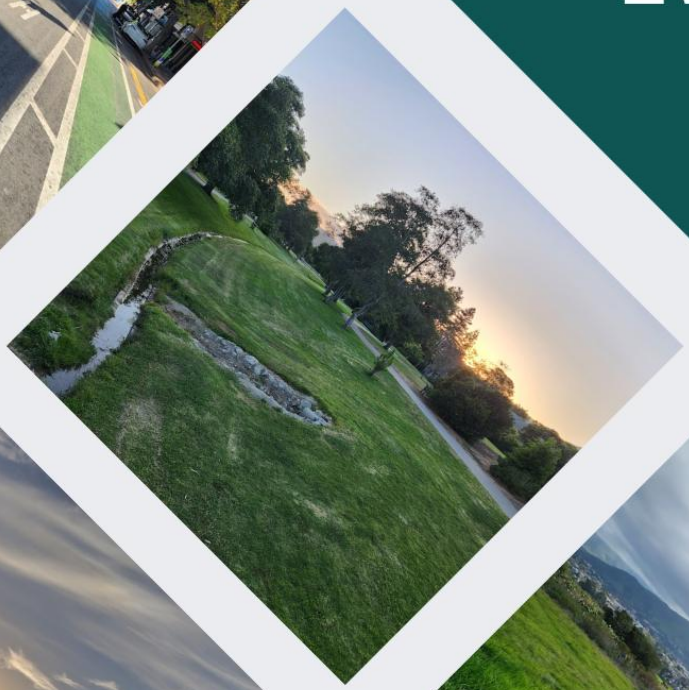
COUNTY OF SAN LUIS OBISPO
BEHAVIORAL HEALTH DEPARTMENT

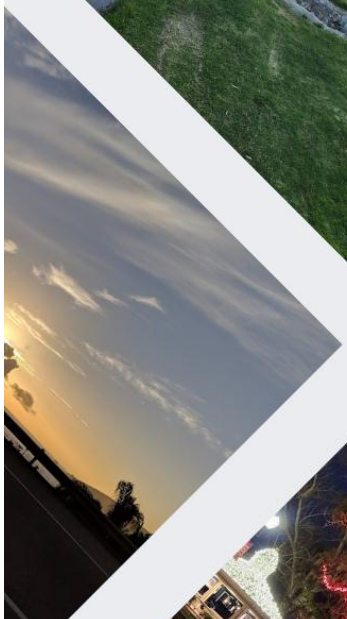
MENTAL HEALTH SERVICES ACT (MHSA)



INNOVATION PROJECTS EVALUATION REPORT

FISCAL YEAR 2021-2025





COUNTY of SAN LUIS OBISPO

SAN LUIS OBISPO COUNTY BEHAVIORAL HEALTH DEPARTMENT

MENTAL HEALTH SERVICES ACT PROPOSITION 63 CALIFORNIA

WELLNESS • RECOVERY • RESILIENCE

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Letter to Reader

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY BEHAVIORAL HEALTH DEPARTMENT
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Star Graber, PhD, LMFT Behavioral Health Director
Frank Warren, M.P.P, C.P.M. MHSA Coordinator

September 2025,

It is with great pride and excitement that the County of San Luis Obispo's Behavioral Health Department present this evaluation of Mental Health Services Act (MHSA)-funded Innovation programs for the fiscal years of 2021-2025. The data analysis has been conducted by faculty and students from the Master of Public Policy program at California Polytechnic State University (Cal Poly) in collaboration with the San Luis Obispo Behavioral Health Department (SLO BHD).

"Innovation" is the most unique of MHSA *components*, offering counties the opportunity to work with their communities and develop new, original, best practices for the public mental health system. An Innovation project is designed mainly to contribute to learning, rather than simply providing a service. It was fitting, then, for SLO County to partner with a local institution of higher education to examine the efficacy and results of these two projects.

Along with our gratitude for Cal Poly and its MPP program for their efforts and collaboration with these projects, SLO County would also like to thank Nestor Veloz-Passalacqua, Timothy Siler, and Landon King who served as the County's Innovation Coordinators during the planning, implementation, operations, and completion stages of these projects.

Thank you for your interest in the County's Innovation projects for 2021-2025!

Christina Rajlal
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Executive Summary

The Mental Health Services Act (MHSA) was enacted in November of 2004 with the passage of Proposition 63 by California voters. The implementation of MSHA saw the creation of new regional mental health service initiatives, known as "INNovation Projects" that are administered by county governments and financed by the MHSA. In the years since the Act's passage, a broad array of community health projects gained shape, and many have become important nodes within the mental healthcare networks of their respective counties. Due to the experimental nature of these programs, third-party evaluations were required to offer insights into the efficacy of different treatment models. Such independent evaluations may help improve efficiency, efficacy, and appropriate dispersion of innovation programs.

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 6-month period from 2020-2021, the SLOBHD worked collaboratively with community advisors, including consumers of mental health services and family members, to develop the County's INN Plan. The plan consisted of two new and novel mental health approaches to informing the County and the community on possible improvements for addressing mental health disparities. During the community selection process, the two chosen projects were coincidently both aimed at improving overall health, climate, and physical and emotional safety for youth in SLO County schools. During the evaluation stage for this round of Innovation, the two project facilitators recognized the interconnectivity of each other's projects and laid a foundation for future collaborations.

The total cost of the two projects, including administrative services, was approximately $1.2 million over 4 years. The projects were funded with the County's MHSA funds that were allocated by the state specifically for INN projects. The table below depicts the budgets for each project and the total for the 4-year-round of funding.

INN Project Budgets	FY 21-22	FY 22-23	FY 23-24	FY 24-25	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**

This report examines the research model and results of two projects that launched in 2021. Each project was subject to a series of approvals by community advisory committees, the SLO County Behavioral Health Board, the SLO County Board of Supervisors, and the state appointed Mental Health Services Oversight and Accountability Commission (MHSOAC) for processing and regulating INN project proposals. The agencies that facilitated the Innovation projects were selected through a Request for Proposals (RFP) process in 2018.

The timelines for each project consisted of 6 months for planning and set-up, 3 years of testing and operations, and another 6 months for ramp-down and evaluation. SLOBHD contracted with the local university's Master of Public Policy department to assist with project evaluation. The Cal Poly Innovation Evaluators (herein known as CIE) collected data and conducted statistical analysis for each project. The evaluations will identify and analyze the following key components of an Innovation project as required by MHSA:

1) Summary of the priority issue related to mental illness or a change in the current mental health service system.
2) Changes made to the project during operations, reasons for changes, and the impact on timeline and results.
3) Final evaluation results
    a. Description of methodology;
    b. Outcomes related to the new or changed approach to mental health;
    c. Variation in outcomes based on demographic data;
    d. Assessment of which activities or elements contributed to successful outcomes;
    e. Explanation of cultural competency within project and evaluation;
    f. Explanation of community contribution and collaboration.
4) Future plans for the project including the County's continued role in funding or otherwise.
5) Analysis of outcomes in relation to the proposed goals, and lessons learned.

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 key learning goal of this project was 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. Goals outlined in the original proposal included:

- 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?

SoundHeal

The SoundHeal 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 SoundHeal project is centered on the introduction of an innovative Eastern culture wellness practice within the context of Western co-occurring disorder treatment. Participants enter the SoundHeal "HealPod" and are immersed in surrounding meditative sounds, meant to calm, center, and supplement individual therapy.

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 SoundHeal project introduces an accessible, safe, and supportive means to engage reluctant clients in developing a wellness practice.

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

- What is the impact on clients ability to incorporate their own wellness practices?
- How does the HealPod effect individual therapy when utilized prior to the session?
- What specific sound meditations have the greatest impact on dual diagnosis clients?

BHEET Project Evaluation

Project Overview

The Behavioral Health Education and Engagement Team (BHEET) embedded peer support specialists into San Luis Obispo community health system. Their job was to help those stepping down from higher levels of care connect with community resources that help prevent deterioration, which would increase the burden on emergency services. Providers offered mentorship, engagement, case management navigation with community resources, and educational presentations and activities. This program targeted those at risk of falling through the cracks. The providers played an important role in engaging their clients in community resources. These "peers", often with lived experience navigating mental health systems, helped clients make and keep the connection to mental health care services.

Participants included:

- People who do not meet the severity criteria for outpatient services (mild to moderate mental health issues);
- People who have recently experienced success in their treatment and may have stepped down to a lower level of care; or
- People who are in the process of terminating services 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.

Background

Development

San Luis Obispo County's Behavioral Health Department (SLOBHD), alongside Innovation partners, identified a significant service gap for community members with mild to moderate mental health needs who do not meet the criteria for higher-level county services. These individuals often struggle to access or stay engaged with community-based services after their initial referral. Specifically, the stakeholders observed that community members frequently disengage with their treatment once released from SLOBD, resulting in repeated crisis episodes and contacts with emergency or law enforcement services. The stakeholders hypothesized that if provided support with their follow-up plan, the target population would be less likely to decompensate (SLOBHD, 2021).

The idea for this project began by studying the data on referrals made to callers to

the Central Coast Hotline, a confidential crisis support line. Individuals often failed to connect or stay with community services, potentially due to the lack of personal support or guidance. Since 2012, peer navigators have helped clients at the county's outpatient clinic. A previous Innovation project focused on peer navigation in the substance recovery area (Transition Assistance and Relapse Prevention or TARP). These programs served as the inspiration for the Behavioral Health Education and Engagement Team (BHEET). Peer behavioral health navigators would focus on individuals outside the service range of SLOBHD. This aimed to fill gaps in the mental healthcare system in San Luis Obispo. Peer support specialists provided mentorship, case management, system navigation, and mental health education. The goal was to increase engagement rates, reduce drop-offs after referral, and ultimately improve mental health outcomes by creating a more accessible and responsive system for those traditionally underserved by the existing structure.

Learning goals

1) When provided peer engagement and short-term case management, are individuals more likely to follow through with referrals to traditional, longer-term services?
2) When provided peer engagement and short-term case management, are individuals less likely to isolate and/or deny services?
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?
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?
5) When provided peer engagement and short-term case management, and/or therapy, does self-empowerment and advocacy increase for participating individuals? (SLOBHD, 2021)

Implementation

Proposed outcomes:

Based on the learning goals, the 2021 Draft Innovation Plan outlined 5 outcomes for the BHEET program.

1) Seventy-five percent (75%) of participants will follow through with their initial referral to managed care mental health services, seventeen percent (17%) above 2019 levels.
2) Thirty percent (30%) of participants will continue with a second managed

care mental health service, fifty percent (50%) above 2019 levels.

3) Participants will report a twenty (20%) decrease in debilitating symptoms they experience as a direct result of their involvement with the BHEET program.
4) Participants who have prior law enforcement, emergency room visits, or utilization of other crisis services within the last year will demonstrate a recidivism rate of less than ten (10%).
5) Participants will report a thirty (30%) improvement in depression, anxiety, and other behavioral health screening scores within six (6) months from initial contact with BHN.

Figure 1: Typical path

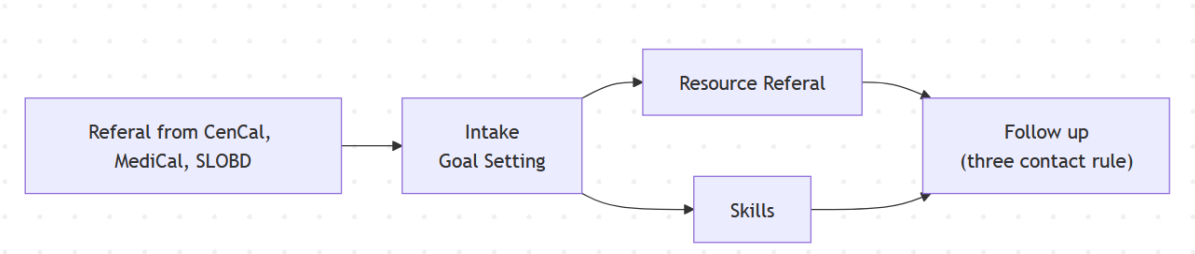


Figure 1 shows the intended path through which community members engage in the peer behavioral health navigator program. The BHEET program offered comparatively informal, short-term services. If during the intake process either the provider or client finds that their goals cannot be met in the program, the navigator can help them find a better fit. For example, in the case that someone recently released from an inpatient facility needs housing, they would be referred to housing assistance. If a mental health crisis occurs, the navigator can provide short-term intervention. Further, if a client has not responded after 3 attempted contacts, the providers leave their contact information and explain that they are ready to help if needed.

The program began in March 2022 through Transitions Mental Health Association (THMA) with one navigator, with a second navigator hired a few months later. In the early months, staff held multiple meetings with representatives of CenCal and County Behavioral Health to educate community stakeholders about the BHEET program. They provided information about the referral process as well as the requirements for entry for prospective clients.

During the first few months, nearly all referrals came from Medi-Cal's central coast provider, CenCal. Administrators continued to connect with CenCal encourage referrals. However, over the next year, the program suffered from staffing shortages. Multiple providers left for higher paying jobs. As new hires were being trained, referrals from CenCal decreased. Meanwhile, TMHA's other peer support program saw an increase in referrals. Staffing levels were back to normal for the final year, which provides the most complete data.

Outcomes and Outputs

Empirical Strategy

This report addresses the following questions: is BHEET's peer advocate program effective at connecting community members with resources and improving the follow-through on mental health referrals, reducing the need for acute crisis intervention? By evaluating data from the behavioral health navigators and conducting interviews with the providers, we give greater insight into the competency of the BHEET program.

Quantitative Data

The data collection goals for this project were not met, due in part to staffing shortages and changing data systems to better sync with managed care providers to ease the referral process.

Table 1: Qualitative Data from Meetings

	Number of Months with Data	Length of Meetings in Minutes	Total Number of Meetings
2022	1	N/A	49
2023	7	3,138	N/A
2024	12	14,166	664
2025	1	88	8

Table 1 shows the available data from the program, with noticeable gaps in 2022 while the program was starting again in 2023 when the staffing shortages and referral problems combined to slow the progress down. 2024 provides the most complete data, not missing any months or other metrics like meeting frequency or length of time.

Qualitative Data

We conducted qualitative interviews with the behavioral health navigators that functioned as peer navigators in the BHEET program in early 2025. The most common themes from the interviews were training, boundaries, budget difficulties, and being one small part of someone's journey.

Result Summary

Services

BHEET had a slower start due to coming out of COVID, staffing issues and fewer than expected referrals from other programs. In 2023, the program expanded its capacity and retooled the data management system. Starting in 2024, providers tracked the type of service they offered in addition to how often and how long they were meeting. The resulting graph shows the most needed services in 2024 for clients in the BHEET program.

Figure 2: Types of services for clients

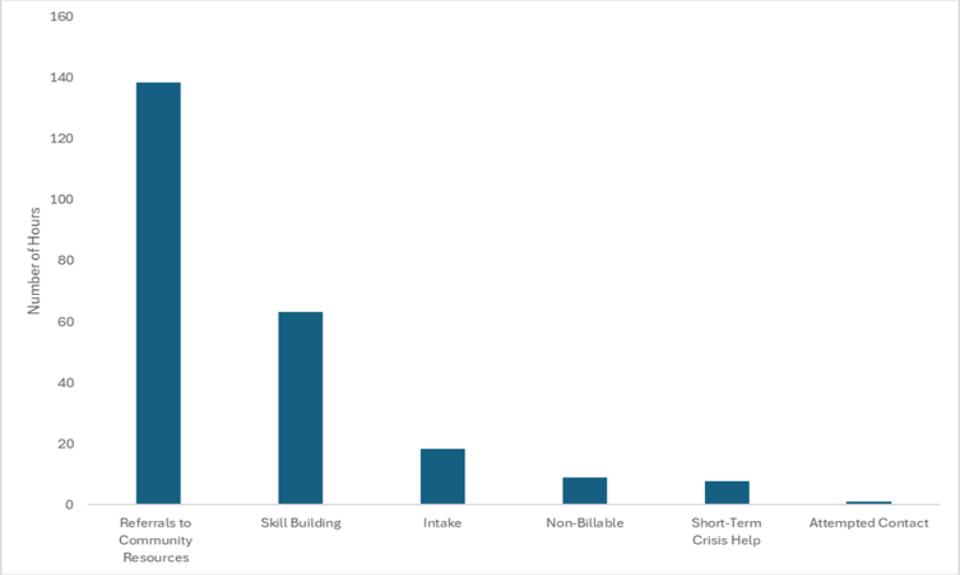


Figure 2 shows the distribution of services that navigators provided in January 2024-2025. Navigators reported spending over 80% of their time referring clients to resources in the community and supporting their clients building life skills. Relative to other services, intake took a smaller amount of time. This allowed providers to focus on assisting clients in the transition from a high level of care to practicing independence. Navigators spent less than 5% of their time working on clients experiencing short-term crises. Behavioral navigators reminded clients of the community's dedicated crisis line, further connecting them with community

resources. The focus on referrals and skills allows navigators to support clients transitioning from involved care set-ups (foster/penal/inpatient system, for example) to more independent lives.

