

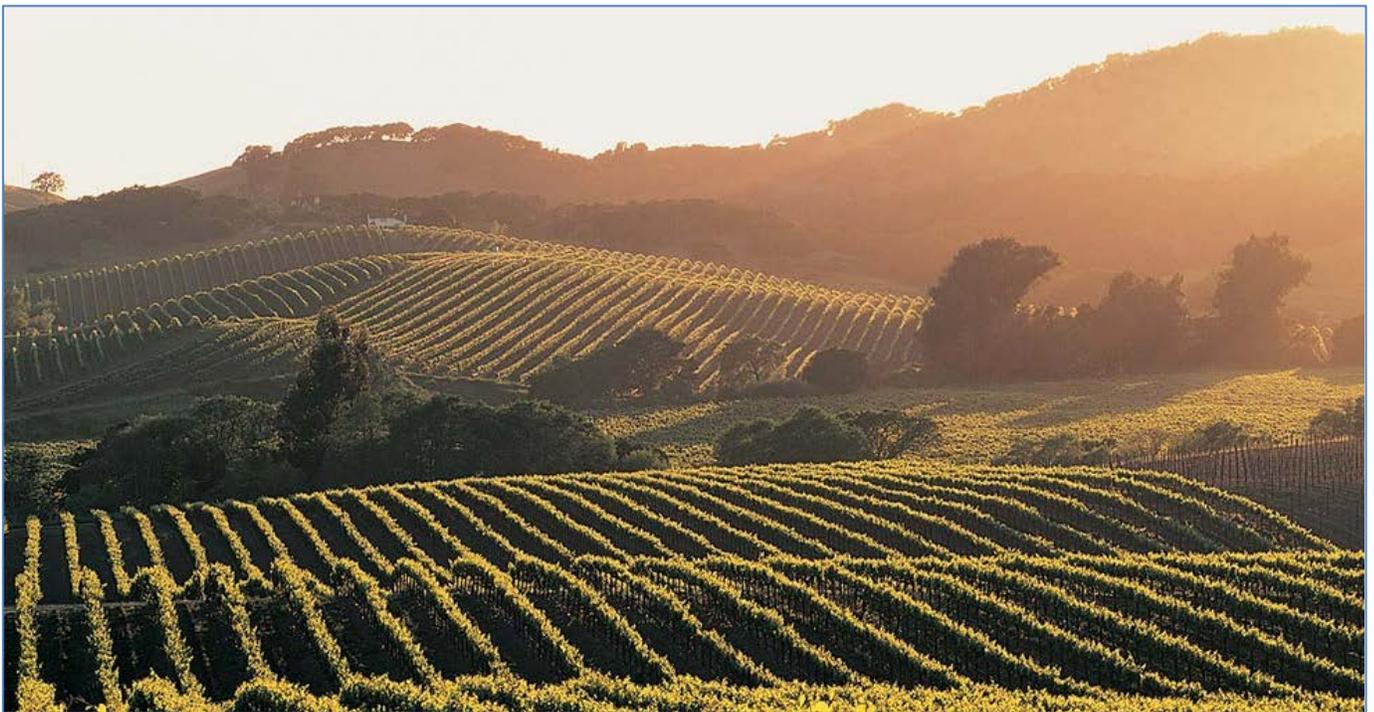
APPENDIX 10

**CSS Plan extracted from FY 18-19 Annual Update to the
MHSA Three Year Plan**

Napa County Mental Health Services Act FY18-19 Annual Update to Three Year Plan for FY 17-18 to FY 19-20



A Tradition of Stewardship
A Commitment to Service



The 30-day Public Review and Comment Period for this Annual Update will take place from Friday, June 8 to Monday, July 9, 2018. A public hearing will be held at a meeting of the Napa County Mental Health Board on Monday, July 9, from 4-6pm at 2751 Napa Valley Corporate Drive, Bldg A in the Oak Conference Room in Napa, CA.

