TRI·CITY
Mental Health

Restorative Practices for Improving Mental Health (RPIMH)

Breathe ~ Heal ~ Restore

MHSOAC
Mental Health Services
Oversight & Accountability Commission

PROPOSITION 63
MENTAL HEALTH SERVICES ACT
CALIFORNIA

MHSOAC
Mental Health Services
Oversight & Accountability Commission

INNOVATIVE PROJECT PLAN
RECOMMENDED TEMPLATE

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   Est Approval Date: 5/19/2021
☐ Completed 30 day public comment period   Comment Period: 4/9/21-5/8/21
☐ BOS approval date   Approval Date: _____   If County has not presented before BOS, please indicate date when presentation to BOS will be scheduled: 5/19/2021   *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: 5/20/2021 via Delegated Authority   ***Note: Date requested above is not guaranteed until MHSOAC staff verifies <u>all requirements</u> have been met.***

County Name: Tri-City Mental Health Authority

Date submitted: April 2021

Project Title: Restorative Practices for Improving Mental Health (RPIMH)

Total amount requested: $949,957

Duration of project: Three Years July 2021-June 2024

Purpose of Document: The purpose of this template is to assist County staff in preparing materials that will introduce the purpose, need, design, implementation plan, evaluation plan, and sustainability plan of an Innovation Project proposal to key stakeholders. *This document is a technical assistance tool that is recommended, not required.*

Innovation Project Defined: As stated in California Code of Regulations, Title 9, Section 3200.184, an Innovation project is defined as a project that "the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports". As such, an Innovation project should provide new knowledge to inform current and future mental health practices and approaches, and not merely replicate the practices/approaches of another community.

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.

Tri-City Mental Health Authority (Tri-City) provides services to a community comprised of three very distinct cities – Claremont, La Verne, and Pomona. Not only do these cities vary by size and population, they also vary financially, by their views on mental health, and by their overall community cultures. However, since March 2020, the residents of these three cities have shared one common concern that has led to an increase in anxiety, depression, fear and overall stress: COVID-19.

According to Ginger.com, the leader in on-demand mental healthcare, prior to the onset on COVID-19 in 2020, 60% of workers reported that stress impacted them at work to the point of tears, which is a 23% increase from 2019 (Ginger, 2020). Those surveyed following the outbreak of COVID-19 indicated even significantly higher levels of stress including claims that this was the "most stressful time of their entire professional career." Additional survey data indicates that although workers agree that their employers have increased its focus on employee mental health as a result of COVID-19, more can be done. Tri-City agrees with this statement and hopes to address this commitment to staff through this plan.

In addition to the stress and burnout experienced by mental health professionals, Transition Age Youth (TAY) ages 16-25, continues to be both a priority population and yet acknowledged, "difficult to engage" group for Tri-City Mental Health. Although the pandemic has impacted all age groups within the Tri-City area, studies have shown that it seems especially damaging to these vulnerable individuals including youth in foster care.

According to the American Psychological Association, "the potential long-term consequences of the persistent stress and trauma created by the pandemic are particularly serious for our country's youngest individuals, known as Generation Z (Gen Z). Our 2020 survey shows that Gen Z teens (ages 13-17) and Gen Z adults (ages 18-23) are facing unprecedented uncertainty, are experiencing elevated stress and are already reporting symptoms of depression." (Harris Poll, 2020)

Transition Age Youth, including those residing in foster care, or who identify as LGBTQ, experience an even greater impact on their lives including living conditions and basic standards of health, education, employment and well-being since the start of this pandemic.

This year-long exposure to elevated stress in mental health service providers compounded with the persistent anxiety and trauma found in the youth of our cities, has launched this mental and emotional health focused project to provide staff and youth in our communities with a menu of independent and self-selected trainings which are easily accessible online and available in a group venue or independent study.

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.

Community engagement and collaboration have long been the driving forces behind the success of the projects and programs implemented by Tri-City Mental Health under the Mental Health Services Act. By engaging individuals who live and work within the three cities of Claremont, La Verne, and Pomona, Tri-City staff are able to create projects that reflect both the desire and needs of the communities we serve.

This long-standing alliance is the undertone of the **Restorative Practices for Improving Mental Health (RPIMH)** project which is comprised of a combination of three evidence-based practices, SKY Breathing, Trauma Informed Yoga, and Restorative Practice Circles, which are typically delivered independently and address distinct elements related to physical health and emotional health of participants. Each of these practices are normally offered separately for a fee and as such, may not meet the individual needs of the participants. In addition, the cost is often times prohibitive for the disadvantaged youth we serve.

This project is proposing to combine these three practices into a single course of treatment or healing aimed at addressing the deficits in mental and emotional support currently available in this area. Two target populations are identified and will be engaged for this project: 1) Tri-City clinical and non-clinical staff who are experiencing the effects of COVID 19 leading to elevated stress and potential burnout; and 2) Transition Age Youth (TAY) ages 16-25, who reside within the Tri-City catchment area, including TAY who are at risk due to COVID-19, those who are residing in foster care, or identify as LGBTQ, as well as the staff that support them.