Engagement

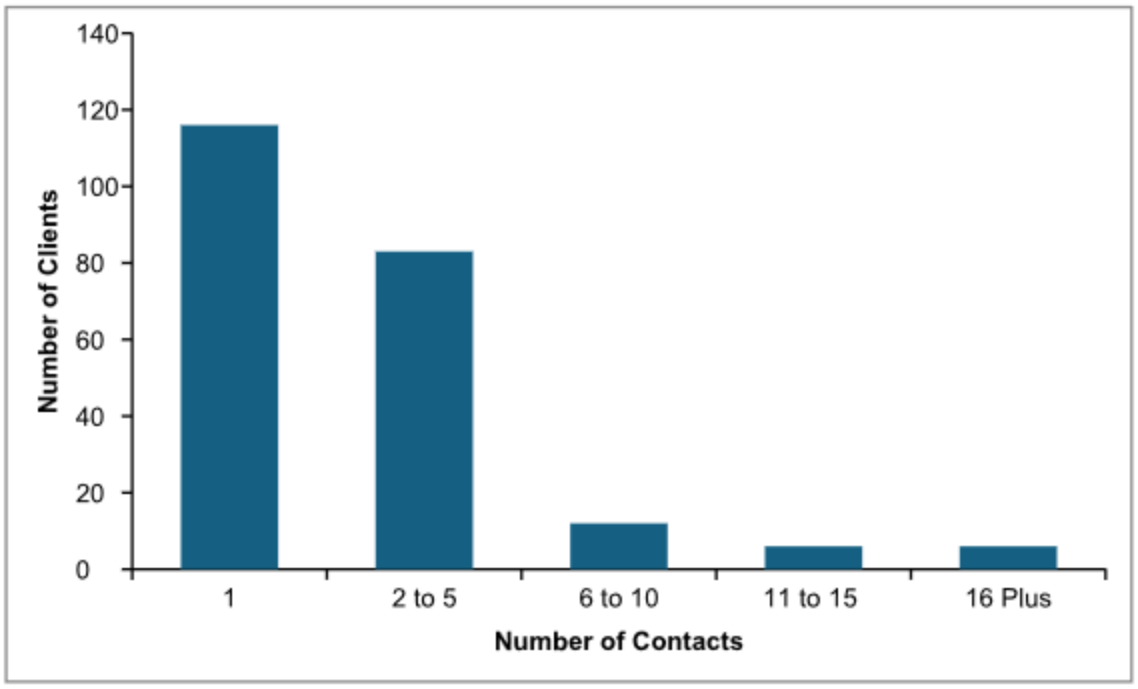
Table 2: Client Engagement Totals

	Clients Engaged in Service	No Follow-up	Total Clients Contacted
June 2022	11 (73%)	4 (27%)	15
January 2024-25	175 (79%)	47 (21%)	222

Table 2 summarizes the engagement records of clients referred to the BHEET program and contacted by the behavioral health navigators. In 2022, we have a snapshot of one month data. Of the 15 clients contacted, nearly 75% engaged in the service by meeting with their navigator multiple times. And in its final year, 2024, the number of clients BHEET navigators engaged in peer help increased to almost 80%. Starting with the first data collected, the program met its engagement goal, and as it scaled in capacity, it continued to exceed its first proposed outcome. The rate of "no-shows" remained constant at about one quarter in the first month and last year of the program. This means that 25% of those referred did not reach out again to their assigned peer navigator. The provider interviews were able to shed light on some possible reasons for lack of engagement. Some clients only needed one referral and after they connected with other mental health service providers they continued their progress with another program. Other clients anticipated, likely from previous experience, a higher level of care. Another common issue was clients expecting help with housing. TMHA's website mentions housing, but that service is not available with the BHEET navigator program. Providers would clarify that they cannot offer housing and either help clients focus on their mental health goals or refer clients to housing services in the county. And relatedly, a few clients were forced to move out of the area because of a lack of housing and were therefore not able to use the referral services provided by the BHEET navigators.

Client meetings

Figure 3: Repeat Contacts



Figures 3, 4, 5, and 6 deal with contacts between client and BHEET staff January 2024-January 2025. Figure 3 shows the number of contacts with each client in 2024-2025. Most clients were able to be supported with fewer than 5 contacts (90%). However, BHEET staff did engage more with the small minority (10%).

Figure 4: Contact hours

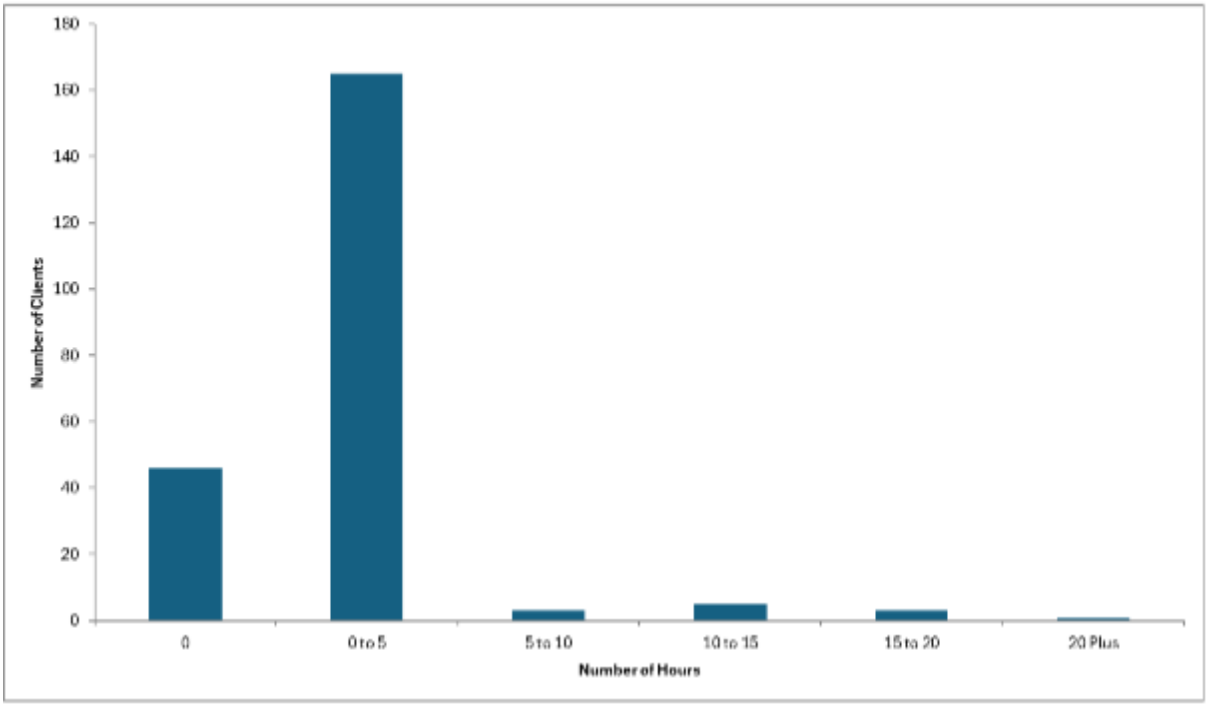


Figure 4 shows the number of hours spent with each client in 2024-2025. Similarly, most clients were able to use the connection resources and short-term support for less than 5 hours in total with their BHEET navigator. And again, as in Figure 3, a small minority of clients utilized the service for over 5 hours. Less than a quarter of the clients, those in "0 hours" were attempted contacts that after being referred to a BHEET navigator did not engage in the first steps (intake or goal setting). Overall BHEET staff were able to help most clients in under 5 hours, but there was a small percentage (<5%) of clients that needed more and deeper help.

Figure 5: Contacts by Mode of Delivery

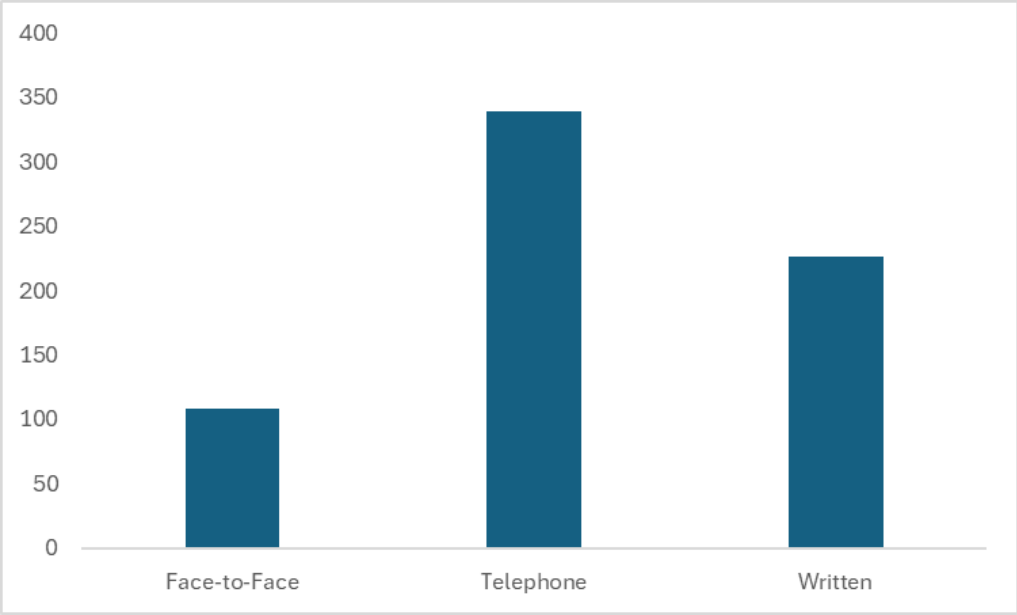
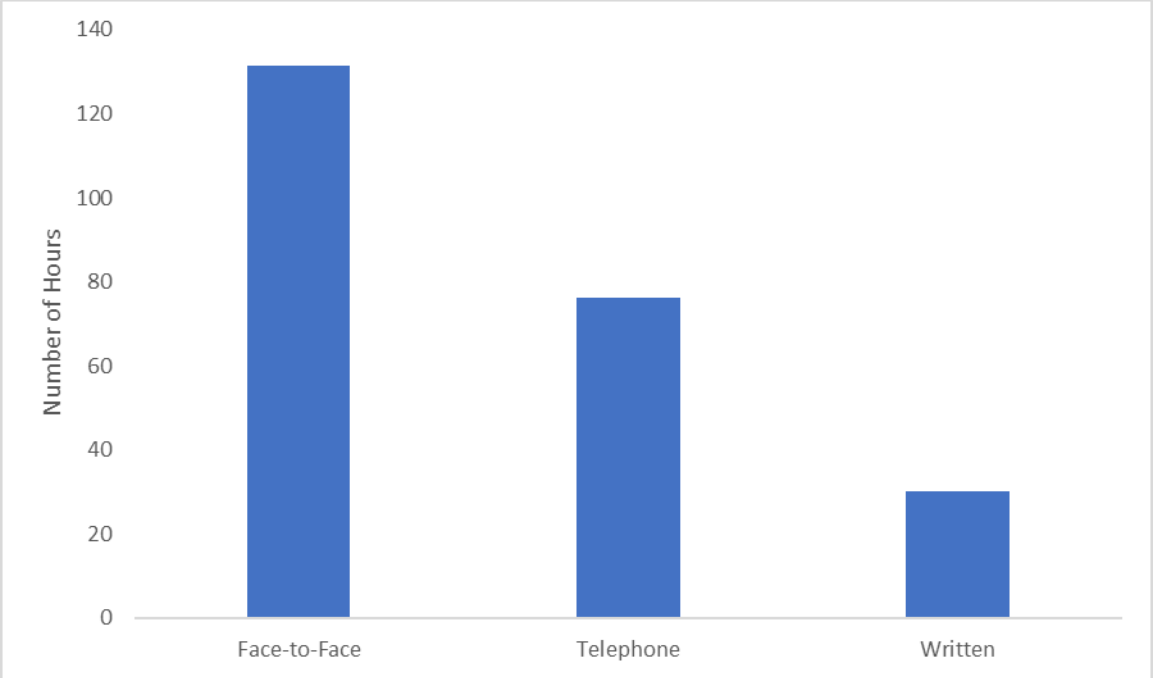


Figure 5 shows that most contacts were via telephone, with face-to-face contact as the least common mode of delivery. However, from Figure 6, it is obvious that the mode of delivery influenced the contact time. On average, face-to-face contacts were just under an hour, with telephone contacts taking an average of just over 10 minutes, and written contact taking about 4 minutes.

Figure 6: Mode of Contact, by Hour



Project Lessons Learned

Core Findings

BHEET's peer navigator program provided a transition landing pad for those that are stepping down from higher level mental health care. Retaining 80% of those referred to the program indicates success in engagement. Providers expressed satisfaction with the program's training, including thorough education on county mental health services. They also appreciated the "peer" aspect of the program. This format allowed them to share their own struggles with mental health and locating appropriate resources in a timely manner. However, providers did mention that some clients' needs exceeded their role. Providers often felt disappointment with long wait times and budget issues that affected the availability of mental health resources for their clients. Others felt that they sometimes overexerted themselves in trying to help their clients with problems outside the scope of the program. The navigators brought up the need for boundaries and self-care in this role.

The program's rollout was hindered by staffing issues and unexpected complications in gaining referrals from the managed care systems in the county. Interestingly, other more established programs that relied on the peer navigation

concept continued to receive referrals (such as Peer Advisory and Advocacy Team or PAAT). PAAT benefited from more established contacts in the community and steadier staffing, which helped meet the need identified in BHEET's development phase.

Staffing Challenges

In high cost of living areas, finding support staff for publicly funded mental health services is difficult. Staff turnover slows down critical processes causing issues in continuity of care for vulnerable populations. In this case, the BHEET program faced an exceptionally high turnover rate. This problem is exacerbated by the training required before a new hire is effective at navigating San Luis Obispo's array of behavioral health services. Administrators in TMHA struggled to provide continuity of care when trained providers left for higher paying jobs. Another challenge was the county wide change over to SmartCare for mental and behavioral health records. In the long term, this change helped streamline the transfer of patient records.

The changes in funding have only become worse since the implementation of the Behavioral Health Service Act. The priorities have shifted away from early intervention and prevention to more acute behavioral health care. Experts worry that these changes will have disastrous effects on the mental and physical health of vulnerable populations in SLO County. Recently, many wrap around services have had to close, including Wilshire Health and Community Services which focused on caring for the needs of residents over 65, which is nearly a quarter of SLO county's population (Foreman, 2025).

Outreach to Managed Care Counterparts for Potential Referrals

When stakeholders developed the program in 2021, the idea was to offer a personal navigator to those discharged from higher levels of care. Practitioners noticed a need for short term guidance and hoped that the expansion of the navigator program would potentially alleviate emergency services in the county. At the same time, the Medi-Cal provider of the Central Coast, CenCal, ended its contract with the Holman group for similar services. Starting January 2022, CenCal took over all mental and behavioral health services for San Luis Obispo and Santa Barabara counties (CenCal, 2022). This meant that some of the target population that was not being served by The Holman Group could find help with CenCal. Overall, this was good for clients because they were more likely to stay with their follow-up plan if it was within the same system as their treatment. For the county's BHEET program, however, a large percentage of the target population was no

longer being referred by managed care. Some of the remaining referrals from CenCal had higher needs than the BHEET navigators were able to provide. Staff continued to work with other referral sources like SLOBHD, the Mental Health Evaluation Team (MHET), Crisis Stabilization Unit (CSU), emergency departments, foster systems and county jail. However, the change with CenCal still had a large effect on program participants.

Limitations

These issues resulted in less follow through on the evaluation parts of the program. According to the draft Innovation Plan (SLOBHD, 2021) evaluation strategies like pre- and post-program surveys would have allowed the program's objectives to be measured more precisely. Pre-program surveys would have collected baseline values on (self-reported):

- referral follow through
- level of isolation
- symptom management
- utilization of crisis services
- self-empowerment.

Post-program surveys administered at the 3-month mark of participation to gauge growth/change, including open-ended questions to assess the participants' experience in the project, were also not distributed. With steady staffing, the pre- and post-program surveys would have given us a better view of the self-reported effects of the program from the client's perspective. With staffing shortages though, the providers chose to prioritize client care above survey creation, distribution and collection.

Next Steps & Conclusions

Conclusions

The BHEET project demonstrated that peer navigator programs can serve as a successful bridge for individuals transitioning out of higher levels of mental health care. With an 80% engagement rate among referred clients, the program effectively met its goal of supporting clients' building skills and connecting to services. Providers reported that the training and peer component allowed them to better help their clients navigate the requirements and waiting times for community mental health services. However, challenges arose when navigators were expected to handle client needs that extended beyond their role, highlighting the importance

of boundaries and self-care.

Despite positive outcomes, the program faced significant operational challenges. Staffing shortages, high turnover, and the high cost of living in San Luis Obispo County made it difficult to retain qualified navigators. Referral complications with managed care partners, particularly CenCal, further hampered the program's ability to serve clients efficiently. Despite the difficulties, the providers and administrators exceeded their contact and repeated contact goals. The shortages, however, meant that there were not enough staff to collect baseline measurements for emergency services and client symptoms, meaning the evaluation relied solely on quantitative meeting data and provider interviews. Overall, the BHEET project highlighted both the promise of peer-based support in behavioral health and the need for systemic improvements to ensure sustainability and continuity of care for vulnerable populations.

<u>Recommendations for future implementation of peer behavioral health navigation</u>

- Increase pay for providers to prevent turnover in key positions during program, provide retention bonuses.
- Use a random sample of the clients for evaluation goals.
- Continue excellent training and preparation, but include more information about boundaries and self-care.
- Practice consistency in data management.

Next Steps

Peer navigator programs have been growing in the past two decades to help with transitioning out of high care systems such as jail or in patient mental health programs (Hailemariam et al., 2024). The idea began in the medical field, with hospital navigators helping patients work within the system to connect with providers and receive timely care. The idea has expanded with counties such as Los Angeles and Santa Clarita hiring navigators for housing, recovery, and transitions out of high care like the foster system. Studies show that having a peer navigator can help with sensitive cultural issues that arise when seeking care (Corrigan et al., 2014).

Given the changeover from the 2004 Mental Health Services Act to today's Behavioral Health Services Act, some preventative care/early intervention program funding is being cut or moved to insurance-based services (Lynch & Jones, 2025).

Investing in prevention and early intervention through wrap-around services is vital to community well-being. Neglecting these services will result in higher costs to emergency and crisis care providers. The state has shifted the funding priorities to high-risk cases and housing, so it is up to the counties to find a way to continue to fund these programs through grants or creating permanent positions. TMHA has expanded their peer services since the start of the BHEET project. They have focused on achieving peer certification for all of their staff from the state of California in an effort to create sustainable peer programs through developing billing mechanisms and processes for Medi-Cal clients. The intent is to replace volatile and changing funding sources, such as BHSA, to implement a business model that is less reliant upon outside funding. TMHA's BHEET navigators will be consolidated with their other peer programs to provide services to Behavioral Health clients, Medi-Cal recipients, and the community at large. These services will be provided via referrals at Behavioral Health clinics and to the public at County Wellness Centers.

SoundHeal Project Evaluation

Project Overview

The SoundHeal project aims to study the impact of music, sound therapy, vibrations, and mindfulness with the HealPod in conjunction with traditional talk therapy on clients receiving mental health services treatment under the San Luis Obispo (SLO) County Behavioral Health Department. Clients who participate in the SoundHeal project complete meditation sessions in the 4x4-foot HealPod before or after their scheduled individual or group therapy session. The HealPod is equipped with speakers, vibro-acoustic transducers, ambient light, and a touchpad. In the HealPod, clients select a desired guided or unguided meditation track. After the meditation session, clients are then prompted to complete a brief "session" meditation journal entry where they indicate their feelings/emotions before, during, and after the HealPod session. In addition to the session journals, clients are asked to complete an occasional or "monthly" feedback survey. The goal of the SoundHeal project is to help clients develop a wellness practice and to facilitate traditional talk therapy by helping clients get into a better frame of mind through the meditation practice.

This program assessment report summarizes the HealPod implementation strategy in the Justice Services Division of the SLO County Behavioral Health Department and provides assessments of the HealPod's effectiveness. While data limitations exist in identifying causal effects of participation in Heal, self-reported measures of client well-being and provider surveys suggest that Heal is a useful way to promote a meditation practice and overall well-being for those who are interested in pursuing the opportunity.