TABLE OF CONTENTS

INTRODUCTION..... 3
 Highlights of the FY 18-19 Update to the MHSA Three Year Plan.....4
 Overview of Napa County.....6
 Population Projections for Napa County8
 Overview of Three Year Planning Process.....9

STAKEHOLDER PARTICIPATION..... 10

PUBLIC REVIEW AND COMMENT PERIOD/PUBLIC HEARING 11

TIMELINE/BACKGROUND ON REVERSION & REALLOCATION OF MHSA FUNDS 11

NAPA COUNTY’S PLAN TO SPEND REVERTED/REALLOCATED MHSA FUNDS..... 13

PREVENTION AND EARLY INTERVENTION (PEI) 15

COMMUNITY SERVICES AND SUPPORTS (CSS) 26

COMMUNITY SERVICES AND SUPPORTS (CSS) HOUSING FUNDS..... 38

INNOVATIONS (INN) ROUND 2 PROJECTS 39

WORKFORCE, EDUCATION AND TRAINING (WET) 41

CAPITAL FACILITIES/TECHNOLOGICAL NEEDS (CF/TN) 43

MHSA EXPENDITURE PLAN FUNDING SUMMARY FY 2017/18 THROUGH FY 2019/20... 45

PLACEHOLDER FOR MHSA FISCAL ACCOUNTABILITY CERTIFICATION FORM 57

ATTACHMENTS: ADDENDUMS 1-3

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Napa

- Three-Year Program and Expenditure Plan
 FY 18-19 Annual Update to Three Year Plan

Local Mental Health Director	Program Lead
Name: William J. Carter, LCSW	Name: Felix A. Bedolla, Project Manager
Telephone Number: (707) 299-2102	Telephone Number: (707) 299-1759
E-mail: William.Carter@countyofnapa.org	E-mail: Felix.Bedolla@countyofnapa.org
Local Mental Health Mailing Address :	
Napa County Mental Health Division 2751 Napa Valley Corporate Drive, Bldg A Napa, CA 94559	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and non-supplantation requirements.

This FY 18-19 Annual Update to the Napa County Mental Health Services Act Three-Year Program and Expenditure Plan for FY 16-17 to FY 19-20 has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate.

This Annual Update, attached hereto, was adopted by the Napa County Board of Supervisors on date will be inserted here.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

William J. Carter, LCSW
Local Mental Health Director (PRINT)

Final document will be signed and dated
 Signature Date

Introduction

The FY 18-19 Annual Update includes a summary of MSHA programs as well as outcome data from July 1, 2016 to June 30, 2017. Outcome data for FY 17-18 is not complete at this time and will be included in the next Annual Update. Program updates are organized by existing MSHA components of Prevention and Early Intervention (PEI), Community Services and Supports (CSS), CSS Housing, Innovations (INN), Workforce Education and Training (WET) and Capital Facilities/Technological Needs (CF/TN). The components are further broken down by program and include the following information - Program Summary, Program cost and total number served, Successes, Challenges and any anticipated changes as a result of the challenges, and goals.

Highlights of the FY 18-19 Annual Update to the Three Year Plan for FY 17-18 to FY19- 20

Plans to Spend Reverted/Reallocated Napa County MSHA funds

Per changes in California Department of Health Care Services policies regarding reversion of MSHA funds and Assembly Bill (AB) 114, which identified reverted MSHA Funds, returned them to counties of origin, and required counties to post by June 30, 2017 Plans to Spend Reverted/Reallocated funds prior to June 30, 2020, the Napa County Mental Health Division has developed Plans to Spend these Reverted/Reallocated funds. Please see page 12 for more details.

MSHA Funding Projections

According to statewide fiscal projections, MSHA revenues are projected to decrease by 11% from FY 17-18 funding levels in FY 18-19 followed by a slight increase of 6% over FY 18-19 levels in FY 19-20 . The MH Division will be able to cover the revenue shortfall in FY 18-19 by utilizing unspent MSHA funds from previous years. The Division will carefully monitor revenue and expenditures in FY 18-19 to determine if current funding is sufficient to sustain programs in FY 19-20 or if funding adjustments will need to be made.

Prevention and Early Intervention (PEI) Component

There are no anticipated changes to any of the PEI programs in FY 17-18, however, beginning in FY 18-19, 7% of PEI funds or approximately \$137,847 will be taken by the state of California to finance the No Place Like Home (NPLH) Initiative to provide housing for homeless individuals with mental illness. Napa County will be developing plans to apply for NPLH funding to create additional housing opportunities for homeless individuals with mental illness.

Community Services and Supports Component

- The Transition Age Youth (TAY) Full Service Partnership (FSP) previously implemented by Progress Foundation, a community provider, has been transitioned to the Mental Health Division in order to provide more cost-effective services and more seamless and timely referrals. TAY FSP staff will be supervised by the Children's FSP Supervisor and TAY consumers are now working with Mental Health Division staff. The costs savings from this shift may create additional opportunities for a Co-Occurring FSP and an Early Intervention program. More details will be forthcoming in the next Annual Update.
- Service data has been included for the new Crisis Stabilization Services (CSS) Program which opened in May 2017 with construction costs covered by a grant from the California Health Facilities Finance Authority (CHFFA). MSHA funds are utilized to partially support ongoing operating costs in addition to other revenue sources.