The three practices selected by the workgroup participants include:

SKY Breathing: an evidence-based practice that can help individuals reduce stress and clear their minds through a breath meditation. Improvements noted by researchers and participants include the areas of depression, stress, mental health, mindfulness, positive affect, and social connectedness in addition to better quality of sleep. Researchers have shown that each emotion is linked to a breathing pattern and when you change the way you breathe you can change how you feel.

Trauma Informed Yoga: which emphasizes the impact of trauma on the entire mind-body system and provides an approach to creating a safe and supportive space where participants can learn emotional regulation skills through connection with the breath and increased body awareness. Trauma-informed yoga will increase access to mental health services to underserved groups and help participants develop positive copying mechanisms and increase the quality of mental health services while decreasing the symptoms of depression, anxiety, and stress.

Restorative Practice Circles: used to bring together both offenders and victims in an attempt to repair damaged relationships through a process of accountability and forgiveness. The reasoning behind this concept is that when someone offends or hurts someone else, the offender can reflect on their harm to the victim and work towards reconciliation while taking a restorative approach to heal the transgression. Restorative circles have proven to be effective in a variety of educational and community settings. Circles are facilitated by

individuals who hold credentials including LCSW, MFT, retired educators, college students, community members and individuals with lived experience.

Through the combined application of these three evidence-based practices, this project hopes to address the issues of retention and burnout for Tri-City staff in addition to improving the overall wellbeing of transition age youth and their support staff residing in the cities of Claremont, Pomona and La Verne.

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

This project 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.

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.

Each of the three trainings, SKY Breathing, Trauma Informed Yoga, and Restorative Practice Circles, have been implemented in a variety of settings but not as a "training package" used to address burnout in mental health professionals or to address trauma, depression, and anxiety in youth, including those who identify as LGBTQ, or reside in foster care.

SKY Breathing is typically taught either during an in-person training (pre COVID) or virtually. The length of time varies for each training but is typically delivered in a three-day timeframe. It can be longer for specific populations who may require additional time and support. This training is usually offered as a single method with instructors who are specifically trained in this practice.

Trauma Informed Yoga is also a specialty training that is offered in-person (pre COVID) or virtually. Instructors are also specifically trained in this practice which addresses and supports individuals who have experienced some form of trauma. Although there is a breathing component to this practice, the breath training is not as extensive or specific as SKY Breathing.

Restorative Practice Circle, also known as Restorative Justice, has historically been implement in the justice system and primarily focused on bringing together criminal offenders and their victims in an effort to encourage accountability and restitution or attempt to repair the damage done by the crime. This practice seeks to make a cultural shift from a punitive model to a restorative model. Restorative circles have also proven to be successful in

educational settings as well where these skills are useful in helping student to build positive relationships and learn to support one another.

This project is proposing to combine these three practices into a single course of treatment or healing aimed at addressing the deficits in mental and emotional support currently available in this area.

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

This project intends to serve approximately 360 individuals over a three-year period. The following represents a projection of the number served and trained over the life of the project. However, these numbers are subject to change based on current and future COVID-19 restrictions and participation.

Tri-City Clinical and Non-Clinical Staff: We estimate serving 120 Tri-City staff over a three-year period. This will include both clinical and non-clinical staff. These trainings will be offered both virtually, where staff will have access to them on-demand or in organized groups, and in person (year two-three), based on updated COVID -19 restrictions.

TAY/LGBTQ/Foster Youth/Support Staff: This project anticipates serving a total of 240 transition age youth who are at risk due to COVID-19, LGBTQ, and/or foster youth and the staff that support them. Trainings will be offered virtually for those who have access to mobile devices, and in-person when COVID-19 restrictions allow. Each of the components will be offered but we anticipate one of more will be more popular or practical for specific populations. TAY and support staff participants will receive stipends as an incentive to participate in the trainings.

These numbers were arrived at based on current Tri-City employment numbers as well as local demographics. Tri-City currently employs 212 individuals, agency-wide and this project is intended to be offered to both clinical and non-clinical staff. Current demographic information for the combined cities of Pomona, Claremont and La Verne estimated the number of youths to average about 20% of the total population[1]. However, this project will serve a sample size of 240 TAY and support staff and then expanded if proven to be successful.

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

---

[1] US Census Bureau

Two target populations are identified and will be engaged for this project 1) Tri-City clinical and non-clinical staff who are experiencing the effects of COVID-19 leading to elevated stress and potential burnout; and 2) Transition Age Youth (TAY) ages 16-25, who reside within the Tri-City catchment area, including individuals who are at risk due to COVID-19, residing in foster care, identify as LGBTQ, as well as the staff that support them.

All trainings and support services will be delivered in both English and Spanish, Tri-City's primary threshold languages.

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?

Research conducted for this project indicates that traditionally, each of these practices are offered as a separate component and outcomes are measured based on the individual impact for each. Although yoga may incorporate breathing as a component, it does not include the specific approach of SKY Breathing which is one of the featured practices in the project.