Background

MHSA Innovations begin with identifying a need or gap in the behavioral health system of care. In 2020-2021, San Luis Obispo (SLO) County recognized the 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

became more commonplace for treating multiple diagnoses simultaneously, the Behavioral Health Department and stakeholders highlighted the need for treatment supports that benefit both mental health and substance use treatment.

The County identified this issue as an opportunity for the Behavioral Health Department (SLOBHD) to seek more 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 clients are often managing multiple issues: incarceration and release, probation, court mandates, homelessness, family pressures, and unemployment, and typically they have co-occurring substance use and mental health disorders. Due to the complexity of these conditions and experiences, SLOBHD and community advisors determined that there was a lack of diverse therapeutic options to serve this population.

The project known as SoundHeal was sponsored by the SLO County Behavioral Health Department in partnership with SoundHeal, Inc., a sound meditation technology company. Funding was provided in 2021 by the California Mental Health Services Act under its Innovation program. For additional context, the original proposal for this project can be accessed below as part of the 2021-2025 MHSA INNovation workplan: https://www.slocounty.ca.gov/departments/health-agency/behavioral-health/forms-documents/mental-health-services-act-(mhsa)/innovation-(inn)/round-five-fy-21-25/county-of-slo-innovation-work-plan-fy-2021-2025

SoundHeal works alongside the Justice Services Division of the SLO County Behavioral Health Department to serve clients with court-ordered mental health or substance abuse treatment plans. These programs are designed to address the needs of individuals at different points in the justice process, and SoundHeal provides an additional, alternative treatment option using the HealPod for those in the Justice Services Division. In addition to the intervention that SoundHeal seeks to provide, the ultimate goal is to assist with building self-care and recovery skills that engage clients in trusted techniques while acknowledging the challenges of forensic COD conditions. This SoundHeal project proposed a holistic approach that is rooted in non-Western interventions in the hopes of developing a path of recovery for this growing population.

The HealPod used by SoundHeal is a 4x4-foot sound-insulated, enclosed space with

a curtain entry and a padded chair with a backrest.[1] The HealPod is located at the Health Department's central campus in a room adjacent to the counseling rooms where therapists meet the clients for their sessions. From a clinical perspective, an anticipated benefit was to introduce the option of using the HealPod prior to each session to open avenues for more transparent and productive therapeutic sessions. Clinician feedback on how this project affected and streamlined their sessions can be found in the following sections of this report.

Inside the HealPod, clients select a meditation track that includes sounds and vibrations that, with consistent usage, are intended to help with engagement in treatment, self-motivation and building coping skills. The meditation sessions start with five minutes of meditation, with clients graduating to longer sessions. The sounds offered are designed by SoundHeal to help clients cope with and reduce stress, anxiety, irritability, and pain, as well as to help improve their self-worth, self-esteem, and confidence. The meditation tracks are organized into a curriculum that is selected by the participant with input from the therapist, who received curriculum training from SoundHeal during the project's initiation.

Stated Goals of the HealPod Program

1. As stated in the HealPod proposal, "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" (SoundHeal Work Plan Fiscal Year 2021). The generalized purpose of this project was to examine the impact of guided sound meditation on the overall quality of mental health services. More specifically, SoundHeal identified 5 question-based goals of the project: Does the use of sound meditation intervention increase the well-being and overall outlook on the life of participants?
2. Which specific sound meditations have the greatest impact on participants with dual diagnoses?
3. What is the appropriate number of times the intervention is most positively effective in the participants' behavior?
4. What is the optimal duration of an individual session to most positively be effective in the participants' behavior?
5. Does the intervention positively affect the medication intake of participants?

[1] The HealPod was updated/renovated part-way through the project.

6. Does the intervention improve the treatment outcomes from the perspective of the clinician?

Implementation

The client population for the HealPod project was individuals receiving services through the forensic mental health program, Behavioral Health Treatment Court, and DAS. Participation in the HealPod program was voluntary for therapists and clients. Therapists shared HealPod as an option to their clients. Clients who chose to participate were scheduled for HealPod meditation sessions just before or just after their individual or group counseling sessions. During their appointment, clients entered the HealPod and selected a meditation track.

Immediately after the HealPod meditation session, clients filled out a handwritten "session" meditation journal (see Appendix 1 for full text).[2] These meditation journals were scanned to be digitized, taken to the counseling session to be shared with the therapist, and served as a starting point in cognitive therapy since they contained information about clients' experiences and feelings before, during, and after meditation. After approximately four to eight sessions in the HealPod, clients completed a feedback journal ("monthly" journal)[3] that asked questions about clients' overall experiences with the HealPod (see Appendix 2 for full text).[4] Table 1 outlines summary statistics for both the monthly and session journals.

[2] At the suggestion of the evaluation team, the SoundHeal Project updated the Daily Meditation Journal in December of 2022 to allow for more straightforward comparisons of client feelings before and after participation in the HealPod.

[3] Originally, these monthly journals were in paper format, but were switched to an electronic format in early 2024. The change to a digital entry mode made it easier for the participants to type in some additional thoughts and comments by, for example, asking clients to clarify what they meant when they selected the answer "other."

[4] In addition, the monthly journals ask questions about the clients' user experience in the HealPod..

Summary of Data Collection Tools: "Session" and "Monthly" Journals

	Monthly Journals	Session Journals
Number of participants	60	105
Total number of journals	194	1,117*
Median number of journals per participant	2	4
Maximum # per client	15	69
Minimum # per client	1	1
Average number of journals per client	3	11

***Table 1**: This table summarizes the number of journals collected between December 2022 and April 2025.*

**Thirty-three daily journals were excluded due to missing key information.*

During the program period, 116 clients were scheduled through the portal. Of these, 105 engaged with the HealPod and completed at least one session journal, which was a required part of each visit. Among those participants, 60 chose also to complete the optional monthly journals, providing additional insights into their ongoing experience.

Finally, and in addition to the session and monthly journals, SoundHeal surveyed participating therapists about their experiences and observations of clients who participated in the HealPod program.

Table 1 Results

We assess the data from the session journals and monthly journals by goal and then provide a summary of the therapists' survey at the end. Given the nature of the data – de-identified, self-reported surveys and post-hoc therapist surveys – definitive conclusions are limited. For example, one of the original goals of the program was to identify the effects of the HealPod intervention on medication intake, but due to limited access to records with such information, it was not feasible to collect or share data about patient medication.

Results reported below are correlational, we cannot with certainty identify the causal effect of intervention on outcomes due to potential confounding variables that are uncontrollable. However, feedback was collected from the clinicians' perspective to examine correlation and can be found in the following sections. To identify causal effects, we would need at least three different study design features. First, we would have to randomly assign clients either to participate or not to

participate in Heal (i.e, treatment and control groups). Second, we would need measures of well-being that are not tied directly to HealPod use that we could collect for those in both the treatment and control groups. Then, we could compare the overall well-being measures of those who did and did not participate in Heal to assess whether those who did participate saw improvements to their well-being relative to the control group who did not participate. Finally, we would ideally have access to information about other factors that might shape well-being and/or responses to the intervention (such as prior experience with meditation, diagnoses, or client attitudes about court-ordered treatment, among many others) so that we could identify which factors affect the effectiveness of SoundHeal. From a broad perspective, a strong observational outcome was that those who completed the monthly journals on average used the Heal meditation pod more often or for a longer duration than clients who do not submit monthly journals.

For myriad practical and ethical reasons, those three methodological components were not feasible. Thus, we cannot know whether the relationships between HealPod use and well-being are due strictly to the HealPod or due to other unmeasured features. For example, those who choose to do "extra work" by voluntarily participating in a HealPod intervention might have already been most likely to see improvements to well-being, absent the potential benefits of meditation. The evaluation team does believe that we can learn useful information from the data collection tools used, but we encourage readers to remain aware of the methodological constraints of observational and self-reported data.

Goal 1: Well-being

The first goal is "Does the use of sound meditation intervention increase the well-being and overall outlook of the life of participants?" We assess this goal with data collected from both the session and monthly journals. Between December 2022 and April 2025, the SoundHeal team collected approximately 1,117 session meditation journals across 100 clients. These journals asked clients to reflect on how they were feeling before their HealPod session, what they experienced in the session, and how they felt after the session. The session journals include questions with both open-ended and close-ended/select-all-that-apply style questions. For the close-ended questions, clients were provided a list of feelings and were asked to select which they felt before the HealPod session and which they felt after. Figure 1 shows the percentage of clients who selected each of the pre-selected emotion options for how they were feeling both before and after the session. The grey bars summarize emotions selected for before the Heal Pod session; the black bars show

the selections for after the HealPod session. The terms on the left portion of the graph are typically emotions with a negative association, and the terms on the right side are emotions with a positive association.

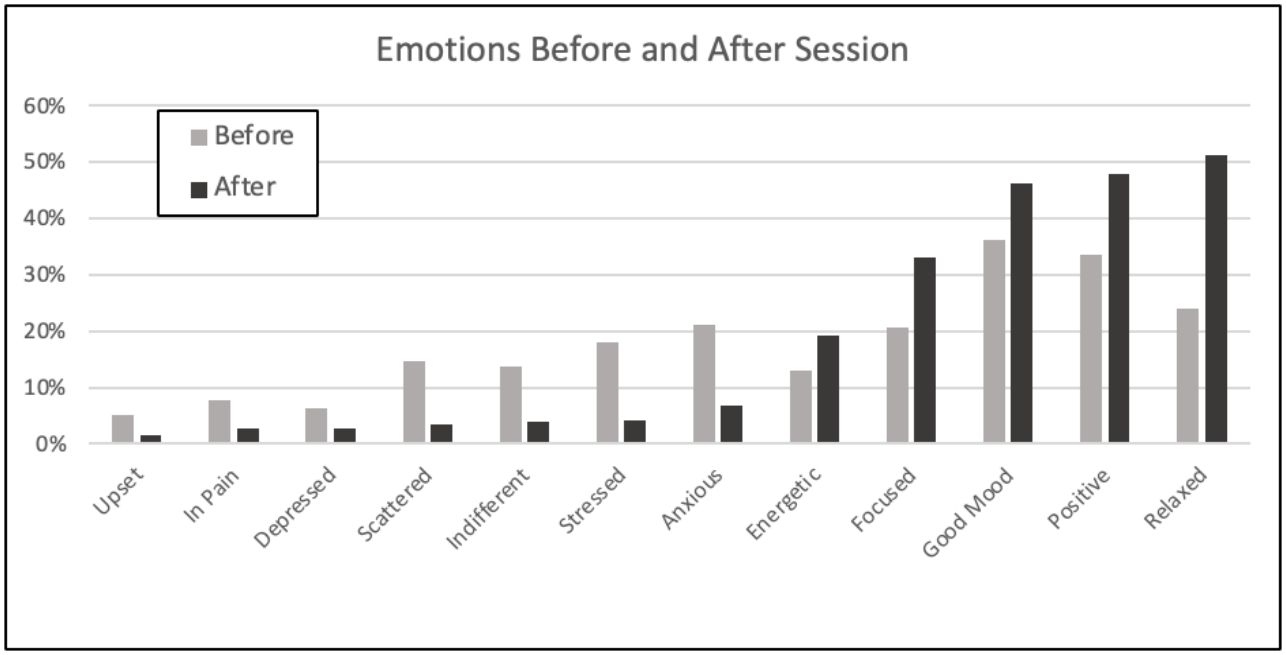


Figure 1: Percentage of session journals that included each listed response either before and/or after participating in the HealPod Session. N=1117

Figure 1 Results

Figure 1 suggests that client feedback aligns with the project goal of well-being. **For all the typically "negative" emotions, we see a decreased percentage of client journals that indicated those emotions after the session relative to the percentage who indicated those emotions before the session. For all the "positive" emotions, we see an increase after the session relative to what is indicated beforehand**. Particularly pronounced is the before-and-after change in percentage of client journals in which "Relaxed" was selected from the pre-determined list of emotions before and after the HealPod session: 24% of client journals checked "Relaxed" before the HealPod session while 51% checked "Relaxed" afterwards. Other observations include:

- 3x reduction in stress
- 2.5x reduction in anxiety
- 2x reduction in depression
- 3x less scattered
- 2x reduction in pain
- 2x more relaxed, which is a key indicator in self-regulation.

Table 2 disaggregates these responses to better show change before and after the HealPod session. For example, 211 journals (19%) indicated that the client felt stressed at some point. Among those 211 journals, 78% indicated stress before the HealPod session, 18% felt stressed before and after, and only 4% felt stressed only after the session. While several people felt stressed before and after the session, most people who indicated that they felt stressed felt stressed only before and not after the HealPod session. In contrast, 588 journals indicated "Positive," and of those 588 journals, 55% indicated positivity both before and after the session.

For all emotions, these differences of before versus after the session are statistically significant at traditional thresholds via the McNemar test. The differences in rates of response before, before and after, and after HealPod use suggest that some emotional changes are more sensitive to the HealPod experience than others.

Pre-selected Emotions Before, Before and After, and After HealPod Use

Emotion reported	Percent of total Journals that indicated each emotion (1,117 total)	Within each Emotion: Percent Reported only Before	Within each Emotion: Percent Reported Before and After	Within each Emotion: Percent Reported only after
Stressed (n=211)	19% (211)	78% (164)	18% (38)	4% (9)
Scattered (n=180)	16% (180)	79% (142)	13% (23)	8% (15)
Anxious (n=252)	23% (252)	70% (176)	23% (59)	7% (17)
Indifferent (n=174)	16% (174)	75% (131)	13% (22)	12% (21)
Upset (n=65)	6% (65)	72% (47)	15% (10)	12% (8)
In pain (n=92)	8% (92)	67% (62)	26% (24)	7% (6)
Depressed (n=82)	7% (82)	63% (52)	22% (18)	15% (12)
Relaxed (n=6	57% (633)	9% (60)	33% (209)	58% (364)
Energetic (n=269)	24% (269)	20% (54)	34% (91)	46% (124)
Good mood (n=604)	54% (604)	14% (87)	52% (317)	33% (200)
Focused (n=409)	37% (409)	10% (40)	46% (190)	44% (179)
Positive (n=588)	53% (588)	9% (53)	55% (322)	36% (213)

Table 2: *Comparison of feelings before and after the HealPod meditation session. The "n" next to each emotion is the total of session journals in which participants indicated each emotion.*

Qualitative Feedback

In addition to indicating their feelings before and after the HealPod session from a list of pre-selected emotions, clients were also prompted three times to describe in writing how they felt: 1) they were asked to provide details about how they were feeling before the meditation; 2) clients were asked "What did you experience in today's session? Write your feelings, emotions, even colors, smells, and sensations you experienced;" and 3) clients were asked to provide "any additional thoughts on how you feel now[/after today's meditation]." Figure 1 summarizes how often participants completed each question.

To evaluate this feedback, we used thematic content analysis (Braun and Clarke 2006). In reading through the qualitative feedback, the evaluation team noted various themes in responses and then identified how often those themes appeared in client feedback. Tables 3, 4, and 5 identify the top 10 most frequent themes for the three qualitative questions and provide examples of each theme from client journals. In line with the results described in Figure 1, the qualitative data summarized in Table 3 emphasizes that many clients entered the HealPod already in a good mood. However, many clients also described feeling tired, that they were thinking or worrying about life issues, or were experiencing physical discomfort.

Details About Feelings Before Meditation

Response Themes	**#**	**Example**
Generally Positive (good, great, well, happy)	203	"I was in a good mood before entering and while in the meditation pod."
Feelings of Anxiety/Stress (apprehension, worry, anger, frustration)	156	"I had anxiety."
Sickness/Physical Discomfort/Pain ("feel/feeling sick"), Hunger	73	"Not feeling well physically, which is impacting me mentally."
Neutral, Indifferent ("alright", "fine", "normal", "not bad")	72	"I am neutral. Not happy or sad."
Focus (mindful, present, centered,	48	"Just another day in group focusing on the program so I can remain sober, long term."

balanced, clear/clarity)		
Tired (lack of energy)	47	"I was feeling tired."
Scattered, Difficulty Focusing, Lack of Motivation	42	"Before entering the Heal Pod, I felt scattered. I had all kinds of thoughts and it was all over the place."
Calm, Relaxed, Content, Peace	34	"I feel really relaxed today."
Depression/Sadness	11	"I felt like no one loved me or like if I needed someone to love. Feeling depressed."
Acceptance, Letting Go, Growth, Learning	9	“I know what my limitations are and what I am doing to shed them.”

Table 3*: Summary of themes identified in client responses to the request for details about how they were feeling prior to the HealPod session. Themes listed are those that were identified in three or more responses. 722 (65%) journals had some type of response.*

Table 4 summarizes client feedback about what they experienced during the HealPod session. The most common theme identified in these client responses was “Calm, Relaxed, Content, Peace,” which was identified over 650 times. Many clients focused on explaining what they heard or visualized during the HealPod session. We identified 247 instances of clients noting sounds, voices, or music, 105 instances of tactical or somatic observations, 91 instances of visions, and 76 descriptions of colors.

Experience During Meditation

Response Themes	**#**	**Example**
Calm, Relaxed, Content, Peace	666	"Peace. Serenity. Calm."
Generally Positive (good, great, well, happy)	269	“I felt good."
Sounds/Voices/Music	247	"It was a nice session. The sounds of the bells were really nice. It helped me meditate."
Focus (in tune, aware, mindful, grounded, centered, balanced, clear/clarity)	150	"I was serendted by a flute. I was able to think about what I have to do today."
Somatic (body, tactile)	105	"I felt surrounded by waves of energy pushing through my body."
Visions (including	91	"I experienced seeing my husband and our son

“shapes”)		while stepping into the dream world and ruling it."
Colors	76	“Relaxed, I loosened up. Saw purple and greens. Felt good.”
Nature/Natural Surroundings	72	"Sensations of the forest."
Track/Video (name of track, specific mention of words “track” or “video”)	67	"I did the one called "Letting Go."
Acceptance, Letting Go, Growth, Learning	64	"I am exactly where I am supposed to be. Everything is as it should be."

***Table 4**: Summary of themes identified in client responses to “What did you Experience in today’s Meditation.” Themes listed are those that were identified in three or more responses. 1,015 (91%) Session Meditation Journals included some type of written response.*

Finally, Table 5 summarizes client responses when prompted for details about how they felt after the HealPod session. Again, the most common response is associated with the theme “Calm, Relaxed, Content, Peace” followed by a theme of being “Generally Positive.” Many clients provided responses that showed motivation or eagerness to take on the day or what is to come. For example, one client wrote “I’m happy, healthy, and excited to re[a]p all the hard work I’ve put into my recovery so far going,” and another wrote “Ready to take on the whole entire world…!”