- Beginning in FY 18-19, the MH Division anticipates that 7% of CSS funds or \$313,672 will be taken by the state of California to finance the No Place Like Home (NPLH) Initiative to provide housing for homeless individuals with mental illness. Napa County will be developing plans to apply for NPLH funding to create additional housing opportunities for homeless individuals with mental illness.

Community Services and Supports (CSS) Housing Funds

- The Progress Foundation Hartle Court Housing Apartment Complex is comprised of 18 one-bedroom units of permanent supportive housing for homeless or at risk of homeless adults with mental illnesses and six two-bedroom units of transitional housing for homeless transition-aged youth (18 to 26 years) who are living with mental illness.
- CalMHSA returned to Napa County \$46,977.85 in unexpended CSS Housing funds in FY 16-17. These funds are being utilized to provide Housing Assistance to homeless, mentally ill persons or mentally ill persons who are at risk of being homeless. Housing Assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing. See page 37 for more details.

Innovations (INN) Component

Innovations Round 2 Projects were submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in September of 2017 and approved. Funding was awarded for four new projects – Napa ACEs Innovation Project - \$438,869; Native American Historical Trauma and Traditional Healing Innovation Project - \$479,518; Understanding the Mental Health Needs of the American Canyon Filipino Community Project - \$461,016; and Work for Wellness Innovation Project - \$309,250. Outcome data is currently not available for these programs as they were initiated in April 2018. These projects comprise Napa County's plan to spend down reverted Innovation funds from previous years. For more details, see the Innovations section on page 38.

Workforce Education and Training (WET) Component

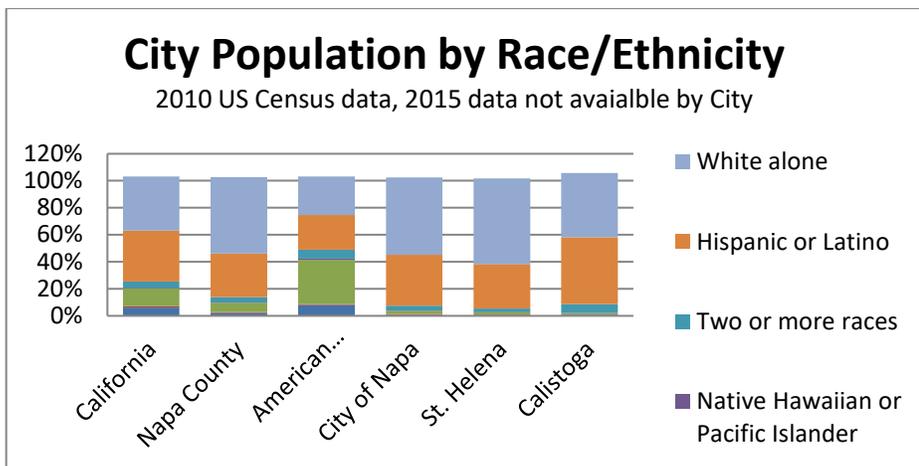
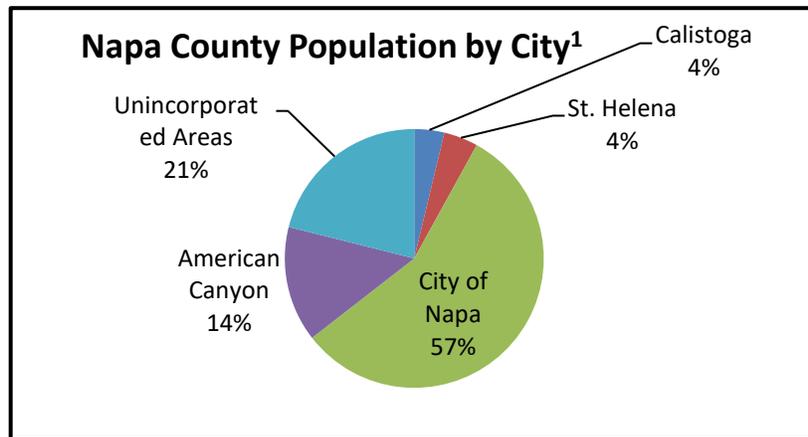
WET funds were anticipated to be expended by June 30, 2018, however, because MH Division Interns have been generating more revenue than was expected, these funds have not been expended. Additionally, Department of Health Care Services (DHCS) staff have identified \$95,579 in WET funds that have reverted according to their analysis. HHS Fiscal Division staff have conducted their own analysis, which differs slightly from the DHCS figures. Fiscal staff will continue to work with DHCS staff to resolve any differences. Per AB 114, the MH Division has included those reverted funds in this Annual Update and plans to expend these funds by June 30, 2020. See page 12-13 for details. The Division has had discussions with stakeholders to expend Reverted/Reallocated MHSA WET Funds in FY 18-19 and FY 19-20 on the Mental Health Plan Staff development activities which include trainings, staff support for licensure exam preparation, and materials and other previously approved WET Actions or programs as well as the Internship Program, which is ongoing. See page 40 for details.