SKY Breathing teaches breathing techniques and meditation which have been demonstrated to help de-stress both the mind and the body, thus bringing emotional well-being and balance to life. This practice is provided in a variety of community and professional settings but typically as a stand-alone program, although with variations depending on the audience.

Trauma Informed Yoga is a practice that focuses on creating a safe and supportive space where participants, through a connection of breath and increase body awareness, can learn emotional regulation skills. This practice is also provided in a variety of settings including yoga studios or other locations.

Restorative Practice Circles is typically utilized in the judicial and school-based systems. There are some community-based trainings also available. However, these trainings focus only on accountability and relationship repair and do not include the breathing or yoga components.

By incorporating all three of these evidence-based practices, Tri-City will attempt to offer an array of support practices that will increase the quality of mental health wellbeing as well as promoting interagency and community collaboration related to mental health services and supports and/or outcomes.

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.

In order to determine the innovative approach of this project, research was conducted on the topics of SKY Breathing, Trauma Informed Yoga, and Restorative Practice Circles, as well as similar projects in general. The research indicated that there is no evidence or example of a public mental health agency implementing a program that involves utilizing a combination of these practices for the benefit of both agency staff and transition age youth, using evidence-based trainings to both support and attempt to mitigate the impact of COVID-19.

In addition, by utilizing the MHSA Program Search Tool located on the Mental Health Services Oversight and Accountability website, Tri-City staff reviewed all Innovation projects listed beginning in FY 2012-13 to date and found no projects that appeared to have the components, SKY Breathing, Trauma Informed Yoga, or Restorative Practice Circles listed. In addition, none of the current or previous projects implemented by other counties appear to address staff retention and burnout.

Citations and links to specific articles are located in the Appendix on page 28.

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 **Restorative Practices for Improving Mental Health (RPIMH)** project hopes to determine if offering a set of self-help practices, used in combination, can help mental health staff to improve their own mental and physical health while serving clients in both an existing and post COVID-19 world. This project seeks to understand if providing a series of evidence-based training that can be accessed on-demand, will help to reduce stress and improve retention in community mental health.

In addition, will these same set of practices help transition age youth (ages 16-25) to improve their resiliency and emotional regulation while decreasing symptoms of trauma, depression,

anxiety, and stress. These goals were determined by both Tri-City staff and community members as a result of engagement in surveys, workgroups, and outside research.

Goals for this project include:

1. Reduce the rate of burnout in Tri-City staff and increase retention rate
2. Reduce the rate of burnout in community support staff that work with TAY
3. Develop an online menu of wellbeing practices that staff can access on-demand
4. Increase client outcomes when incorporating one or more of these practices
5. Increase access to mental health services for Transition Age Youth (TAY)
6. Decreased symptoms of trauma, depression, anxiety, and stress in the TAY population
7. Increase the number of TAY who are reunited with family members through restorative dialogue

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

Each of these learning goals reflect Tri-City's desire to evaluate, through pre and post evaluations, and ultimately improve the overall mental wellbeing for these critical populations. Through the combination of these evidence-based practices, this project hopes to address the issues of retention and burnout for Tri-City staff in addition to improving the overall wellbeing of transition age youth at risk due to COVID-19, including those who identify as LGBTQ, and foster care youth, in addition to the staff that support them.

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.

Each of these learning goals/questions will be evaluated by the method indicated below. Pre and post tests will be administered before and after each training. Results will be compiled and presented to participants and stakeholders on a quarterly basis. Any necessary changes or course corrections will be made at that time.

In addition, performance measure will be developed based on a data collection method platform called Results Based Accountability (RBA). RBA uses a data-driven, decision-making process to help communities to improve the effectiveness of their programs. This method starts with the end in mind and works forward with an emphasis on the target population vs performance of the program.

- *Reduce the rate of burnout in Tri-City staff and increase retention rate*

Learning Goal	Evaluation Method
Is RPIMH effective in reducing burnout among clinical and non-clinical mental health professionals? *Is RPIMH effective in engaging TC staff in a sustained well-being practice?* *Does the knowledge gained through the combination of RPIMH frameworks help staff to integrate these practices in their scope of work?*	1. *Staff data that includes: Number of people trained in RPIMH and by job position.* 2. *Pre and post survey of participants that includes questions related to burnout and stress.* 3. *Post survey of their use of these practices, how often, and their experiences.* 4. *Follow up survey in six months to learn how they have used these practices (post survey only).* 5. *Pre and Post measures of retention rate by position/clinical and non-clinical.*

- *Reduce the rate of burnout in community support staff that work with TAY*

Learning Goal	Evaluation Method
Is RPIMH effective in improving well-being among youth workers? *Does RPIMH reduce stress among youth workers?*	1. *Pre and post survey of participants that includes questions related to burnout and stress.* 2. *Survey on how they have used these practices (post survey only).*

- *Develop an online menu of wellbeing practices that staff can access on-demand*

Learning Goal	Evaluation Method
Does providing an access on-demand menu of wellbeing practices contribute to retention?	1. *Number of practices offered* 2. *Number of practices accessed* 3. *Number of people who accessed the practices* 4. *Post survey of those who accessed these practices and how they used them to help themselves and others.*