Details About Feelings After Meditation

Response Themes	**#**	**Example**
Calm, Relaxed, Content, Peace	199	"I feel more at ease and calm."
Generally Positive (good, great, well, happy)	197	"Still feeling good."
Improvement (better)	118	"I feel much better than I did when I went in."
Motivation ("ready")	79	"Calm, focused, ready for the day."
Focus, Mindful, Present, centered, balanced, clear	74	"Calm. Focused."
Acceptance, letting go, growth, learning, gratitude, reflection	51	"I feel acceptance."
No comment	38	“No.”
Feelings of Anxiety/Stress	34	"Stressed out."

(apprehension, worry, anger, frustration)		
Energy/Energetic/Excited/ Enthusiasm	24	"I feel energized and ready to start my day."
Sickness/physical discomfort/pain ("feel/feeling sick"), hunger	20	"After today's meditation, I still have the same headache, and feel as though I cannot breathe."

***Table 5**: Summary of themes identified in client responses to the request for details about how they were feeling after the HealPod meditation session.*

Not all clients provided answers for each open-ended question. Figure 2 summarizes response rates for each of the three open-ended questions. The most frequently answered open-ended question was about the experience during the HealPod session, which had a substantially higher response rate than the questions about how clients felt before or after the session. Our best guess is that writing about what one experienced is cognitively easier than writing about one's feelings, which might be especially true for those with complicated feelings about their therapy sessions or broader experiences in the justice diversion programs.

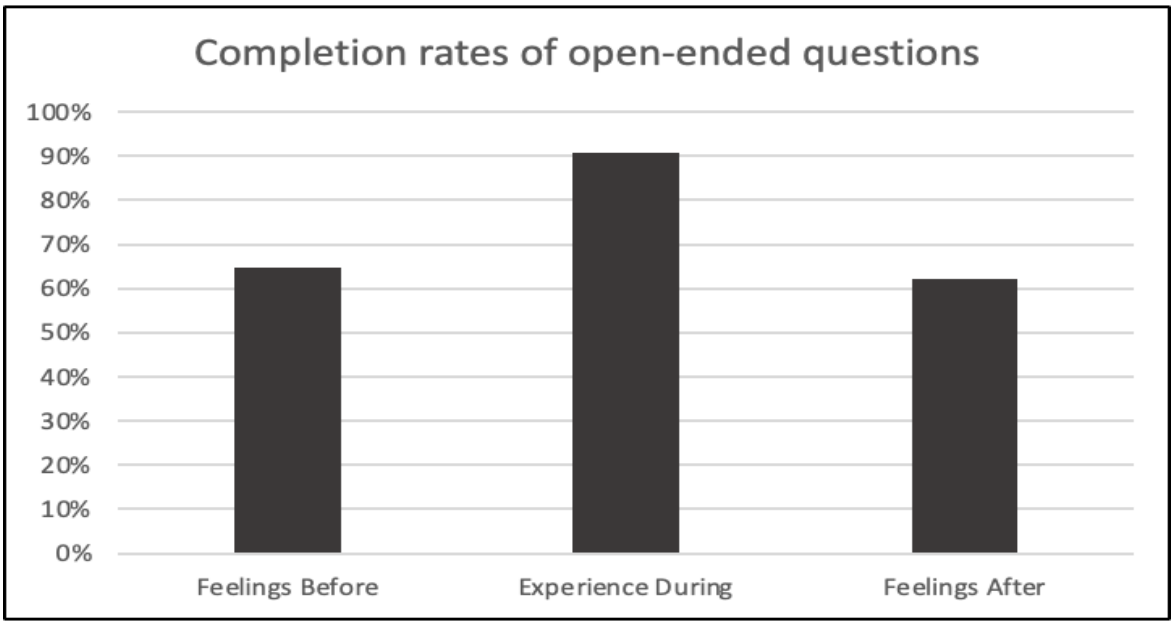


***Figure 2**: This graph shows the proportion of responses to each of the open-ended questions on the survey. The question that asks "What did you experience during/ in today's session?" had the highest number of responses.(N=1117)*

We turn next to the data collected via the monthly journals. One question in the monthly journal asks participants "How often does HealPod meditation help with

your wellbeing?" and offers seven answer options: Always, Very Frequently, Occasionally, Rarely, Very Rarely, Never, and Other. Figure 3 shows the proportion of monthly journal entries that gave each response. Most reported that HealPod meditation "always" or "very frequently" helps with well-being.

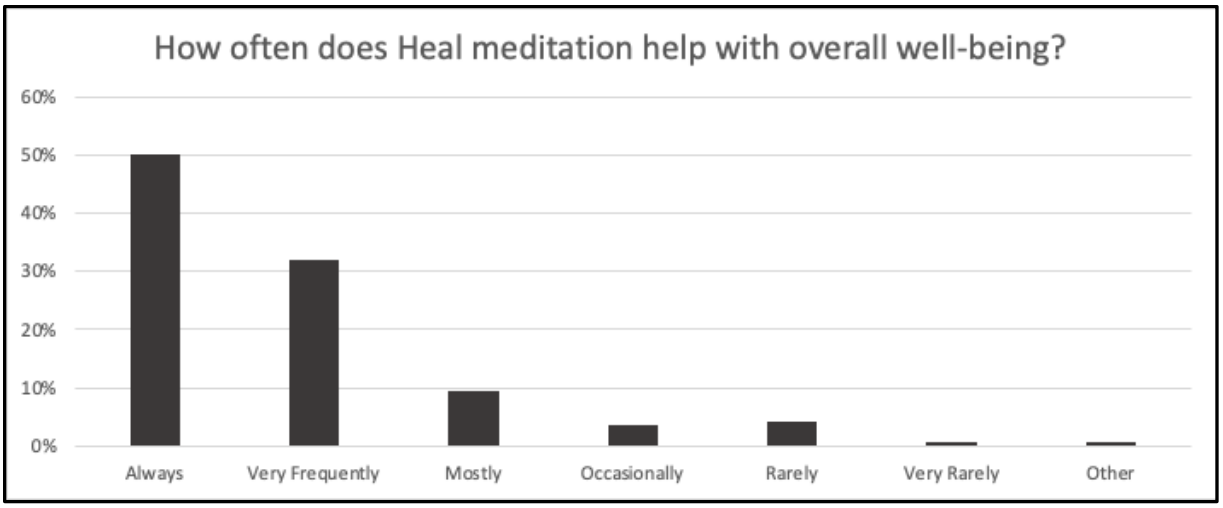


Figure 3: *Participant responses when asked how often Heal meditation helps them with their well-being (n=194). No respondents indicated that the HealPod mediation "never" helped with well-being.*

The ability to "express" in writing was a key component in developing the data collection methodology for this project. The following research provides the basis upon which we determined how and why client journals should be utilized.

1. https://pmc.ncbi.nlm.nih.gov/articles/PMC9611203/ : This paper explores the research outcomes/value of journaling/expressive writing and their implications for mental health. This research underscores that the HealPod project was able to use journaling as a tool in addition to the actual sound/vibration sessions themselves to improve participants' ability to "be open" and to experience the breakthroughs that were reported.
2. https://www.tandfonline.com/doi/full/10.1080/15555240.2023.2240512?utm_source=chatgpt.com#d1e167 : This paper demonstrates that expressive writing is a well-structured written emotional disclosure intervention for processing stressful experiences.
3. https://scholarsarchive.library.albany.edu/cgi/viewcontent.cgi?article=1983&context=legacy-etd&utm_source=chatgpt.com: This research explores the effects and value of actually being mindful before writing.

Our results showed that individuals who completed a Heal session before writing in their Heal Journal experienced greater physical and psychological benefits compared to a comparison group that only engaged in a talk-therapy–based

listening activity. The study also replicated previous findings that individuals with higher baseline-trait mindfulness scores responded better to expressive writing than did those with lower baseline-trait mindfulness scores.

Results

Roughly half of the monthly journals indicated that the HealPod meditation always helps with well-being. Very few indicated that HealPod meditation only occasionally, rarely, or very rarely helps with well-being. **No monthly journals reported that HealPod meditation "never" helped with well-being.**

- Over 97% of participants indicated Heal at least occasionally helped with their overall wellbeing.
- Over 90% of the responses from therapists indicated that clients came in more regulated and engaged after use of the HealPod.
- Over 99% of participants indicated that they had built at least one coping skill.
- Over 47% of the participants indicated that they had started using other tools outside of the HealPod to integrate mindfulness into their daily lives.

In addition, the monthly journals asked participants to identify which coping skills (from a list of actions and behaviors) HealPod had helped them build. Figure 4 reports the proportion of monthly journal entries in which various behaviors and actions associated with coping skills were selected. Clients indicated that HealPod helped with "Me Time" in over 60% of monthly journals. Thirty percent or more of monthly journals indicated that Heal helped "Building Good Habits," "Take Breaks," "Accept Challenges," "Reorganize," "Prioritize Tasks." Fewer than 1% of participants said it reported that the HealPod intervention "Does not help."

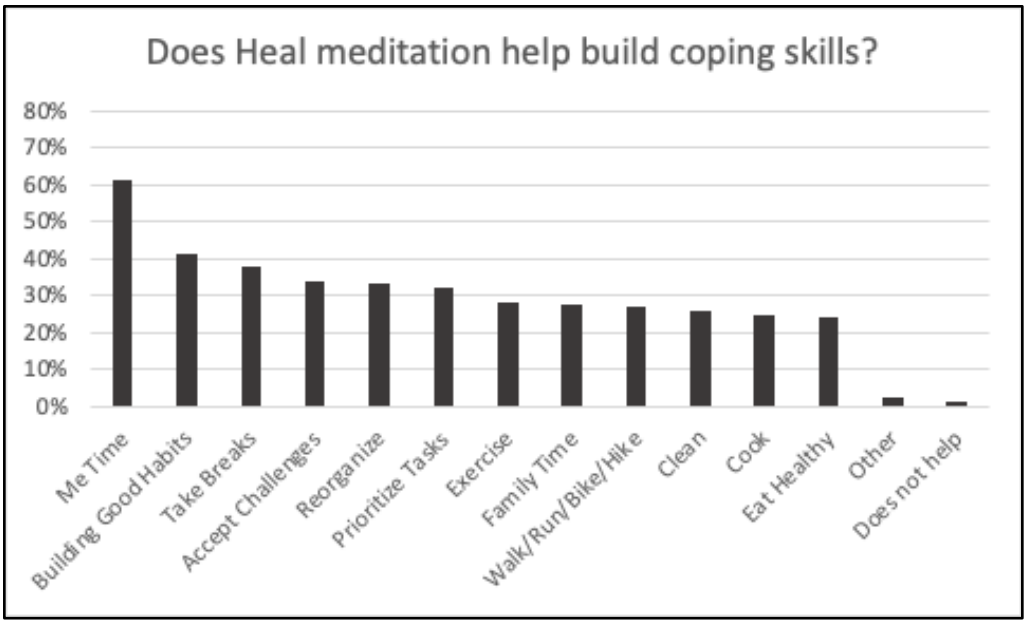


Figure 4: The percentage of monthly entries that reported Heal helped clients

We also asked the SLO County therapists, "Is it your experience that Heal participants tend to show improved use of coping skills?" As Figure 5 shows, about 85% of the therapists' responses indicated that they at least agreed that Heal showed improved use of coping skills.

Figure 5: The percentage of clients who show improved use of coping skills as reported by the clinicians.

Overall, client feedback through the daily session and monthly journals suggests that clients do see the HealPod as useful or helpful for their well-being, emotional state, building a mindfulness practice and developing coping skills. Open-ended feedback shows diverse experiences with and in the HealPod,

including many experiences we would associate with improved well-being, at least during and immediately following the HealPod session. Interestingly, as Figure 6 shows, nearly half of the participants began their own independent meditation practices subsequent to their experiences using the HealPod.

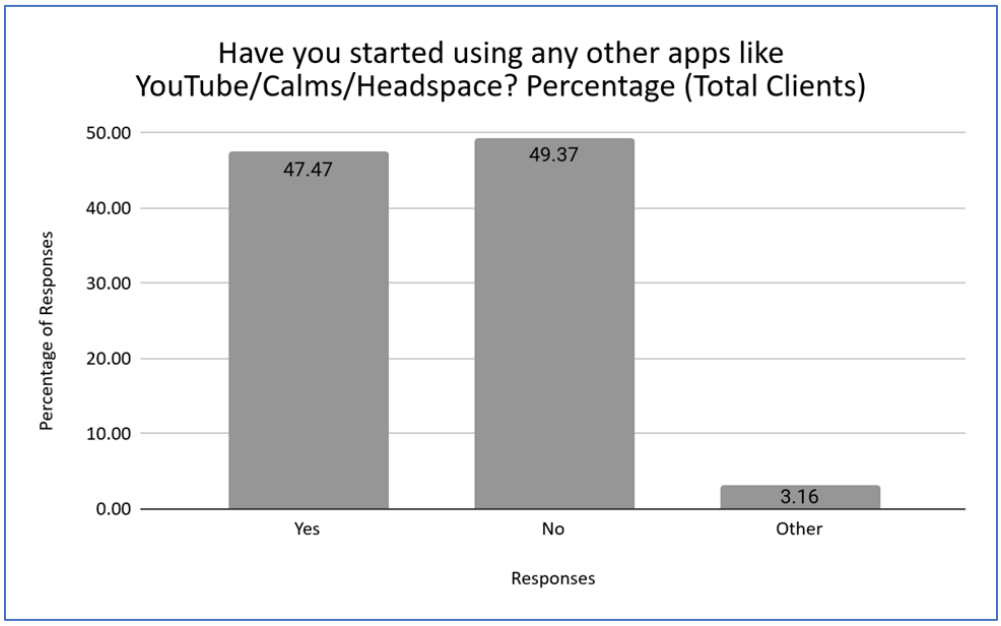


Figure 6: The percentage of clients who have started using other any apps like Youtube, calm, Headspace as reported by the clients in their monthly journals.

Additionally, we asked the therapists whether, in their assessment, the Heal participants tended to show more noticeable improvements in wellbeing than non-participants. Of the 12 responses received from the therapists, 80% at least agreed, with 10% neither agreeing or disagreeing and 10% saying that the sample size was too small to make such a judgement. See Figure 7.

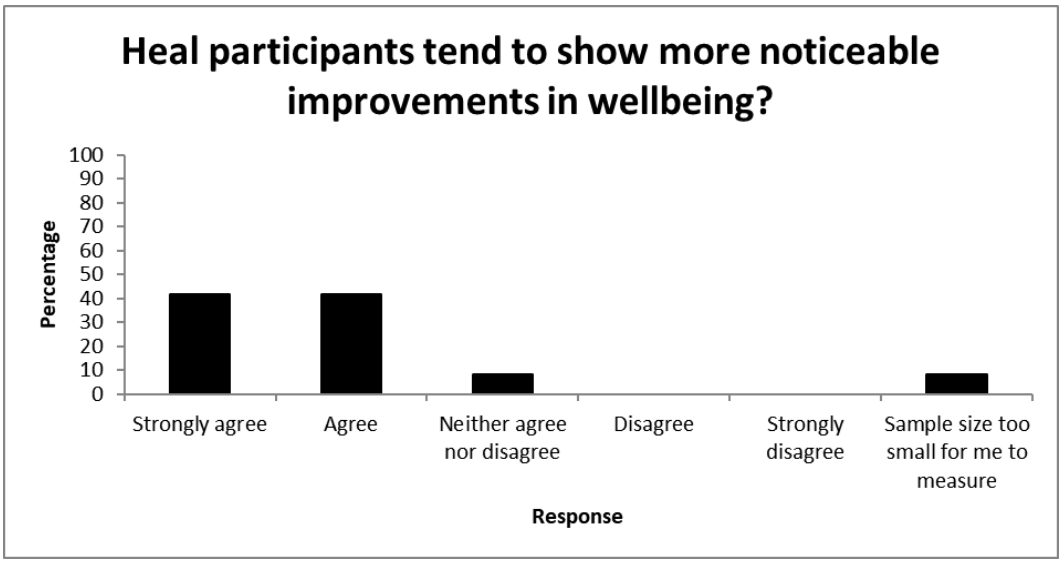


Figure 7: The percentage of clients who show more noticeable improvements in well-being as reported by the clinicians.

And finally, when the therapists were asked whether clients had come into sessions more regulated or engaged, over 90% of the responses indicated that clients came in to therapy sessions more regulated and engaged than they had previously. See Figure 8.

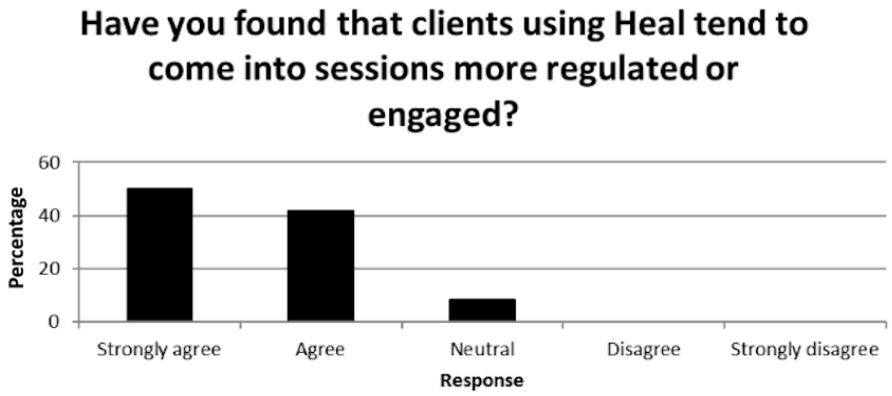


Figure 8: The percentage of clients who use Heal and tend to come into therapy sessions more regulated or engaged, as reported by the clinicians.

Goal 2: Impact of Specific Sound Meditations

The second goal of the Heal project is to determine "Which specific sound meditations have the greatest impact on participants with dual diagnosis?" Overall, the results indicate the following:

- **Consistent positive shift** – 97% of individuals measured showed an increase in average positive feelings after HealPod use (30 of 31 were positive).
- Grounding track showed the highest improvement, with positive feelings increasing by **+1.70 points** on average.
- **High engagement with impact** – Meditation of the Day had the most selections (27 uses) and still produced a solid **+1.11 point** increase.

We do not have access to client diagnoses, so we assess the updated goal of "which specific sound meditations are associated with improvements to self-reported well-being." However, when we asked the therapists, "Are any of your clients who participate in Heal under dual diagnosis?", 75% of the therapists indicated that their clients were under dual diagnosis (see Figure 9).