Capital Facilities/Technological Needs (CF/TN)

The Mental Health Division had intended to utilize CF/TN funds in the amount of \$171,773 that were slated to revert (based on a determination by HSA Fiscal staff) on June 30, 2018 to purchase to purchase a new Electronic Health Record (EHR) as the parent company Cerner phases out Anasazi. However, according to the Department of Health Care Services (DHCS) analysis of reverted MSA funds for Napa County, \$145,770 of the Division’s CF/TN funds have already reverted. HSA Fiscal staff are continuing discussions with DHCS staff to resolve these differences. Per AB114, the Division will be utilizing this Annual Update to post a Plan to Spend Reverted/Reallocated CF/TN Funds by June 30, 2020. For more details, please see pages 12-13 and page 42-43.

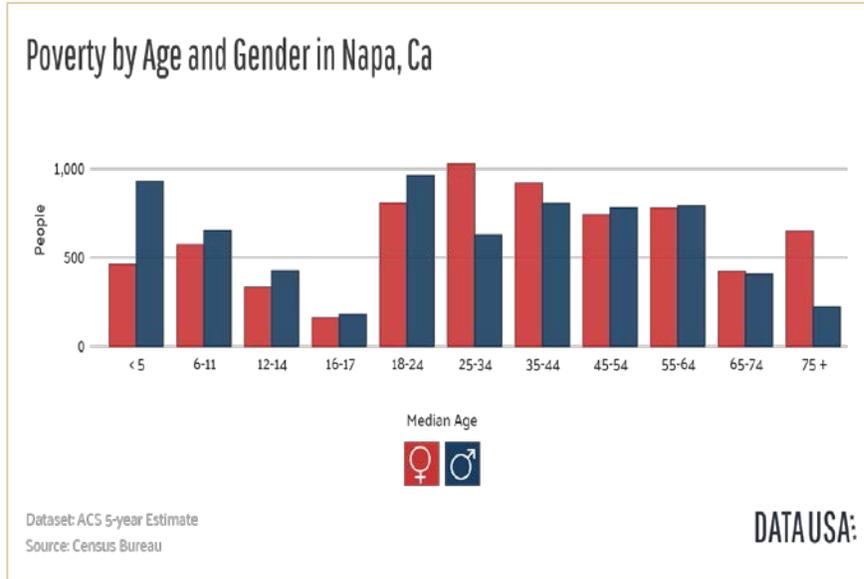
Overview of Napa County

The Napa Valley, located in the heart of California’s pre-eminent wine country is home to some 142,456¹ residents who share a strong sense of community and a legacy of preserving and protecting its rich agricultural heritage. The County’s strategic location, sunny Mediterranean climate and abundant natural and cultural resources, provides a mix of small town living and city amenities. With its tradition of stewardship and responsible land use planning, Napa County has maintained a strong rural character. According to 2015 estimates, the population of Napa County is distributed across the County in the following way:



¹ US Census Quick Facts, Napa County Population. April 2017.

American Canyon is the most diverse city in Napa County and Calistoga continues to have a large population of Hispanic/Latinos, making it the majority racial/ethnic group in the City of Calistoga. The most common non-English languages spoken in Napa County are Spanish and Tagalog.