- *Increase client outcomes when incorporating one or more of these practices*

Learning Goal	*Evaluation Method*
Does the practice of RPIMH by clinicians improve client outcomes?	1. *Post survey of staff to see how often they connect clients with these practices and the number of clients they have connected with.* 2. *Add questions to the client survey (MHSIPs) that address the use and experience of clients when using these practices (post survey only).*

- *Increase access to mental health services for Transition Age Youth (TAY)*

Learning Goal	*Evaluation Method*
Does RPIMH promote interagency and community collaboration related to mental health services by providing an entry point to seeking additional support services?	1. *Number of service requests for Access to Care from community agencies that are involved in this project.* 2. *Number of referrals into Tri-City programs (MHSA, IOET, etc.) from community agencies that are involved in this project.*

- Decreased symptoms of PTSD, depression, anxiety, and stress *in the TAY population*

Learning Goal	*Evaluation Method*

Is RPIMH effective in reducing symptoms of trauma, PTSD, depression, anxiety, and stress *in youth?*
 	
Is RPIMH effective in increasing resiliency among youth?
	1. *Pre and post surveys of Tri-City Mental Health TAY clients (18 years and older) that includes:*
	  a. *Measures of depression, anxiety, and stress.*
	  b. *The use and experience of clients when using these practices.*

	c. Measures of resiliency emotional regulation, and ability to manage stress.
Is RPIMH effective in increasing emotional regulation among youth?	

- *Increase the number of TAY who are reunited with family members through restorative dialogue*

Learning Goal	Evaluation Method
Is RPIMH effective in reuniting families who are estranged or experiencing relationship challenges?	1. *Number of TAY families who participate in RPIMH who are not unified or are experiencing challenges.* 2. *Pre and post surveys measuring communication and interaction. Post survey will also include how often they use these practices and their experiences when using them.*

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?

Tri-City expects to contract with outside trainers for SKY Breathing, Trauma Informed Yoga, and Restorative Practice Circle trainings. In addition, if possible, this project will utilize trainers that practice within the Tri-City area and are current stakeholders and community members. Funding for these trainers/trainings will be provided through the RPIMH project budget.

The trainings will be coordinated and supervised by the Innovation Coordinator in collaboration with the training representatives. Each of these evidence-based trainings will be evaluated by Tri-City's Best Practices Department and outcomes will be shared with stakeholders via quarterly and annual Innovation project reports as well as through presentations in community stakeholder meetings.

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.

Since the onset of COVID-19, in-person stakeholder meetings are prohibited which makes frequent communication with stakeholders via email and virtual meetings even more critical to ensure they are aware of resources and support services that are available to them and the community at large. Stakeholder meetings and workgroups were transitioned to a virtual platform in March of 2020 in addition to emails sent with links to online trainings and virtual webinars as well as service updates.

To begin this Innovation planning process, stakeholders were informed and invited during the September 2020 stakeholder meeting to participate in the development of a new Innovation project. Participants who expressed an interest in this process were informed of the workgroup information. In addition, an online survey was distributed to stakeholders to request new ideas to be submitted. From this survey three ideas were submitted which were presented to the Innovation workgroup.

In an ongoing effort to collect additional stakeholder input, stakeholders and community members were emailed and encouraged to complete Tri-City's MHSA Planning Process Survey to share their thoughts and concerns regarding the availability of support services, priority populations and unmet needs within the Tri-City care. This annual community planning survey is available in both English and Spanish and is used to identify the needs and priorities of the three cities. These results are then presented to the Innovation workgroups who were able to incorporate these needs and concerns in the creation of new Innovation projects.

In the most recent planning survey, when asked to identify priority populations, respondents indicated their concern for Transition Age Youth (16-25), including those who reside in foster care or identify as LGBTQ. These results were the impetus that sparked further conversations in the Innovation workgroups where participants addressed the numerous issues encountered by this critical population while developing this project proposal.

The demographics for those completing the Community Planning Survey included:
Gender: 82% Female and 18% Male
Age: Ages 26-59 64% and 60+ 36%
Primary Language English 91% and Spanish 9%
Race/Ethnicity: Hispanic/Latino 27%, White/Caucasian 55%, Other 18%

Other: LGBTQ 9%

In January of 2021, community members and Tri-City staff came together to begin the process of identifying a new Innovation project. Innovation workgroup participants consisted of fifteen members who reflect a diverse group of individuals. These individuals represented Tri-City staff, faith-based leaders, community members involved in juvenile justice, LGBTQ, and transition age youth. Two project ideas were presented by community members; one did not meet the criteria for an Innovation project and the other project was voted to move forward and is presented here. A third option was considered a duplicate of a previous idea.