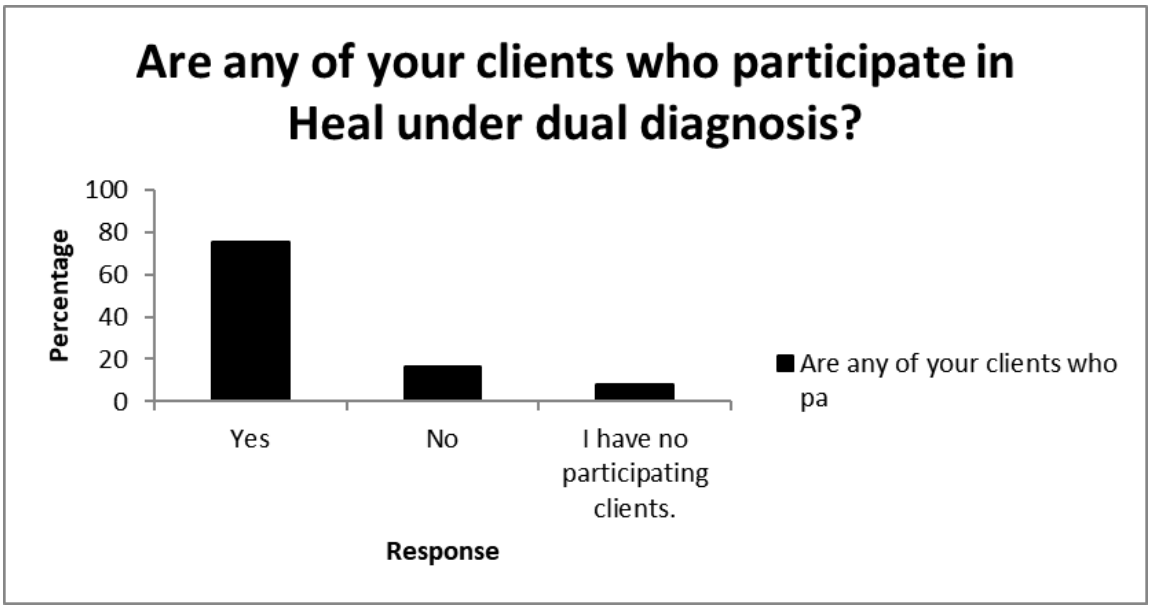


Figure 9: The percentage of clients who participate in Heal who are under dual diagnosis, as reported by the clinicians.

Importantly, the session journals allow clients to record which track they selected.[5] Then, turning to the journal questions that ask clients to indicate from a list of options how they were feeling before and after the HealPod session, we focus on the five generally positive options (positive, good mood, relaxed, energetic, focused). For each track, we average the number of positive emotions selected both before and after the HealPod session, and then compare the differences (after-before) across tracks to see if "improvements" in the number of positive emotions

[5] Many clients skip this question. We removed journals with no information or illegible information about track selection, tracks that were not listed on the track sheet, and tracks that were reported as used fewer than three times. This left 789 daily journals with usable track information.

indicated after the session relative to before the session vary across tracks. Bigger positive differences indicate greater change in responses of positive feelings. Negative numbers indicate that clients reported more positive feelings before the HealPod session than after (only one track –Serenity – is associated with a negative difference).

Table 6 on the next page summarizes these data, showing the tracks with the greatest positive difference in the number of positive emotions selected after-before at the top of the table and the tracks with the smallest difference (or negative difference) at the bottom. The track "Grounding" is associated with the biggest increase in positive feelings. **On average, clients selected just .7 of the positive emotion options to describe their feelings before the HealPod session and 2.4 positive emotions after.** It is worth noting that there are differences across tracks in both popularity and positive feelings before participation. For example, the "Classical" tracks had an average positivity score after the Heal Pod session of 2.71 (even higher than the "Grounding" track). However, the clients who selected the "Classical" tracks started their sessions feeling positive (on average, clients selected 2.43 of the 5 positive emotions before the session).

Track Selection and Changes in Positive Feelings Before and After HealPod Use

Track Selected	# of selections	Before average positive selected	After average positive selected	After-Before
Grounding	10	0.70	2.40	1.70
Heal Introduction	12	0.58	1.92	1.33
Meditation Of The Day	27	1.33	2.44	1.11
Intuitive Wisdom	18	1.78	2.78	1.00
Acceptance	25	1.32	2.24	0.92
Letting Go	61	1.25	2.16	0.92
Channel Emotions	51	0.92	1.80	0.88
Reduce Pain	8	1.88	2.75	0.88
Increase Energy	62	1.55	2.39	0.84
Stress relief	47	0.87	1.70	0.83
Building Confidence	5	0.80	1.60	0.80
Rejuvenate	33	1.24	2.00	0.76

Pain Management	11	2.00	2.73	0.73
Relax	72	1.13	1.85	0.72
Self Empowerment	32	1.72	2.44	0.72
Staying Calm	31	1.65	2.32	0.68
Mindful Breathing	6	1.83	2.50	0.67
Express Your Purpose	23	2.04	2.70	0.65
Creativity	32	1.53	2.13	0.59
Focus	38	1.58	2.16	0.58
Reduce Anxiety	21	1.52	2.10	0.57
Breathe Easy	18	1.89	2.39	0.50
Personal growth	22	2.09	2.59	0.50
Staying Grounded	24	1.33	1.75	0.42
ANS Regulation 80hz	3	0.67	1.00	0.33
Suni	9	0.67	1.00	0.33
Classical	7	2.43	2.71	0.29
Faith	44	1.45	1.64	0.18
Poised	19	0.79	0.84	0.05
Morning Raaga (Classical)	10	1.70	1.70	0.00
Serenity	8	1.00	0.88	-0.13

***Table 6**: Summary of the tracks selected by clients: the average number of positive emotions selected to describe feelings before and after the HealPod session, and the differences (after-before).“Classical” combines three categories of classical music*

The tracks in Table 6 that are in bold and italics are those for which the difference in positivity rate is statistically significantly different from the “Morning Raaga” track ($p<.05$). We chose the Morning Raaga track as the reference category because it has the smallest effect on after-before positivity (0, in this case) without being negative (that is, without clients recording more positivity before rather than after). These findings suggest that some tracks may have a greater effect on changes in self-reported emotions and feelings than other tracks.

While these bolded tracks are associated with an increase in the selection of positive emotions after the HealPod session relative to before, we do want to remind readers that there could be a few explanations for this pattern. Of course, it is possible that these tracks simply make clients feel more positive emotions. However, it is also possible that some other factor explains both the choice of track

and the changes in emotions.

When we asked therapists whether they noticed improvements in general well-being in their clients with dual diagnosis, 100% said they found at least some improvement, with over 44% saying substantial improvements. See Figure 10.

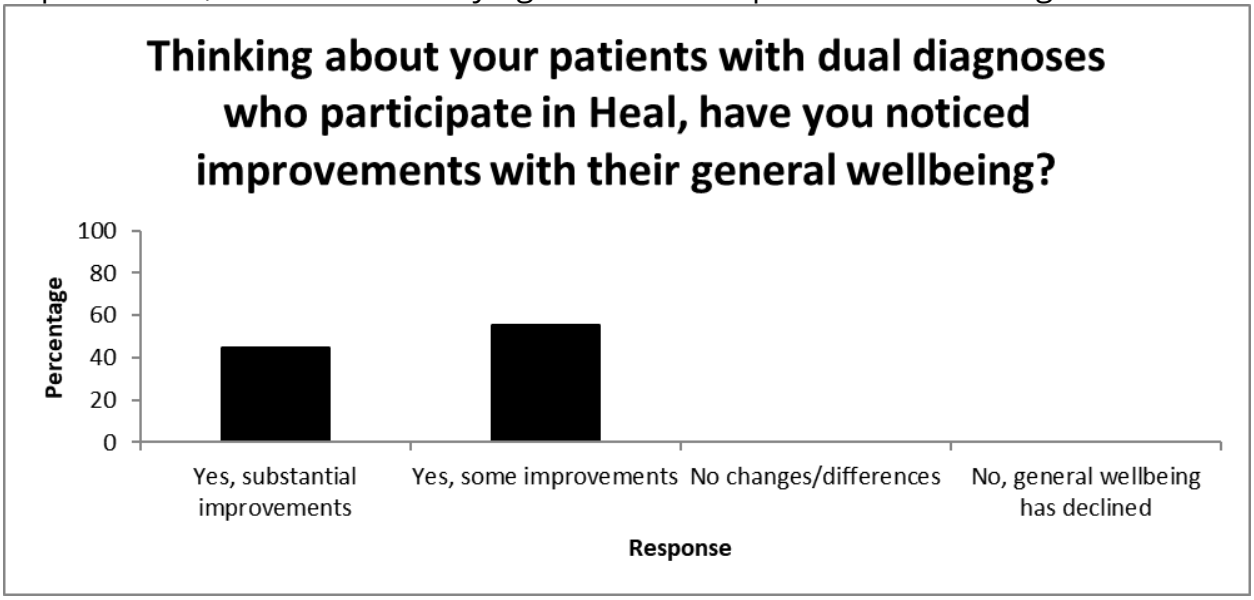


Figure 10: The percentage of clients who have shown improvements with their general wellbeing who are dual-diagnosed, participate in Heal, and tend to come into therapy sessions more regulated or engaged, as reported by the clinicians.

Goal 3: Ideal Number of Uses

Goal 3 for the project is to understand "What is the appropriate number of times the intervention is most positively effective in the participants' behavior?" We assess this goal – albeit indirectly—in a few ways.

First, the monthly journals ask respondents how often they use the HealPod and whether they would like to use the HealPod more often, which can indirectly provide insight into Goal 3. As Figure 11 shows, most entries (over 93%) reported that participants used the pod once a week. We judge that these results are mostly due to the fact that clients usually see their therapists once a week, and hence use the HealPod once a week. It is possible that most clients were only using the pod once a week because of other factors, such as time and logistics.

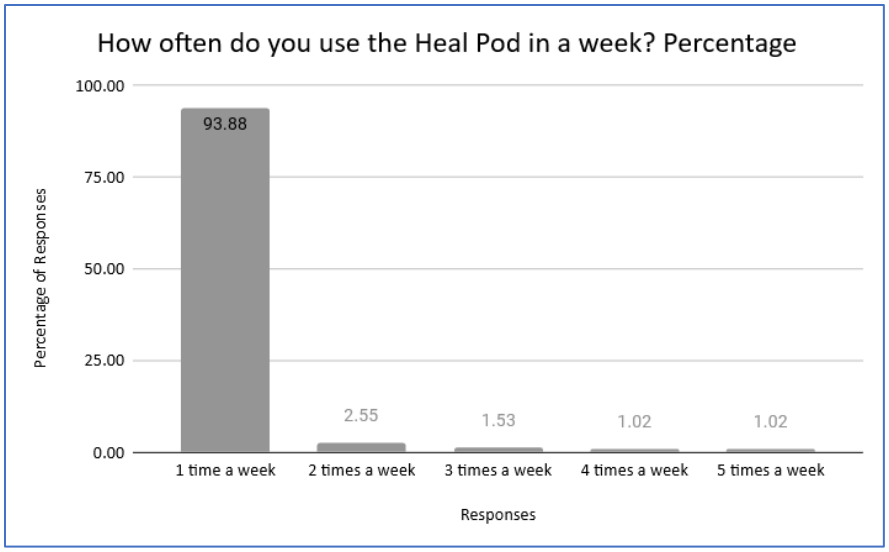


Figure 11: The percentage of monthly entries that reported how many times clients use Heal in a week, as reported by the clients in their monthly journals.

When clients were asked if they would like to increase the length of their Heal sessions, a little under half (48.5%) said they would like to increase the number of sessions, usually to 2 times a week, suggesting that 1 to 2 uses per week might align with respondents' preferences as indicated in Figure 12 below.

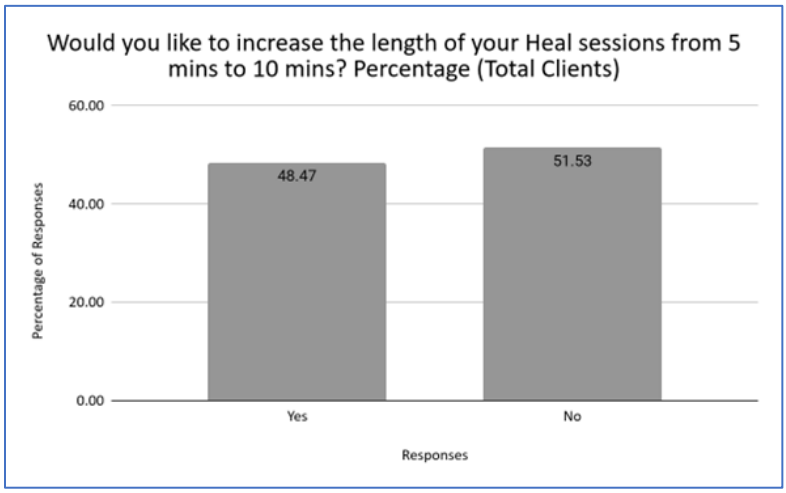


Figure 12: The percentage of monthly entries that reported they would like to increase the length of their Heal sessions from 5 mins to 10 mins, as reported by the clients in their monthly journals.

When therapists were asked how often they recommend that clients use the Healpod, 50% said they recommend that clients always use the HealPod when they come to a session with the therapist. Over 33% said "other," indicating that they haven't recommended in a while, or that they have recommended "sometimes," "weekly use," for "those who are an appropriate fit clinically," and simply "when they

would like to use the HealPod." See Figure 13.

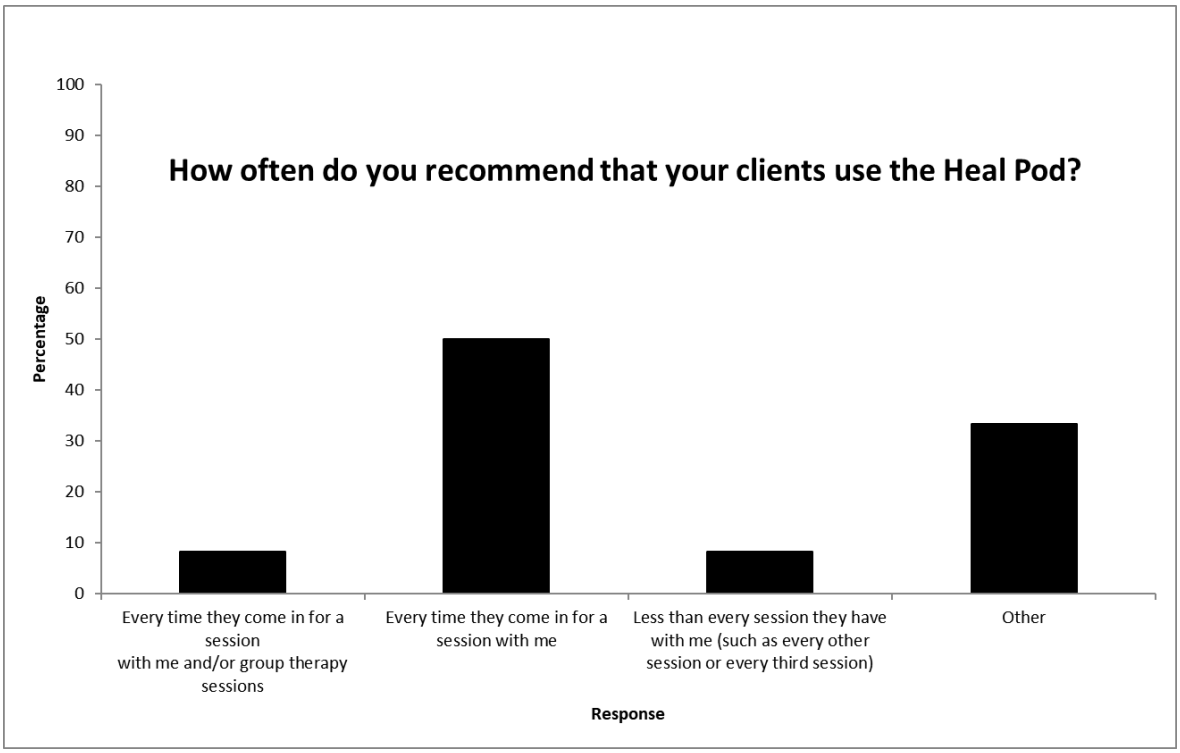


Figure 13:The percentage of monthly entries that reported how often the clinicians recommend their clients use the Healpod, as reported by the Clinicians.

To assess whether clients provide different feedback to the question about how often HealPod helps with well-being by frequency of use, Table 7 disaggregates those who have submitted a monthly journal by how many session journals they have completed. More frequent users are less likely to report that the HealPod "rarely" helps with wellbeing. Importantly, even if there were a clear pattern between frequency of use and reported well-being, directionality is unclear: using the HealPod more could lead to better well-being, and that those who feel the Heal intervention helps will use the HealPod more often.

Frequency of Use and Assessments of HealPod Effects on Well-Being

Wellbeing Question % Table (Split by session group):								
Frequency	**Never**	**Very Rarely**	**Rarely**	**Occasionally**	**Mostly**	**Very Frequently**	**Always**	**Very Frequently and Always %**
Under 10 sessions	0	2.08%	12.5	0.00%	10.41	22.92%	52.08	75
10-20 sessions	0	2.13%	0	17.02%	25.53	17.02%	38.29	55.31
20-30 sessions	0	0.00%	0	60.00%	40	40.00%	20	40
30+ sessions	0	0.00%	2.08	5.21%	6.25	34.38%	52.08	86.46

Table 7: Aggregation of percentage of how Heal helps clients their wellbeing is grouped by usage frequency, as reported by clients in their monthly journals.

Second, and similarly, we disaggregated the coping skills reported in the monthly journals by those who participated in more than 30 sessions and those who participated in fewer sessions (labeled "general users") to identify whether frequent users identified different coping skills than others. Figure 14 reports these disaggregated data. Interestingly, we do see some differences in reported coping skills among frequent users and general users. For example, 75% of Frequent User entries indicated that meditation sessions help with "Me Time," versus 55% of General User entries. "Accept Challenges" saw the largest discrepancy, with 50% of Frequent User entries indicating the category vs. 26% of General Users.

These data reported in Figure 14 are consistent with the possibility that using Heal more often leads to higher reports of generally desirable coping skills. However, we caution against the over-interpretation of this pattern and remind readers that correlation does not equal causation. These data cannot tell us whether HealPod use affects coping skills. It is possible that the frequency of HealPod use is unrelated to coping skills and some other explanation is at play. For example, clients who are most eager to complete their treatment may be more likely to use the HealPod more often and may be more likely to report positive coping skills. If this were true, we could see the same pattern in the data that we would see if HealPod use caused an increase in coping skills. This is all to say: there is a correlation between more frequent HealPod use and generally positive coping skills, but we cannot know if HealPod use caused those increases in coping skills.

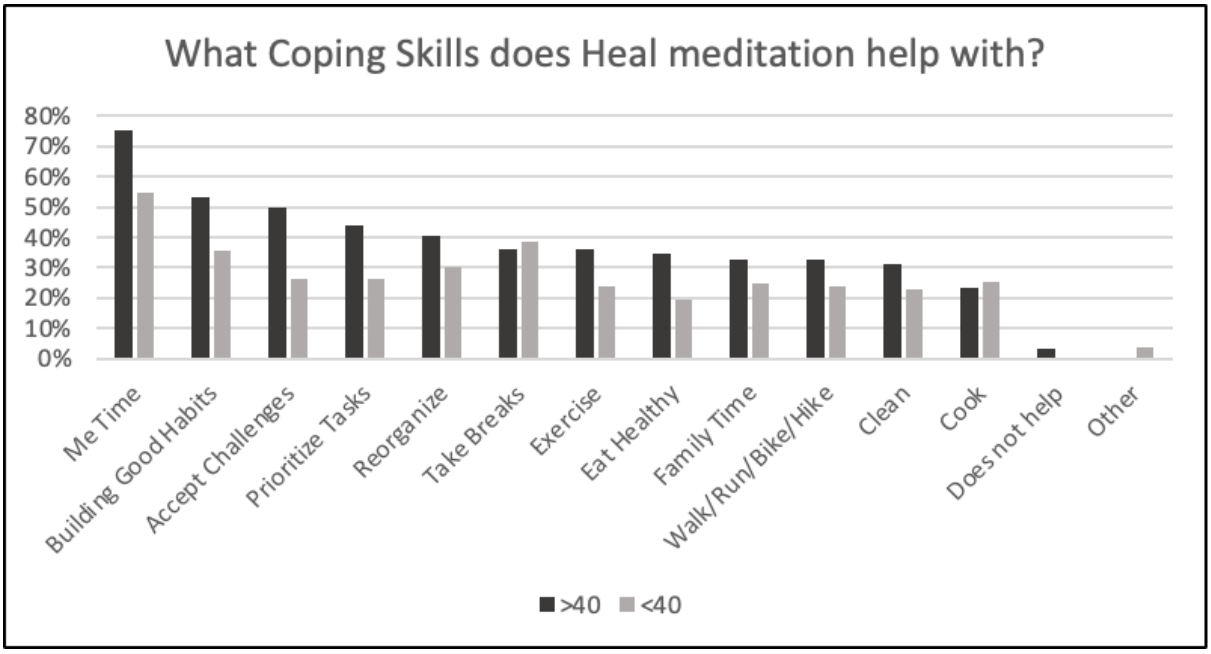


Figure 14: The percentage of journals in which each skill was selected in response to the coping skills Question. Black bars summarize Frequent Users (participants with 40 or more HealPod sessions, n=10) and the grey represent General Users (n=50).

Finally, we assess whether more frequent HealPod use is associated with higher after-use positivity rates in the Session journals. That is, we average the number of positive emotions clients self-reported as feeling after the HealPod session (out of a possible 5 positive emotions listed in the session journal form) according to session number. Figure 15 plots the average positivity score by session number. After their first HealPod session, clients on average selected about 2 positive emotions out of the 5 listed to describe how they felt after their HealPod session. **The number of positive emotions selected after the session slowly trends upwards as clients participate in more sessions**, and this pattern is statistically significant ($p<.001$). An increase in 10 HealPod sessions is associated with selecting on average .156 more positive emotions out of the 5 listed. Again, however, there are several explanations for this pattern. It is possible that as clients participate more in the HealPod, they start feeling more positive emotions. It is also possible that people who are overall more positive are more likely to participate in the HealPod more often. From this data we cannot identify the independent and causal effect of HealPod use on positivity, but there is a correlation between more frequent use and greater positivity.

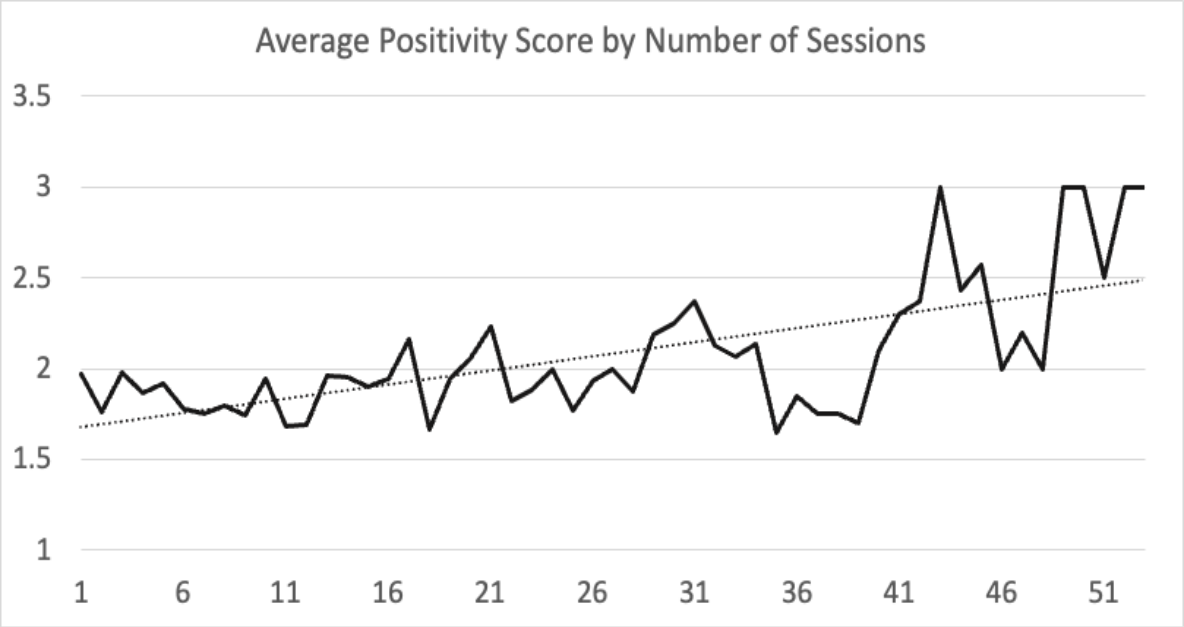


Figure 15: The y-axis is the average number of positive emotions out of a list of five that clients indicated feeling after the HealPod session. The x-axis is the session number. The slope of the trend line is .0156.

To identify how use of the HealPod might relate to client well-being over time more holistically, we looked at a few individual users in more depth. Figure 16 summarizes the emotions selected by clients in session journals for how they are feeling after the HealPod session for all of their sessions during the length of the program. The generally positive emotions are colored green, the typically negative emotions are red, with the others colored yellow. In addition, we include some of their qualitative explanations to contextualize the terms they selected from the list to describe their emotional state. We see that these are assessments of their emotional state after the HealPod session vary over time. The depiction of client well-being in Figure 16 is anecdotal; we chose clients who participated for several sessions but showed different patterns of post-session emotions, which emphasizes the importance of individual need and diverse experiences.

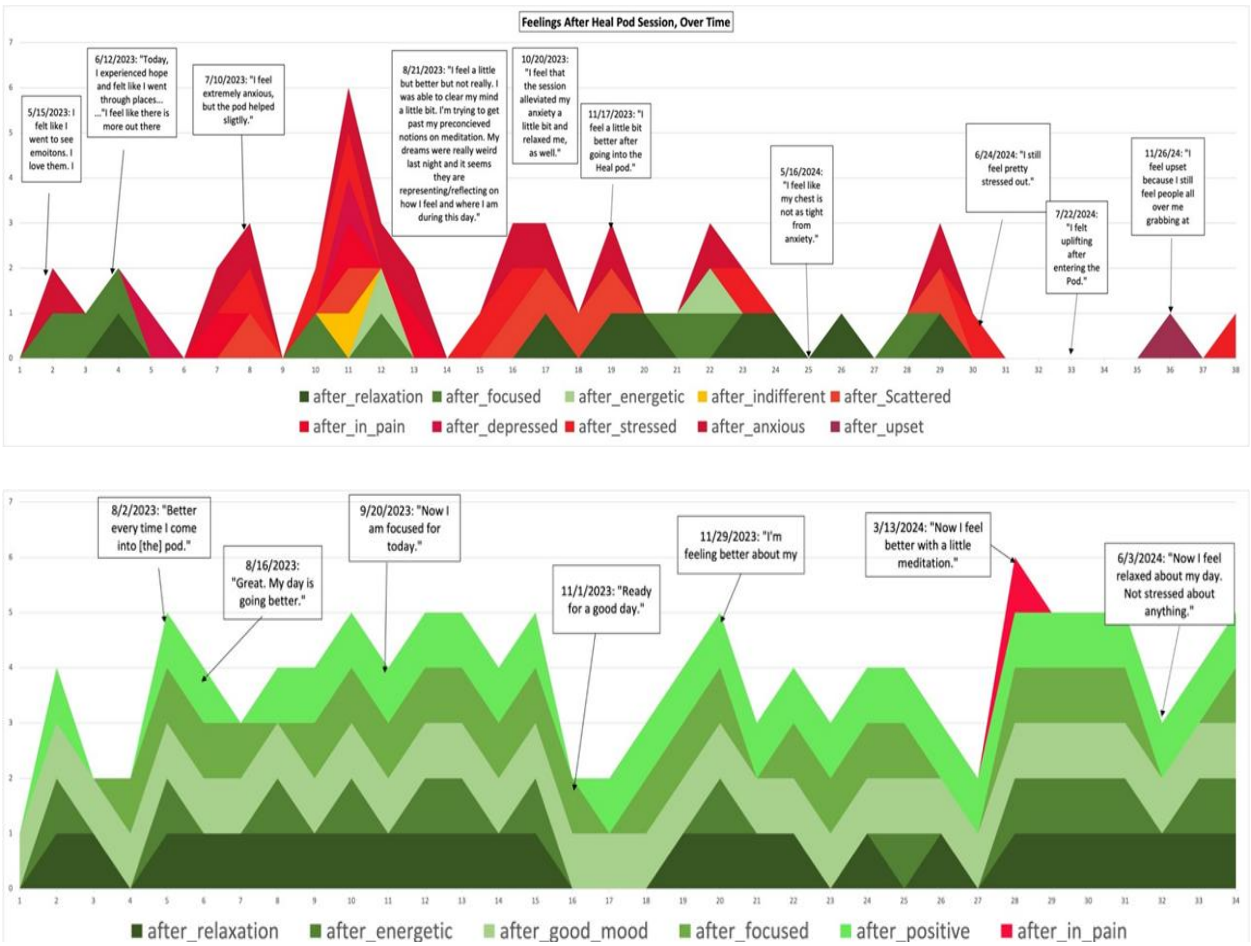


Figure 16: Depictions of individual clients' experiences in the HealPod over time. The colors reflect the emotions indicated in the daily journals after each session, with green reflecting generally positive emotions, red negative emotions, and yellow neutral. The top panel shows a client who reports a wide range of emotional variance. The lower panel shows a client who is more consistently positive emotionally. Excerpts from open-ended feedback are included to contextualize the selected emotions.

Goal 4: Optimal Duration

To assess the program's fourth goal about optimal duration, we look at two pieces of information. First, in the monthly journals, clients are asked if they would like to increase their sessions from 5 to 10 minutes in length. When asked, more than 48% of participants reported that they would like longer sessions, suggesting that some clients are content with shorter tracks while some prefer longer tracks. See figure 17.

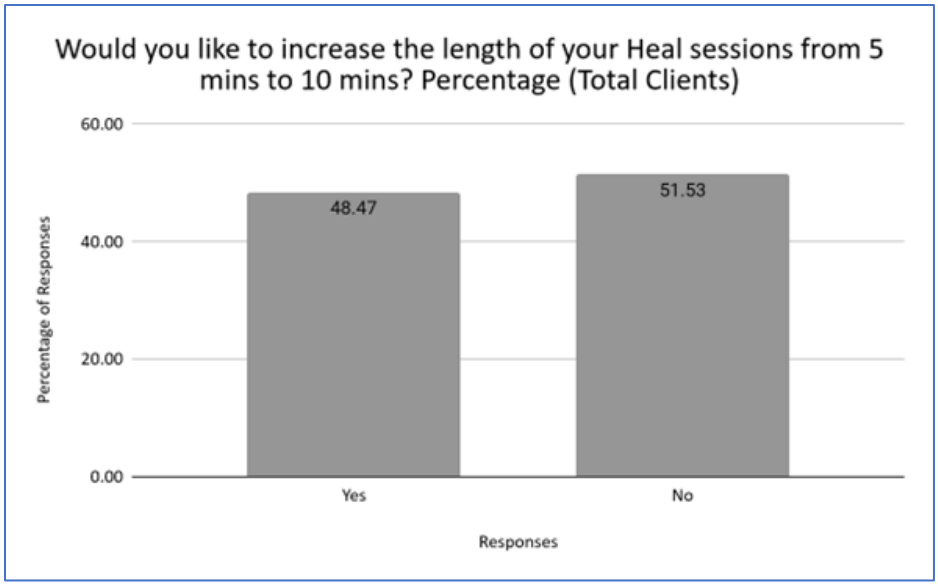


Figure 17: The percentage of monthly entries that reported if they would like to increase the length of their Haal sessions from 5 mins to 10 mins, as reported by the Clinicians.

Next, we turn to data on track length. Ideally, we would match track length to self-reported measures of well-being. However, while clients did report which track they used in the sessions, they almost never reported enough information for us to match their track to a specific duration. For example, most tracks have up to four versions: an unguided short version, an unguided long version, a guided short version, and a guided long version. Clients rarely reported which track type they used. That is, while we know that a client used, say, the "Letting Go" track, we do not know if they did the guided or unguided version or the short or long version.

However, the SoundHeal team did share their data on overall track usage with us. That means that we can assess whether length of track co-varies with how often a track is selected. To do so, we round tack length to the nearest full minute (we do not think the difference between 5 minutes 6 seconds and, say, five minutes and 40 seconds is meaningful). Then, we assess whether track length is associated with how often the track was selected. Figure 18 plots each track by its length (rounded to the nearest minute) and popularity. The line shows the (statistically significant) relationship between length and popularity. In addition to length, whether a track is guided or unguided is strongly related to how often a track gets selected: guided tracks are selected on average 19 additional times relative to unguided tracks.

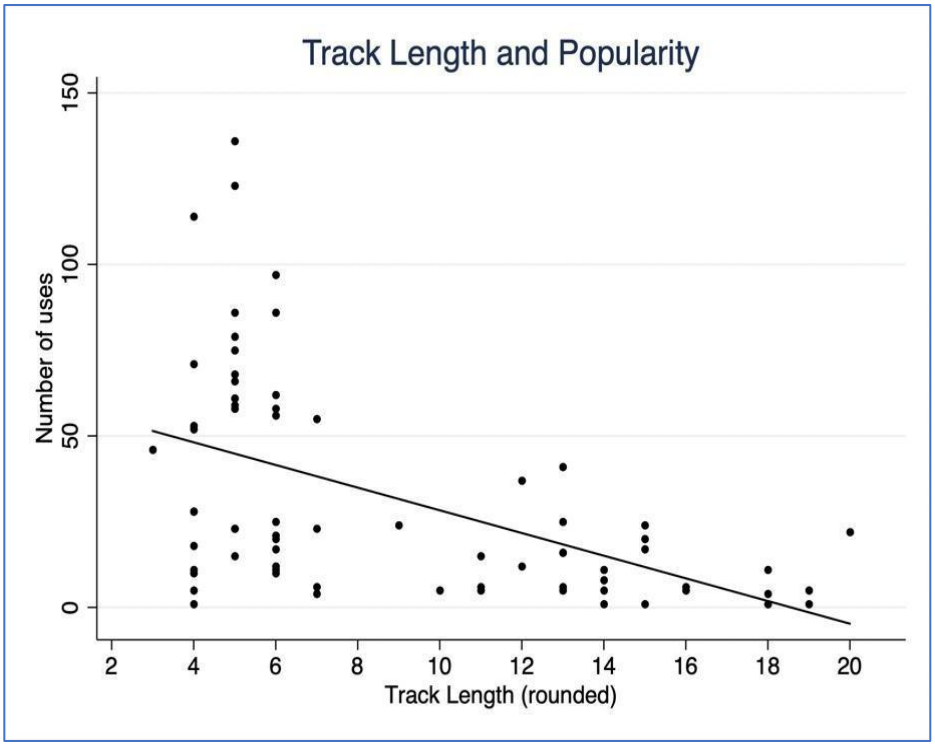


Figure 18: Longer tracks are statistically significantly less popular than shorter tracks. Each additional minute of length is associated with a track being selected about 3 fewer times (p<.001).

When we asked the therapists, "Clients can take a 5-minute (short) or 12-minute (long) pod meditation session. Do you have any insight into which pod session best prepares clients for their therapy session?", 25% of the therapists' responses indicated clients who took the long meditation (12 minutes) seemed better prepared for therapy, 33.33% of responses indicated they did not notice any effect of length of meditation session on preparedness for therapy, and another 33.33% of responses indicated that they did not know how long clients spent in the pod. See Figure 19.

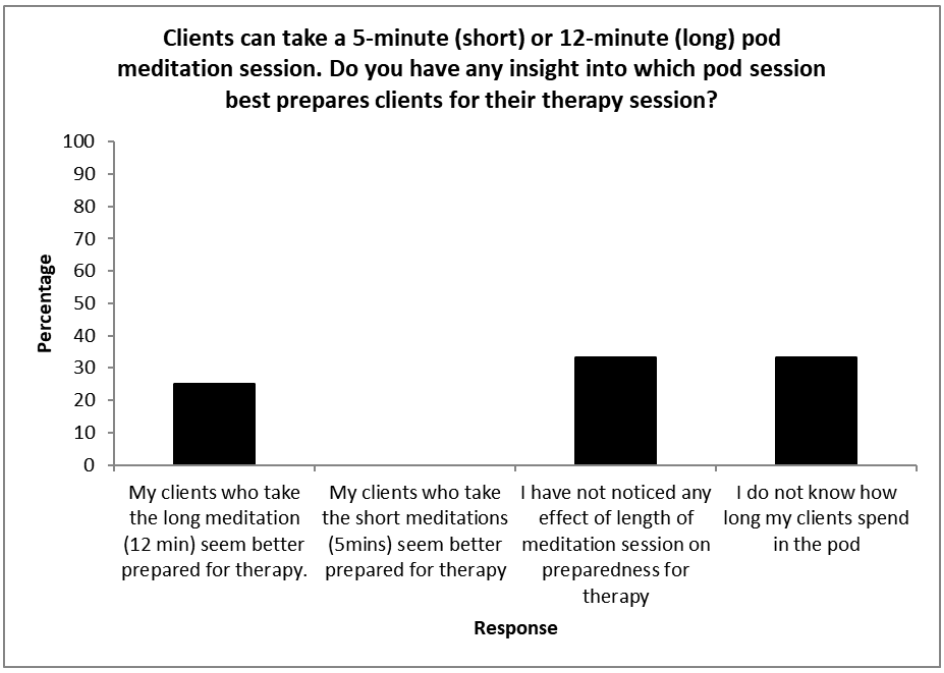


Figure 19: The percentage of monthly entries that reported how often the clinicians recommend their clients use the Healpod, as reported by the Clinicians.