The following is a list of the public meetings, postings and approvals:
Stakeholder Meetings: 9/30/20, 3/4/21
Innovation Workgroups: 1/21/21, 2/4/21, 2/9/21, 2/10/21, 2/11/21
Estimated Plan Posting Date for 30-Day Comment Period: April 9, 2021
Estimated Mental Health Commission Approval: May 19, 2021
Estimated Governing Board Approval: May 19, 2021

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 overall focus of this project is to create community collaboration around mental health and wellbeing. Tri-City will work with various local organizations representing the target populations as well as the trainers who have been identified to participate in this project. These organizations include faith-based groups, youth organizations, foster care group homes, local LGBTQ Pride Center, and Tri-City Wellness Center.

B) Cultural Competency

Cultural competence and inclusion are vital to creating projects that are accessible to community members residing within the Tri-City area. Each of the practices included in this project proposal are available in both English and Spanish. Tri-City will collaborate with each organization to identify the best cultural approach for working with each of these populations. This information will be incorporated in the training approaches utilized in this project.

C) Client-Driven

This project was selected after an extensive stakeholder process which included clients, community members and individuals with lived experience. The methods of feedback incorporated were collected through stakeholder meetings, Innovation workgroups and a community planning survey.

D) Family-Driven

Family members have provided valuable insight and feedback as to ways Tri-City can continue to support their needs and approach obstacles they may be facing when seeking services for themselves and their children. This feedback has been incorporated in the planning of this project.

E) Wellness, Recovery, and Resilience-Focused

All three components of this project are wellness, recovery, and resilience-focused. When used in combination, these practices will build on the strengths of each practice and participant to support people-in-recovery and those who may have experienced trauma, to live meaningful lives guided by their own choices.

F) Integrated Service Experience for Clients and Families

Through this project, Tri-City staff will have access to all three practices and able to share these skills with their clients. Clients will then be able to share their experiences with family members and extend these practices/skills to others. In addition, these practices, Restorative Circles in particular, will provide an opportunity for clients and their family members to use this new skill of communication and accountability to heal their broken relationships.

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.

Tri-City Mental Health is committed to the advancement of quality mental health services that are culturally compatible and respectful of the diverse healthcare beliefs of the people served. It is the mission of this Agency to guide and support the staff of Tri-City to ensure cultural and linguistically appropriate programs and services are available for community members residing in the cities of Claremont, Pomona and La Verne by building strong and collaborative relationships through partnerships and community engagement. Tri-City has a robust stakeholder engagement process which includes open communication, pre and post surveys,

workgroups, community stakeholder meetings, and continuous feedback. Materials are offered in both English and Spanish as well as interpreters for non-English speaking participants. Tri-City understands that Innovation projects are ever-evolving and it is necessary to have continuous check-ins with stakeholders to know if there is a pivot that needs to occur.

In addition, Tri-City hosts four community groups where participants are able to provide feedback regarding new and ongoing projects. These groups include ¡Adelante! Latino and Hispanic Wellness Advisory Council, whose primary goal is to instill hope and wellness by empowering community members within the Latino and Hispanic community to advocate and share their experience, knowledge and feedback. The LGBTQ+ Wellness Advisory Council was established to give a voice to LGBTQ+ communities by empowering members to advocate and share their experience, knowledge and feedback. The African American Family Wellness Advisory Council (AAFWAC) whose primary goal is to nurture hope and wellness within the African American community through mental health advocacy and treatment referral. The final group, dedicated to the Asian American Pacific Islander population, is currently in the formation phase and will be serving our AAPI community members in the same capacity as the groups mentioned about.

During the course of this learning project, there will be quarterly evaluations and discussions impacting the project activities based on outcomes. Participants of the project advisory committee will work closely with Tri-City staff in identifying performance and outcome measures that will provide the most credible and timely data for this 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.

This project is not intended to provide direct services for individuals with severe emotional disturbance (SED)/serious mental illness (SMI). However, this project will provide support for providers in an effort to reduce burnout which directly impacts availability, consistency and continuity of care for person with severe emotional disturbance/serious mental illness.

This project will be evaluated based on participant/stakeholder feedback and various outcomes and performance measures. If determined to be successful, this project may be assumed under the Prevention and Early Intervention plan, as funding allows.

In addition, both the Tri-City staff, TAY, and TAY support staff who are trained in each of these practices will have the opportunity to continue to train other individuals in the community including clients, peers, family members and other service partners.

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?

This project will be promoted on Tri-City's website as well as all Tri-City social media platforms. Announcements have been made during stakeholder meetings and through direct emails. Tri-City staff will also be included in the launch process once the appropriate approvals have been received. In addition, local community partners who are offering these trainings will be promoting this project internally to their members.

Tri-City will provide stakeholders with periodic status reports during MHSA presentations and through Annual Updates and Three-Year Integrated plans. Tri-City will also seek opportunities to provide information on shared learnings during conferences, community meetings and collaborations with county partners. Program participants will be invited to share their personal experiences during these gatherings and other stakeholders will be able to share this project directly with their community organization, agency or department. The project and all subsequent reports will be posted on Tri-City's website as well as promoted through social media.

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.

Breathing   Trauma   Restorative   Stress   Burnout

TIMELINE

A) Specify the expected start date and end date of your INN Project
July 1, 2021 to June 30, 2024

B) Specify the total timeframe (duration) of the INN Project
Three Years

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

The following represents a projection of anticipated activities along with the corresponding dates. However, these projections are only estimates and may be adjusted throughout the life of the project based on actual project performance and any unforeseen impact due to COVID-19 restrictions.

Year 1, Quarter 1 July – Sept 2021

- Create outreach and engagement strategy with training consultants
- Prepare outreach and engagement marketing materials
- Determine required documents such as Release of Information and/or HIPAA
- Confirm project participants and related organizations
- Advise and promote trainings to Tri-City staff
- Develop outcome and performance measures to support data collection
- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Begin onboarding process for both Tri-City staff and TAY/TAY support staff
- Begin training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Begin training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Begin training on Restorative Practice Circles for TC staff and community members
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff

Year 1, Quarter 2 Oct – Dec 2021

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Begin onboarding process for both Tri-City staff and TAY/TAY support staff
- Begin training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Begin training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Begin training on Restorative Practices/Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking
- Prepare quarterly report-post on Tri-City website and share with stakeholders

Year 1, Quarter 3 Jan – Mar 2022

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff

- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking
- Prepare quarterly report-post on Tri-City website and share with stakeholders

Year 1, Quarter 4 Apr – June 2022

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practices/Circles for Tri-City staff and TAY/TAY support staff
- Begin train-the-trainer on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Begin train-the-trainer on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Begin train-the-trainer on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking
- Prepare quarterly report-post on Tri-City website and share with stakeholders

Year 2, Quarter 1 July – Sept 2022

- Create annual Innovation Project Report for FY 2021-22
- Review learning questions and performance measures to ensure accurate tracking
- Identify participants to become trainers for FY 2022-23
- Begin onboarding process for community trainers and staff trainers
- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff

Year 2, Quarter 2 Oct – Dec 2022

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff

- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking
- Prepare quarterly report-post on Tri-City website and share with stakeholders

Year 2, Quarter 3 Jan – Mar 2023

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking
- Prepare quarterly report-post on Tri-City website and share with stakeholders

Year 2, Quarter4 Apr – June 2023

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Begin train-the-trainer on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Begin train-the-trainer on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Begin train-the-trainer on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking

Year 3, Quarter 1 July – Sept 2023

- Create annual Innovation Project Report for FY 2022-23

- Review learning questions and performance measures to ensure accurate tracking
- Begin onboarding process for community trainers and staff trainers
- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff

Year 3, Quarter 2 Oct – Dec 2023

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking
- Prepare quarterly report-post on Tri-City website and share with stakeholders

Year 3, Quarter 3 Jan – Mar 2024

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff
- Continue training on Restorative Practice Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking
- Prepare quarterly report-post on Tri-City website and share with stakeholders

Year 3, Quarter4 Apr – June 2024

- Administer pre-training surveys to both Tri-City staff and TAY/TAY support staff
- Continue training on SKY Breathing for Tri-City staff and TAY/TAY support staff
- Continue training on Trauma Informed Yoga for Tri-City staff and TAY/TAY support staff

- Continue training on Restorative Practices/Circles for Tri-City staff and TAY/TAY support staff
- Administer post-training surveys to both Tri-City staff and TAY/TAY support staff
- Review learning questions and performance measures to ensure accurate tracking

Year 3, July – Dec 2024
- Process final outcome survey results
- Create final Innovation Project Report
- Assess project for incorporation under Prevention and Early Intervention (PEI)

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

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

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

BUDGET NARRATIVE

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

Section 4: INN Project Budget and Source of Expenditures

INN PROJECT BUDGET AND SOURCE OF EXPENDITURES

BUDGET NARRATIVE

Tri-City Mental Health Authority (TCMHA) has allocated $950,000 in Innovation funds for the following project: Restorative Practices for Improving Mental Health (RPIMH). This three-year project is expected to commence in July 2021, pending approval from the MHSOAC, and conclude in June 2024.

All cost elements included in this budget are estimated and subject to revision based on final determination of contracts, costs of training, evaluations, and additional services as required.

The amounts included in this budget cover personnel costs, operating costs, costs for consultants, other expenditures.

Personnel Costs:
The salaries and benefits included within this budget are estimated based on the total number of hours of training/participation that is being proposed for Tri-City staff engagement. Approximately 2,300 hours of training/participation for approximately 145 staff over the three-year project period.   In addition, a portion of salaries and benefits for Tri-City's INN Program Coordinator and Tri-City's MHSA Projects Manager have also been included.

INN Program Coordinator: The Coordinator will oversee the implementation of the RPIMH project including the planning, organizing, training and directing of activities as they relate to this project.

MHSA Projects Manager: The Manager will monitor the implementation of the RPIMH project and will directly supervise the Coordinator to ensure appropriate progress is being made throughout the project period.

Evaluation/Quality Improvement Staff: Tri-City data analysts will support this program through processing of evaluations, and analysis of data that is gathered throughout the project period.

Operating Costs:
Indirect operating costs are calculated at approximately 15% and would be used to cover the general and indirect operating costs to support this program.