Goal 5: Effect of Intervention on Medication Intake

For the fifth program goal about the HealPod's effect on medication use, we do not have information on clients' prescribed medication or medication intake. However, when asked in the monthly journals what conditions related to mental and physical well-being HealPod meditation helps with, many clients reported that HealPod helps with factors that might also be associated with either illegal and prescribed drug use, including "drug addiction," and "alcohol addiction." Figure 20 reports the percentage of monthly journals that indicated that each listed factor was helped by Heal. Almost 40% of monthly journals reported that Heal meditation aids with drug addiction and over 20% reported that Heal aids with alcohol addiction, suggesting that Heal may have some indirect effects on self-medication.

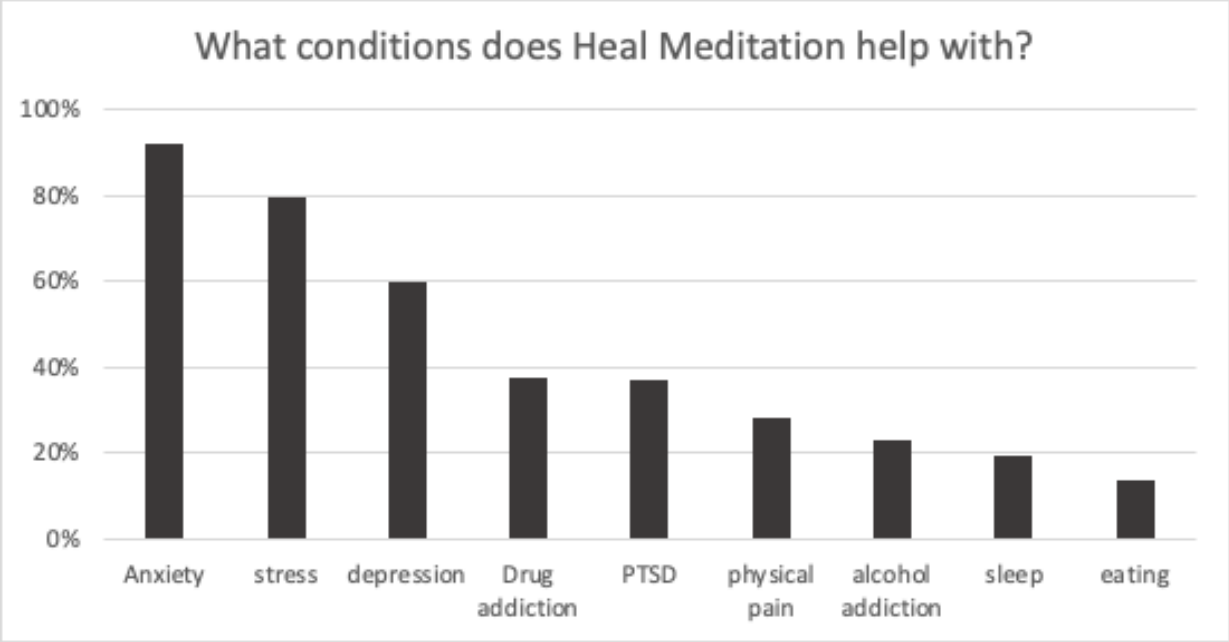


Figure 20: The percentage of monthly journals in which each behavior was selected in response to the question about what factors are helped by HealPod meditation.When providers were asked for insight on observations on prescribed medication intake by participating Heal clients, most responded that they did not know about their client's medication intake or that they did not notice changes in intake.

When therapists were asked "Have you noticed any changes in prescription medication intake with your clients who participate in Heal relative to your other clients?", over 50% indicated that they did not know about clients' medication intake, 28% indicated that they saw more regular usage/better medication management, and over 14% indicated no change in medication intake. See Figure 21.

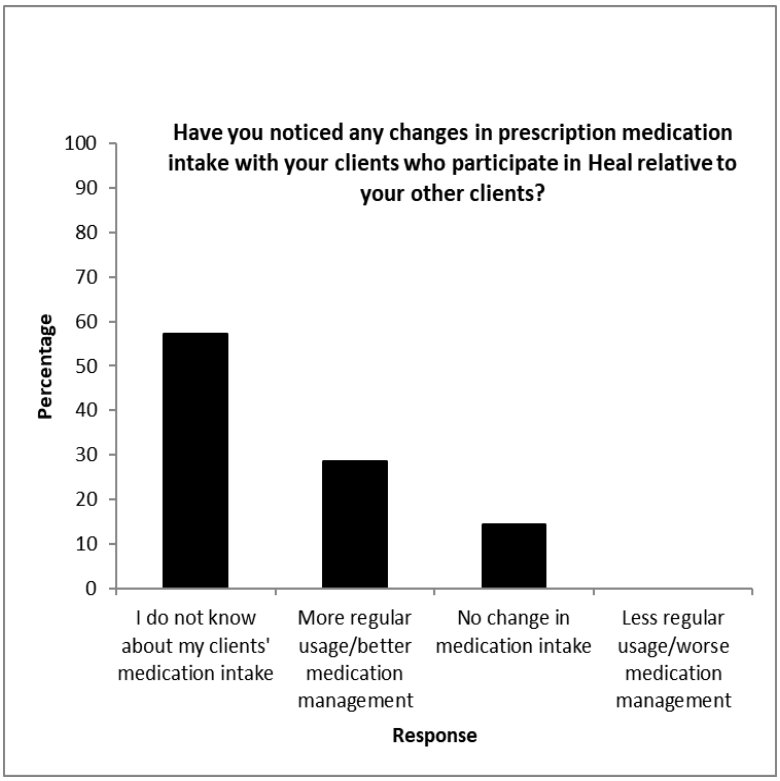


Figure 21: The percentage of clients who have participated in Heal and who have shown any changes in prescription medication relative to their other clients, as reported by the clinicians.

Goal 6: Clinicians' Perspectives on Treatment Outcomes

Finally, in addition to the data collected from clients through the session and monthly journals, to meet the sixth goal of the program the SoundHeal team surveyed providers to identify whether and to what extent providers see the program as beneficial to their clients or to the provider's practice. Overall providers were positive about the Heal intervention. Figure 22 summarizes the nine provider responses from 2025 for Likert-scale questions about their experiences with HealPod (strongly agree, agree, neither agree nor disagree, disagree, strongly disagree). No providers disagreed with any of the statements, demonstrating that providers see benefit to the HealPod intervention. Figures 22-26 provide percentage breakdowns of the relative responses for each of the treatment outcomes.

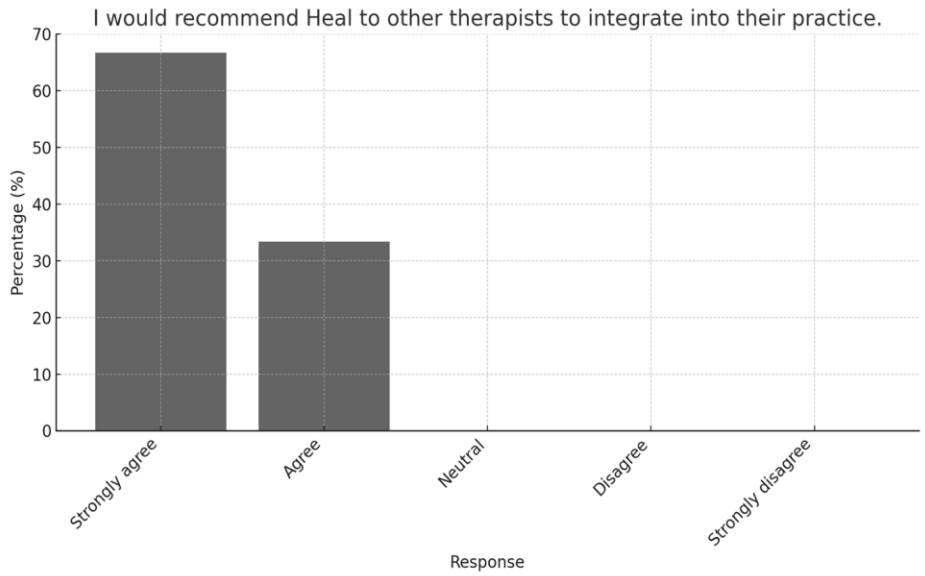


Figure 22:The likelihood of recommending Heal as an intervention to other therapists to integrate into their practice, as reported by the clinicians.

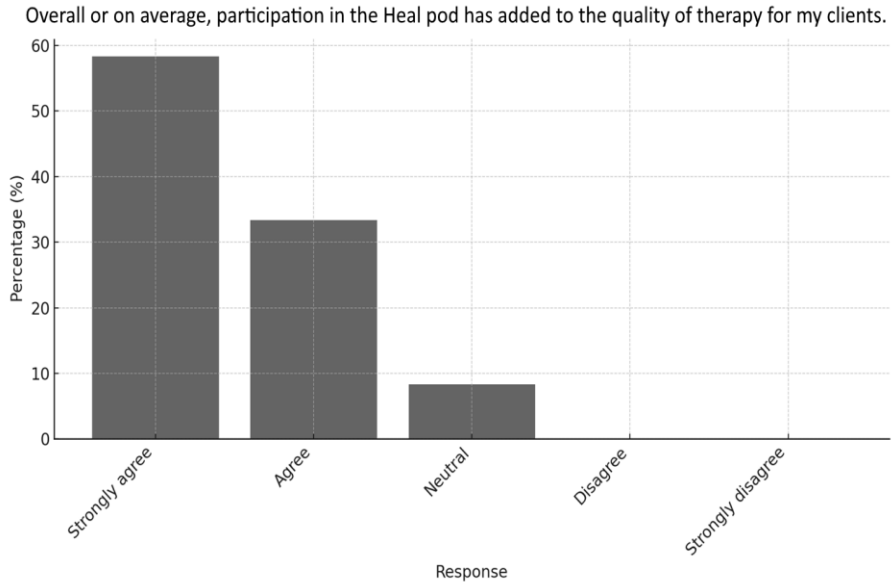


Figure 23:The likelihood of improvement in overall or on average participation in the Head interventionn adding to the quality of therapy provided, as reported by the clinicians.

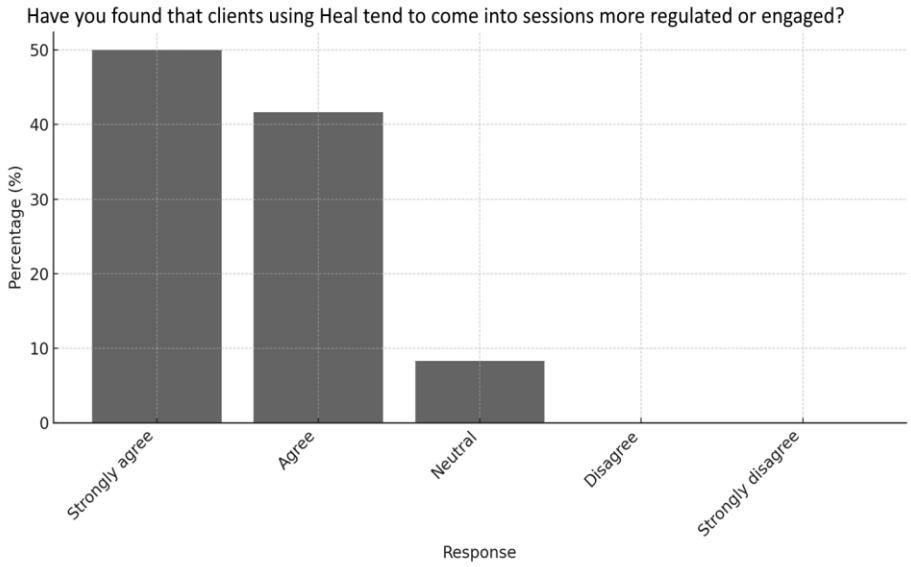


Figure 24:The likelihood that therapists found their clients using Heal come into sessions more regulated or engaged, as reported by the clinicians.

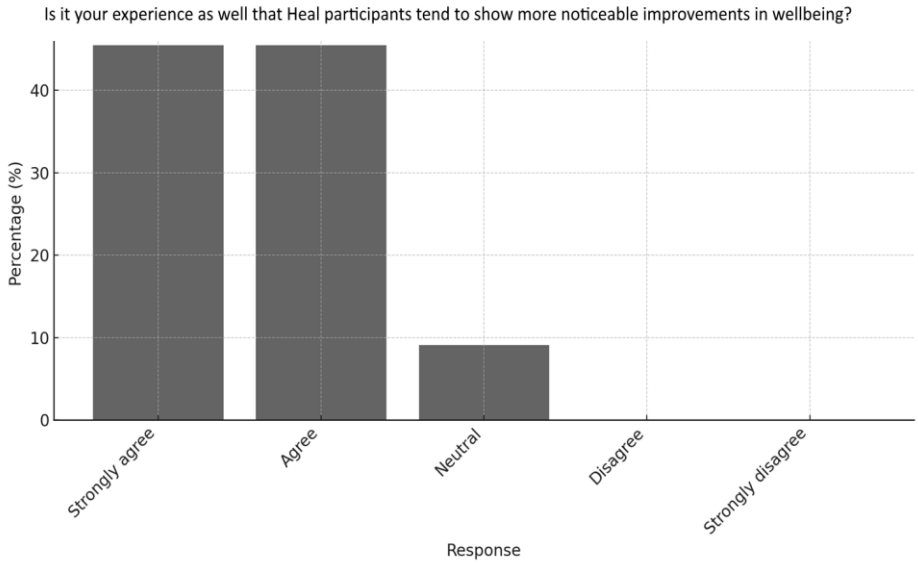


Figure 25:The likelihood that participation of clients in the Head intervention tended to show more noticeable improvements in well-being, as reported by the clinicians.

When we asked the therapists whether Heal improved the treatment outcomes, over 88% at least agreed that participation in the Heal intervention had contributed to the quality of therapy for clients. See Figure 26.

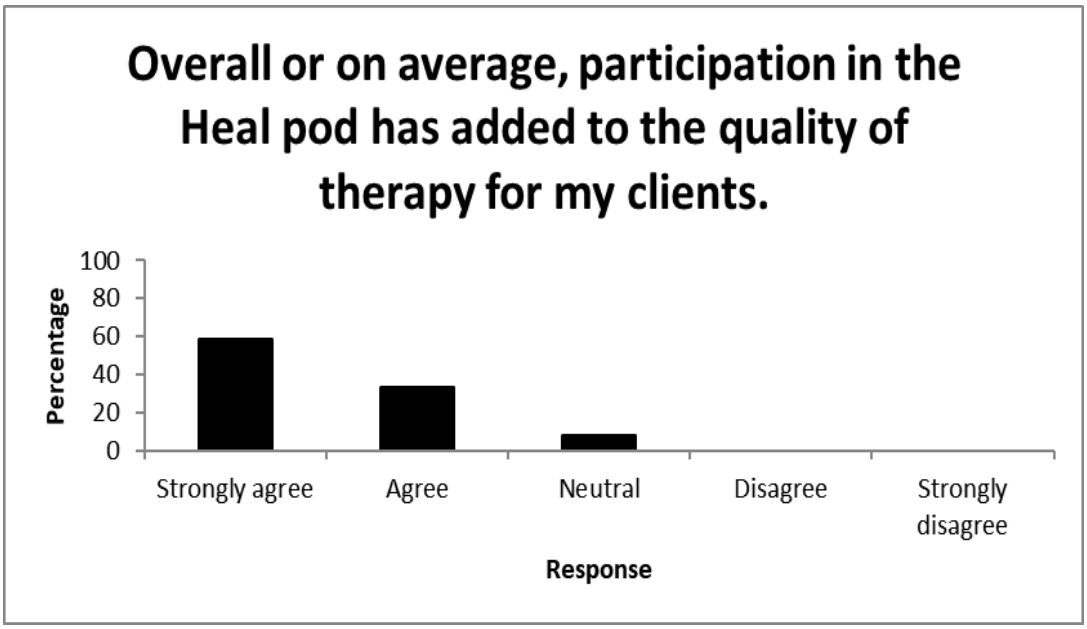


Figure 26: The likelihood that participation in the Head intervention added to the quality of therapy provided, as reported by the clinicians.

The survey also included an open-ended question asking therapists to reflect on their experience with clients who used Heal and to offer any other insights into its usefulness. Table 10a-b lists the 2025 provider responses in full. These provider assessments supported the use of Heal in the broader treatment context and suggested that the HealPod provided an opportunity for clients to prepare for and/or respond to treatment and to practice skills addressed in therapy sessions. The only criticism offered by a provider concerned access and availability, suggesting that some operational details could better support the ability of clients to benefit from Heal.

Open-Ended Provider Assessments

Provider 1	All my clients are recommended that they use the pod at least once. Most stay on even if they didn't want to do it at first. Definitely helping with self regulation and calming before therapy
Provider 2	The session duration is what is helpful. Since they are short sessions their resistance is low and openness high. It's hard to gauge generally how clients do over time because there are lots of factors outside of Heal meditation that influence their experience. But overall I recommend this to all therapists.
Provider 3	Some resonate more than others. It helps clients who are open and ready for something new.

Table 10a: Provider assessments of HealPod from the 2023 survey

Provider 1	It helps with my individual sessions as clients come into the session more regulated and focused.
Provider 2	I only had one client who used it and she reported that she found it very helpful.
Provider 3	The heal pod has been a fantastic way for clients to practice healthy coping skills in a designated area. Some clients are hesitant about meditation and when they try the heal pod, I have noticed significant shifts in their perspectives of the

	efficacy of meditation and many client[s] begin to practice these strategies outside of the clinic setting as well. The heal pod has been a very beneficial resource here. Thank you!
Provider 4	The HealPod has been a great way to introduce clients who are initially unsure about meditation/mindfulness to the practice. It helps them feel safe/comfortable and build autonomy around their coping strategies when (especially this population) traditionally isn't allowed that freedom to explore. Those who enjoy the HealPod, even if they don't use it every week, may start engaging in mindfulness practices in other ways. The HealPod is such an incredible benefit to these clients. There's so many reasons why they want to come in for longer, more frequent sessions.
Provider 5	I find therapeutic interventions such as Heal pod helpful.
Provider 6	I reported "both" when considering [whether it is more beneficial for clients to utilize] Heal before [or] after because there are sessions when they are triggered and therefore, benefit from use post session. Obviously, using it prior can help them come in calm and focused. I appreciate the assistant who can show them around prior to their first use and support during regular Heal sessions. Thank you!
Provider 7	This has given my clients access to an experience they haven't had before. I encourage each of them to try it at least a few times before deciding whether it's a good fit. In almost every case, they choose to continue. They most often are more calm and self-regulated afterward, which makes for much more meaningful therapy.
Provider 8	I've seen other treatment tools but the heal meditation works differently as it helps my clients actually apply what we work on in therapy to their real lives. From my side, it's also surprisingly easy to fold into treatment. It doesn't disrupt my approach and rather supports it well. It often moves the needle faster, especially with clients who tend to get stuck in their heads. It's been a meaningful addition. My clients notice the difference. So do I.
Provider 9*	I have verbally described the Heal Pod several times to clients and have attempted to show new staff and participants the Heal. Most of my effort has been unsuccessful due to changing staff/interns and limited hours. Advertising hours, a current contact person, or having easier procedures will help promote more usage. At least half of the time (about 12 or more attempts) to see or sign up for the Heal pod, it has not materialized, lights are out and cannot find someone to talk to. I think clients are missing a great opportunity to explore.