Consultant/Training Costs:
The Consultants Costs will be used to pay for the facilitators which will provide the instruction and training for the three evidence-based practices proposed which include Sky Breathing, Trauma Informed Yoga, and Restorative Practice Circles.

Other Expenditures:
Other expenditures anticipated include the payment of stipends to participants. Also, in addition to the estimated purchase of evaluation tools, Tri-City anticipates the need to purchase licenses for virtual meeting platforms such as Zoom.

BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY*						
EXPENDITURES						
PERSONNEL COSTS (salaries, wages, benefits)	**FY 21/22**	**FY 22/23**	**FY 23/24**			**TOTAL**
1. Salaries	$169,518	$177,994	$146,537			$494,049
2. Direct Costs						
3. Indirect Costs						
4. **Total Personnel Costs**	**$169,518**	**$177,994**	**$146,537**			**$494,049**
OPERATING COSTS	**FY 21/22**	**FY 22/23**	**FY 23/24**			**TOTAL**
5. Direct Costs						
6. Indirect Costs	$45,903	$47,099	$30,906			$123,908
7. **Total Operating Costs**	**$45,903**	**$47,099**	**$30,906**			**$123,908**
NON RECURRING COSTS (equipment, technology)	**FY 21/22**	**FY 22/23**	**FY 23/24**			**TOTAL**
8.						
9.						
10. **Total Non-recurring costs**						
CONSULTANT COSTS / CONTRACTS (clinical, training, facilitator, evaluation)	**FY 21/22**	**FY 22/23**	**FY 23/24**			**TOTAL**
11. SKY Breathing	$42,000	$42,000	$16,000			$100,000
12. Trauma Informed Yoga	$42,000	$42,000	$16,000			$100,000
13. Restorative Practices	$42,000	$42,000	$16,000			$100,000
14. **Total Consultant Costs**	**$126,000**	**$126,000**	**$48,000**			**$300,000**
OTHER EXPENDITURES (please explain in budget narrative)	**FY 21/22**	**FY 22/23**	**FY 23/24**			**TOTAL**
15. Stipends for TAY & Community Participants	$8,000	$8,000	$8,000			$24,000
16. Other-Supplies, Materials	$3,500	$3,000	$1,500			$8,000
17. **Total Other Expenditures**	**$11,500**	**$11,000**	**$9,500**			**$32,000**
BUDGET TOTALS	**FY 21/22**	**FY 22/23**	**FY 23/24**			**TOTAL**
Personnel (line 1)	**$169,518**	**$177,994**	**$146,537**			**$494,049**
Direct Costs (add lines 2, 5, 11, 12 and 13 from above)	**$126,000**	**$126,000**	**$48,000**			**$300,000**
Indirect Costs (add lines 3, and 6 from above)	**$45,903**	**$47,099**	**$30,906**			**$123,908**
Non-recurring costs (line 10)	**-**	**-**	**-**			**-**
Other Expenditures (line 17)	**$11,500**	**$11,000**	**$9,500**			**32,000**
TOTAL INNOVATION BUDGET	**$351,921**	**$361,093**	**$236,943**			**$949,957**

BUDGET CONTEXT - EXPENDITURES BY FUNDING SOURCE AND FISCAL YEAR (FY)

ADMINISTRATION:

	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			TOTAL
A.							
1.	Innovative MHSA Funds	$330,490	$338,591	$221,192			$890,273
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Administration**	**$330,490**	**$338,591**	**$221,192**			**$890,273**

EVALUATION:

	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			TOTAL
B.							
1.	Innovative MHSA Funds	21,431	$22,502	$15,751			$59,684
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Evaluation**	**$21,431**	**$22,502**	**$15,751**			**$59,684**

TOTAL:

	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			TOTAL
C.							
1.	Innovative MHSA Funds	**351,921**	**$361,093**	**$236,943**			**$949,957**
2.	Federal Financial Participation						
3.	1991 Realignment						
4.	Behavioral Health Subaccount						
5.	Other funding*						
6.	**Total Proposed Expenditures**	**$351,921**	**$361,093**	**$236,943**			**$949,957**

*If "Other funding" is included, please explain.

Works Cited

Achar, V., Janakiramaiah, N., Hedge, J. M., Shetty, T. K., Subbakrishna, D., Sureshabu, S., & Gangadhar, B. (2006, April). Antidepressant efficacy and hormonal effects of Sudarshan Kriya Yoga (SKY) in alcohol dependent individuals. *Journal of Affective Disorders*, 249-253. Retrieved from https://www.researchgate.net/publication/7043265_Antidepressant_efficacy_and_hormonal_effects_of_Sudarshan_Kriya_Yoga_SKY_in_alcohol_dependent_individuals

Acosta, J. D., Chinman, M., Edener, P., Phillips, A., Xenakis, L., & Malone, P. S. (2016). A Cluster-Randomized Trial of Restorative Practices: An Illustration to Spur High-Quality Research and Evaluation. *Journal of Educational and Psychological Consultation*, 413-430. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5603319/

Altman, J. (2015). Releasing the Tangles of Trauma through Body-energy Healing. *Self & Society: An International Journal for Humanistic Psychology* , 5-12.

Ghahremani, D. G., Oh, E. Y., Dean, A. C., Mouzakis, K., Wilson, K. D., & London, E. D. (2013, April). Effects of Youth Empowerment Seminar on Impulsive Behavior in Adolesents. *Journal of Adolescent Health*, 139-141. Retrieved from https://www.researchgate.net/publication/236250229_Effects_of_the_Youth_Empowerment_Seminar_on_Impulsive_Behavior_in_Adolescents

Ginger. (2020, April 09). New Data From Ginger Shows Nearly 70 Percent of Workers Feel More Stressed During COVID-19 Than at Any Other Point in Their Entire Professional Career . San Francisco, California, US. Retrieved from https://www.businesswire.com/news/home/20200409005169/en/

Goldstein, M., Lewin, R. K., & Allen, J. J. (2019). Improvements in well-being and cardiac metrics of stress following a yogic breathing workshop: Randomized controlled trial with active comparison. *Journal of American College Health*. Retrieved from https://www.tandfonline.com/doi/citedby/10.1080/07448481.2020.1781867?scroll=top&needAccess=true

Harris Poll. (2020). *Stress in America 2020.* Washington D.C.: American Psychological Association. Retrieved from American Psychological Association: https://www.apa.org/news/press/releases/stress/2020/report-october

Kehoe, M., Bourke-Taylor, H., & Broderick, D. (2018). Developing student social skills using restorative practices: a new framework called H.E.A.R.T. *Social Psychology of Education*, 189-207. Retrieved from https://link.springer.com/article/10.1007/s11218-017-9402-1

Kjellgren, A., Bood, S. A., Axelsson, K., Norlander, T., & Saatcioglu, F. (2007). Wellness through a comprehensive yogic breathing program - a controlled pilot trial. *BMC complementary and alternative medicine*, 43. Retrieved from https://pubmed.ncbi.nlm.nih.gov/18093307/

Kline, D. M. (2016). Can Restorative Practices Help to Reduce Disparities in School Discipline Data? A Review of the Literature. *Multicultural Prespectives*, 97-102. Retrieved from https://www.researchgate.net/publication/302980878_Can_Restorative_Practices_Help_to_Reduce_Disparities_in_School_Discipline_Data_A_Review_of_the_Literature

Kochupillai, V., Kumar, P., Singh, D., Aggarwal, D., Bhardwaj, N., Bhutani, M., & Das, S. N. (2006). Effect of Rhythmic Breathing (Sudarshan Kriya and Pranayam) on Immune Functions and Tobacco Addiction. *Annals of the New York Academy of Sciences*, 242-252. Retrieved from https://nyaspubs.onlinelibrary.wiley.com/doi/abs/10.1196/annals.1352.039

Lohmeyer, B. A. (2017). Restorative Practices and Youth Work: Theorizing Professional Power Relationships with Young People. *Sage*. Retrieved from https://doi.org/10.1177/1103308816640080

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in Mental Health Services: A Review of the Problem and Its Remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 341-352. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3156844/

Panchal, N., Kamal, R., Cox, C., & Garfield, R. (2021). The Implications of COVID-19 for Mental Health and Substance Use. *Kaiser Family Foundation*. Retrieved from https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

Rebbe, R., Nuruius, P. S., Ahrens, K. R., & Courtney, M. E. (2017). ADVERSE CHILDHOOD EXPERIENCES AMONG YOUTH AGING OUT OF FOSTER CARE: A LATENT CLASS ANALYSIS. *Children and Youth Services Review*, 108-116. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5404688/

Riestenberg, N. (2008). Applying the Framework: Positive Youth Development and Restorative Practices. *Journal of Youth Development*, 324. Retrieved from https://doi.org/10.5195/jyd.2008.324

Seppala, E. M., Bradley, C., Moeller, J., Harouni, L., Nandamudi, D., & Brackett, M. A. (2020). Promoting Mental Health and Psychological Thriving in University Students: A Randomized Controlled Trial of Three Well-Being Interventions. *Frontiers*. Retrieved from https://www.frontiersin.org/articles/10.3389/fpsyt.2020.00590/full

Seppala, E. M., Nitschke, J. B., Tudorscu, D. L., Hayes, A., Goldstein, M. R., Nguyen, D. T., . . . Davidson, R. J. (2014). Breathing-based meditation decreases posttraumatic stress disorder symptoms in U.S. military veterans: a randomized controlled longitudinal study. *Journal of Traumatic Stress*, 397-405. Retrieved from https://pubmed.ncbi.nlm.nih.gov/25158633/

Seppala, E., & Narayanan, P. (2015). Breathing-based Meditation Decreases Posttraumatic Stress Disorder Symptoms in US Military Veterans: A Randomized Controlled Longitudinal Study. *Integrative Medicine*, 50. Retrieved from https://www.semanticscholar.org/paper/Breathing-based-Meditation-Decreases-Posttraumatic-Seppala-Narayanan/8af326767991890fb5c4abd7df1c6eeed3e6ace8#extracted