Table 10b: Provider assessments of HealPod from the 2025 survey.

In continuing to use the Heal intervention in the county, therapists were asked if they would recommend Heal intervention to other therapists; over 66% strongly agreed that they would recommend that other therapists integrate Heal into their practices. See Figure 29.

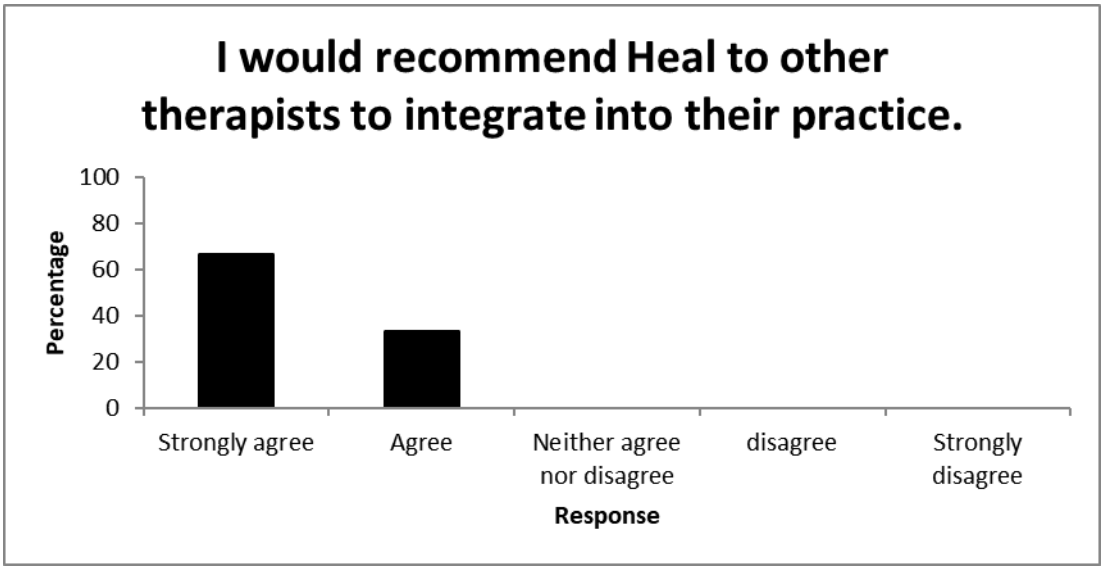


Figure 27 The likelihood that a therapist would recommend Heal to other therapists to integrate into their practice, as reported by the clinicians.

Analysis Conclusions

Evidence from the session and monthly meditation journals suggests positive outcomes of the HealPod meditation sessions. The journals showed an increase in "positive" feelings and a decrease in typically "negative" feelings after the HealPod session. Qualitative feedback indicated that some clients were eagerly engaged in the meditation process and associated calmness, relaxation, and other typically positive feelings with the HealPod meditation experience. Moreover, Heal participants reported that the time in the HealPod allowed them to experience "me time" where they could focus on themselves and their goals, and they reported that Heal helped them engage in positive activities outside of the HealPod. Providers likewise explained that the HealPod helped support their clients, both in client therapy sessions and more broadly.

We would like to reiterate limitations of self-reported data from voluntary participants: we are unable to quantify an independent effect of the HealPod program on client well-being with existing data. The clients who used the HealPod also participated in counseling, so improvements in well-being over time may come from counseling, the HealPod, or a combination of both. Moreover, clients who were particularly committed to recovery or self-improvement may have been more likely to volunteer to participate in the HealPod program. Identifying an independent effect of the HealPod on well-being would require a randomized controlled trial in which some clients are assigned to participate in the HealPod and counseling while others are assigned to participate just in counseling. However, a randomized controlled trial is not feasible in a program in which clients volunteer to participate. Furthermore, data from the meditation journals may suffer from social desirability bias (Grimm 2010), in which research participants communicate what they think they are expected to feel or think. While participation in HealPod was voluntary, respondents were recruited from a mental health treatment program that was court ordered and, thus, "mandatory." Social desirability bias could have been particularly important to account for with this population of participants. However, as a qualitative assessment of open-ended responses showed, several clients did provide feedback critical of meditation, suggesting that the effects of potential social desirability bias were not universal.

While identifying direct, causal effects of the HealPod on client well-being is limited by data and privacy limitations, the evidence reported here suggests that the HealPod has helped support clients in a mindfulness practice and in the broader context of their recovery and well-being.

Project Conclusion & Next Steps

The SoundHeal project was selected by community members and MHSA community advisors from among a variety of proposals through the SLO County Innovation Incubator program. The concern that the community advisor group identified for the behavioral health system of care was the lack of diversity in therapeutic approaches for co-occurring forensic mental health in a growing population in need of intervention services. The County identified this issue as a major problem as the Behavioral Health Department sought meaningful ways to develop therapeutic practices within its growing forensic population, which includes individuals pre- and post-adjudication, formerly incarcerated, and those on probation. A proposed concept was to create a safe meditation space in which clients could experience peace and calm during a challenging period in their lives.

The SoundHeal project was presented as a potential solution to expand the limited menu of options for therapeutic approaches as it proposed a holistic and mindful approach to recovery. The proposal was one of the more innovative concepts presented over the past years as a candidate to be funded through the Mental Health Services Act Innovation component. The concept was backed by the increase in use of non-traditional techniques such as acupuncture, acupressure, meditation, and yoga that have been increasingly used by counselors and therapists to reduce anxiety, specific phobias, and substance abuse to enhance self-confidence, personal control, and marital satisfaction. Since the project was proposed and voted on by the MSHA stakeholder committee in 2019-2020, these forms of treatment intervention have only grown in effectiveness and popularity in Western culture. Given the feedback from clinical staff and the widespread support from client participants in this project, SLOBHD is proud to be an advocate in the community for exploring a variety of unique paths towards treatment and recovery such as SoundHeal. As evidence of that support, SLO County leadership nominated SoundHeal as the County submission for the California Association of Counties Innovation Challenge Award. The HealPod has been visited by Board of Supervisor members and other community leaders. In 2023, the MHSA Administrative team coordinated a SoundHeal Staff-Day in which 30-40 Behavioral Health Department staff were able to experience a HealPod session. Lastly, many Behavioral Health staff utilized the Pod during breaks, making it a part of their daily self-care routine.

Sustainability

The HealPod located at the Justice Services Department has become a staple in the

Department's operations as an option for clients prior to engaging in their typical therapy sessions. Due to the support and advocacy of management and clinical staff, the HealPod remains at the JSD office as a clinical tool following the sunset of the Innovation project funding through the Mental Health Services Act.

In addition, a second HealPod was purchased by the Probation Department and installed at Juvenile Hall. The plan is for the HealPod to be used initially for 14- to 17-year-old youth who are at moderate to high risk and in need of residential treatment. They will have access to the HealPod with the support of their therapist. These are youth who would previously have been placed in residential programs or might have served a relatively long time in custody. They are typically youth who have had multiple incarcerations/violations of probation and possibly unsuccessful foster care placements. The Youth Treatment team is excited to see the impact of combining these mindfulness interventions with therapy and the CBT-based skills and curriculum.

Next Steps

As evidenced in this report, since the launch of SoundHeal in Spring of 2021, the project has received highly positive results and reviews from both clients and clinical staff in SLO County. The County will continue to utilize the Pods at Justice Services and Juvenile Hall while collecting data and monitoring the impacts. The development and management teams for HealPod will continue the research what began with the SoundHeal project through seeking peer review for a feasibility study with the intention of publishing findings in clinical psychology journals.

References & Appendices

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SoundHeal Appendix 1: Session Meditation Journal Data Collection Tool

Name: _____ Date & Time:

Heal Meditation Journal (P ease fill out after your Heal session)

What was the name of the track you selected today?

_____

- How did you feel **before entering** the Heal meditation pod? (select as many)

☐ Stressed ☐ Scattered ☐ Relaxed ☐ Anxious ☐ Energetic
☐ Indifferent ☐ Good mood ☐ Upset ☐ In pain ☐ Focused
☐ Positive ☐ Depressed

Details:

_____
_____
_____
_____

- **What did you experience** in today's session? Write your feelings, emotions, even colors, smells, and sensations you experienced:

_____
_____
_____
_____

_____
_____

- How did you feel **after today's meditation**? (select as many)

☐ Stressed ☐ Scattered ☐ Relaxed ☐ Anxious ☐ Energetic
☐ Indifferent ☐ Good mood ☐ Upset ☐ In pain ☐ Focused
☐ Positive ☐ Depressed

Any additional thoughts on **how you feel now**?

_____
_____

Justice Services, San Luis Obispo

SoundHeal Appendix 2: Monthly Meditation Journal

Client ID: _____ Date & Time:

Heal Monthly Meditation Journal

- How often does Heal meditation help you with your overall well-being? **(select 1)**

☐ Always ☐ Very Frequently ☐ Occasionally
☐ Rarely ☐ Very Rarely ☐ Never
☐ Other _____

- Does Heal meditation help build coping skills? **(select as many)**

☐ Walk/run/bike/hike ☐ Cook ☐ Exercise ☐ Clean ☐ Take Breaks
☐ Reorganize ☐ Family time ☐ Eat healthy ☐ Arts & crafts ☐ Does not help
☐ Accept challenges ☐ Me time ☐ Prioritize tasks ☐ Building good habits

Any "Other" skills or additional details ?

_____
_____

- Does Heal meditation help with? **(select as many)**

☐ Anxiety ☐ Stress ☐ Depression ☐ Sleep ☐ Alcohol Addiction
☐ PTSD ☐ Sleep ☐ Physical Pain ☐ Eating ☐ Drug Addiction

In your own words how Heal meditation has helped in reducing symptoms?

_____
_____
_____
_____

- How can we better the Heal meditation experience? **(select as many)**

☐ Need more meditations ☐ 5 day, 7 day, 15 day meditation courses
☐ Bench is not comfortable ☐ Vibrations can be stronger
☐ Bench too low ☐ Improve the quality of sound
☐ Touch screen interface ☐ Good as is

Any additional thoughts on how we can improve the pod or specific sounds you want?

_____
_____

- What do you enjoy about the Heal meditation experience? **(select as many)**

☐ Distraction free ☐ Safe ☐ Spacious and comfortable
☐ Good sound ☐ Easy to use ☐ vibrations ☐ Protected
☐ Time to myself

Justice Services, San Luis Obispo

SoundHeal Appendix 3: Client Feedback Survey

Client ID: _____ Date & Time:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The pod is spacious	O	O	O	O	
I feel immersed in the sounds	O	O	O	O	
Touch screen interface is easy to use	O	O	O	O	
Vibrations are great	O	O	O	O	

How satisfied are you with Heal Meditation? 1- 5 **(1 = Not satisfied , 5= very satisfied)**

1 2 3 4 5

How easy is the Heal Pod to use? 1-5 **(1=very easy, 5=very difficult)**

1 2 3 4 5

How often do you use the Heal Pod in a week?

1 2 3 4 5 **times a week**

Would you like to have Heal Pod sessions in a week? **Y / N**

If **"Y" how many sessions would you like** to do in a week?

1 2 3 4 5 **times a week**

Would you **like to increase the length of your Heal sessions** from 5 mins to 10 mins? **Y / N**

Justice Services, San Luis Obispo

Innovation Component Workplan 2021-2025

The workplan is continued on the next page...

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

INNOVATION PLAN FY 2021-2025
County of San Luis Obispo
Behavioral Health Department

COUNTY OF SAN LUIS OBISPO HEALTH AGENCY
BEHAVIORAL HEALTH DEPARTMENT
2180 Johnson Ave., San Luis Obispo, CA 93401
Anne Robin, LMFT, Behavioral Health Director
Frank Warren, Mental Health Services Act Coordinator

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 21-22	FY 22-23	FY 23-24	FY 24-25	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 July 01, 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 reluctant 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.

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 was held as part of the Behavioral Health Board's (BHB) regular, April 21, 2021 meeting and received approval. The Plan was approved by the

County's Board of Supervisors on May 4, 2021. The Innovation Work Plan will be submitted for approval by the Mental Health Services Oversight and Accountability Commission in May 2021.

Table of Contents

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. At the conclusion of the 30-day review period, two total comments were received using the feedback survey made available electronically and in hard-copy. The comments, as originally written and posted, are listed below for the two projects:

BHEET

1. I would like simply to suggest that when moving forward with BHEET (or any other mental health program within the civic setting) it always be kept in mind that our legal systems and mental health have yet to hold hands in a helpful way. In other words, I would like there to be within mental health systems LEGAL COUNSELORS capable of providing information AND advocacy for those of us who need it. Mental health is more than what's going on in the minds of consumers. It is a by-product of society.

2. I support this project and think it offers great hope for alleviating the barriers that keep people from fully benefiting from existing programs.

SoulWomb

1. I hope this proves to be both effective and beneficial to those in need.

2. This project has cutting edge potential for reducing the symptoms of, and increasing the life skills of, participants. It might open many paths to personal, and thereby community, growth.

A public hearing was held as part of the Behavioral Health Board's (BHB) regular, April 21, 2021 meeting and received approval. One letter of support was received for both projects from San Luis Obispo County District 3 Supervisor Dawn Ortiz-Legg, presented by the Supervisor's Legislative Assistant:

1. Fully support the efforts to creatively approach the mental health challenges facing so many citizens;

2. Impressed with the two programs: Peer support makes a lot of sense and what a great way for a 2 way reciprocal program to support individuals who truly understand life navigation; as a long time yogini, I am very excited about the Soul Womb project / concept, and think we should really gather the data and possibly put these in many county buildings and school settings! There is nothing more soothing than a sound bath as well as mindful movement

3. What if any support can I provide the teams? Please advise as I am very excited to help in any way possible.

The Plan was approved by the County's Board of Supervisors on May 4, 2021. The Innovation Work Plan will be submitted for approval by the Mental Health Services Oversight and Accountability Commission in June 2021.

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

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.

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 practice in helping for individuals who are outside the service range of SLOBHD services. This practice shows positive outcomes when introduced in crisis intervention.

[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

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?

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

[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, 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

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 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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/212**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
11.	Direct Costs	-	-	-	-	-
12.	Indirect Costs	-	-	-	-	-
13.	Total Consultant Costs	-	-	-	-	-
OTHER EXPENDITURES (please explain in budget narrative)		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 disorders, such as schizophrenia, PTSD and other anxiety disorders."[8] Posttraumatic stress

[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/).

[8] VA Research on Mental Health. (2021). US Department of Veterans Affairs. https://www.research.va.gov/topics/mental_health.cfm

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.

Techniques such as acupuncture, acupressure, meditation, and yoga are increasingly used by counselors and therapists to reduce anxiety, specific phobias, and substance abuse to

[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:aaiuomWlBRTDalE6OhYpbXV_sugKeAp2hc4MASjTmmEfXshA1U69H3XNFdkX7YlZUAa1k-YAcDo

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 reluctant 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 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

[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.

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]

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,

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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

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.

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.

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

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 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:

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[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 National Institute of Health finds sound meditation, using a myriad of instruments such as 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 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

[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

[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

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?

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.

[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

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."

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]

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[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.

[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

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.

[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 offenders released from prison into the community. A "Stepping Up" collaborative was

[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

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

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

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 -Disseminate year one report to relevant groups and stakeholders

	-Steering committee team meeting	
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

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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/2022**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**TOTAL**
14		-	-	-	-	-
15		-	-	-	-	-
16	Total Other Expenditures	$15,000	$15,000	$15,000	$15,000	$60,000
BUDGET TOTALS		**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 <u>for ADMINISTRATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 <u>for EVALUATION</u> for the entire duration of this INN Project by FY & the following funding sources:**	**FY 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 21/22**	**FY 22/23**	**FY 23/24**	**FY 24/25**	**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 2021-25 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/20-24MHSAInnovationPlan

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 2021-2025.
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)
+1 346 248 7799 US (Houston)
+1 253 215 8782 US (Tacoma)
+1 312 626 6799 US (Chicago)
+1 929 205 6099 US (New York)
+1 301 715 8592 US (Washington DC)
888 475 4499 US Toll-free
877 853 5257 US Toll-free

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

Mental Health Services
Oversight & Accountability Commission

STATE OF CALIFORNIA
GAVIN NEWSOM, Governor

LYNNE ASHBECK
Chair
MARA MADRIGAL-WEISS
Vice Chair
TOBY EWING
Executive Director

June 28, 2021

Anne Robin, LMFT
Behavioral Health Administrator
San Luis Obispo County
2180 Johnson Avenue
San Luis Obispo, CA 03401

Dear Ms. Robin,

Congratulations, the Commission approved the ***Behavioral Health Education and Engagement Team (BHEET)*** *Innovation Plan* on June 22, 2021, up to the amount of $610,253 in Innovation funding for 4 Years and the ***SoulWomb*** *Innovation Plan* on June 25, 2021, up to the amount of $576,180 in Innovation funding for 4 years, both via the Chair's Delegated Authority.

Please notify Commission staff in writing of the official start dates of these Innovation projects. Pursuant to the Innovation regulations, the start date is when the County begins implementing the project which is based upon the date funds are first spent or when services are delivered, whichever happens first. (Reference Title 9 CCR, Article 9 §3910.010(a)(1)).

On behalf of the Commission, I would like to thank you for all the work you do in your community.

If you have additional questions or need further assistance, feel free to contact me sharmil.shah@mhsoac.ca.gov or your county liaison Wendy Desormeaux Wendy.Desormeaux@mhsoac.ca.gov.

Sincerely,

Sharmil Shah, Psy.D
Chief-Program Operations

Copy: Frank Warren, MHSA Coordinator
Timothy Siler, Prevention & Outreach