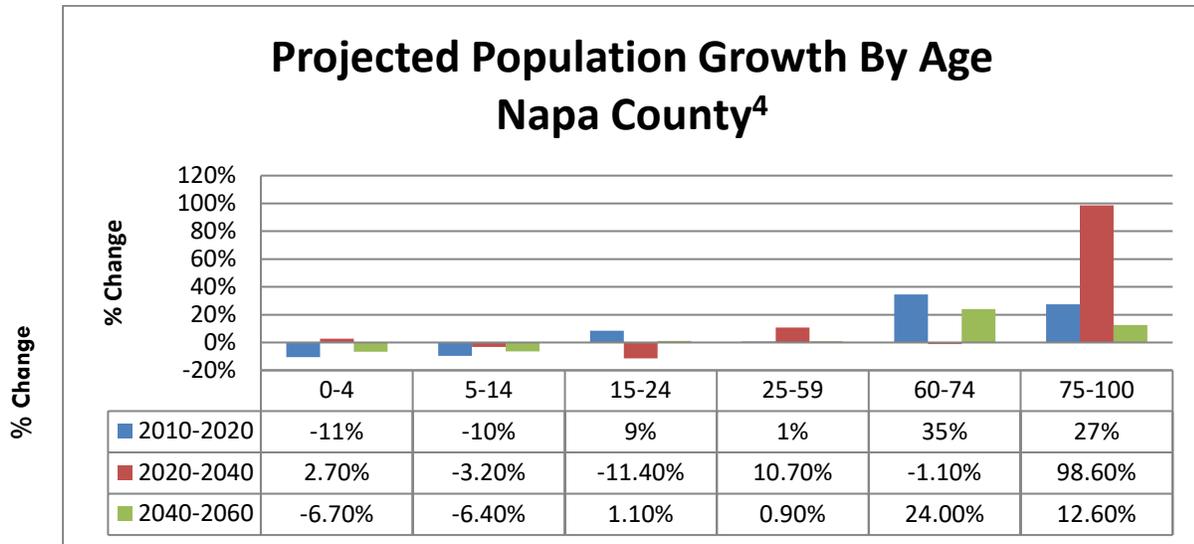
Napa County



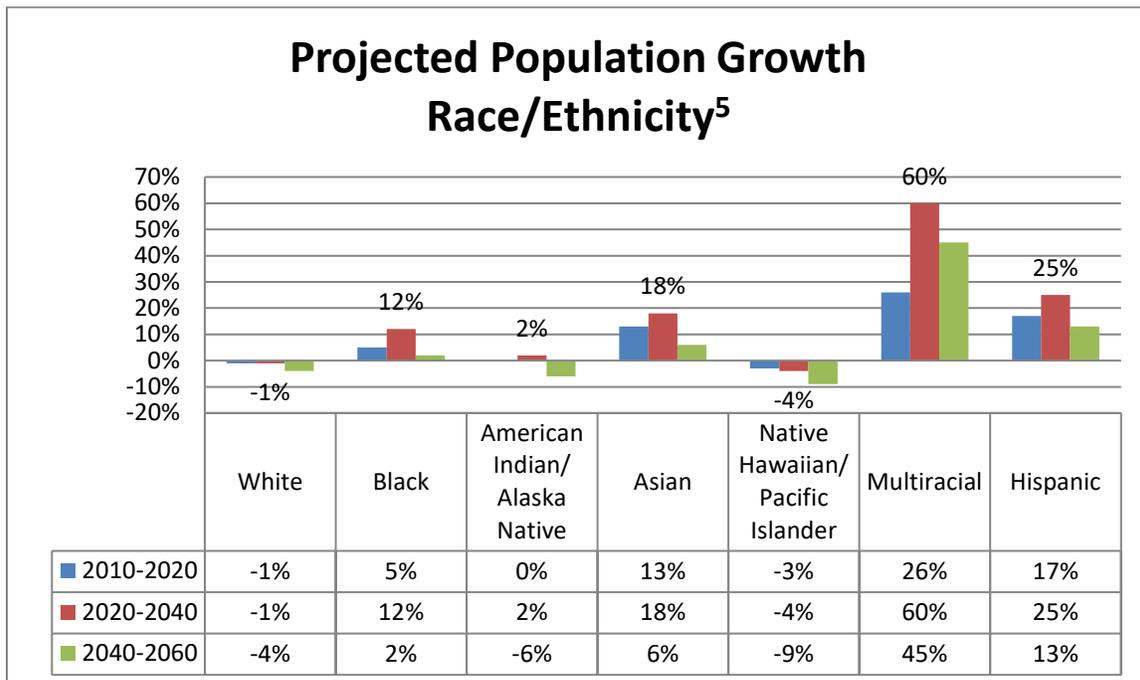
^{2,3} <https://datausa.io/profile/geo/napa-ca-metro-area/>; <http://reports.abag.ca.gov/sotr/2015/section3-changing-population.php>

Population Projections for Napa County

The California State Department of Finance provides projected population data by age, race/ethnicity⁴. This table shows that while most of the population will remain relatively stable, the age group that will continue to grow at a faster pace will be the 60-74 and 75-100 age group.



CDF data project that the older adult population, particularly the 75+ age range will almost double in the next 20-40 years, while other age groups will have limited growth or slight decreases. Hispanic, Asian, and Multiracial populations will continue to grow in the County.



⁴ California State Department of Finance Population Projections, April 8, 2017.

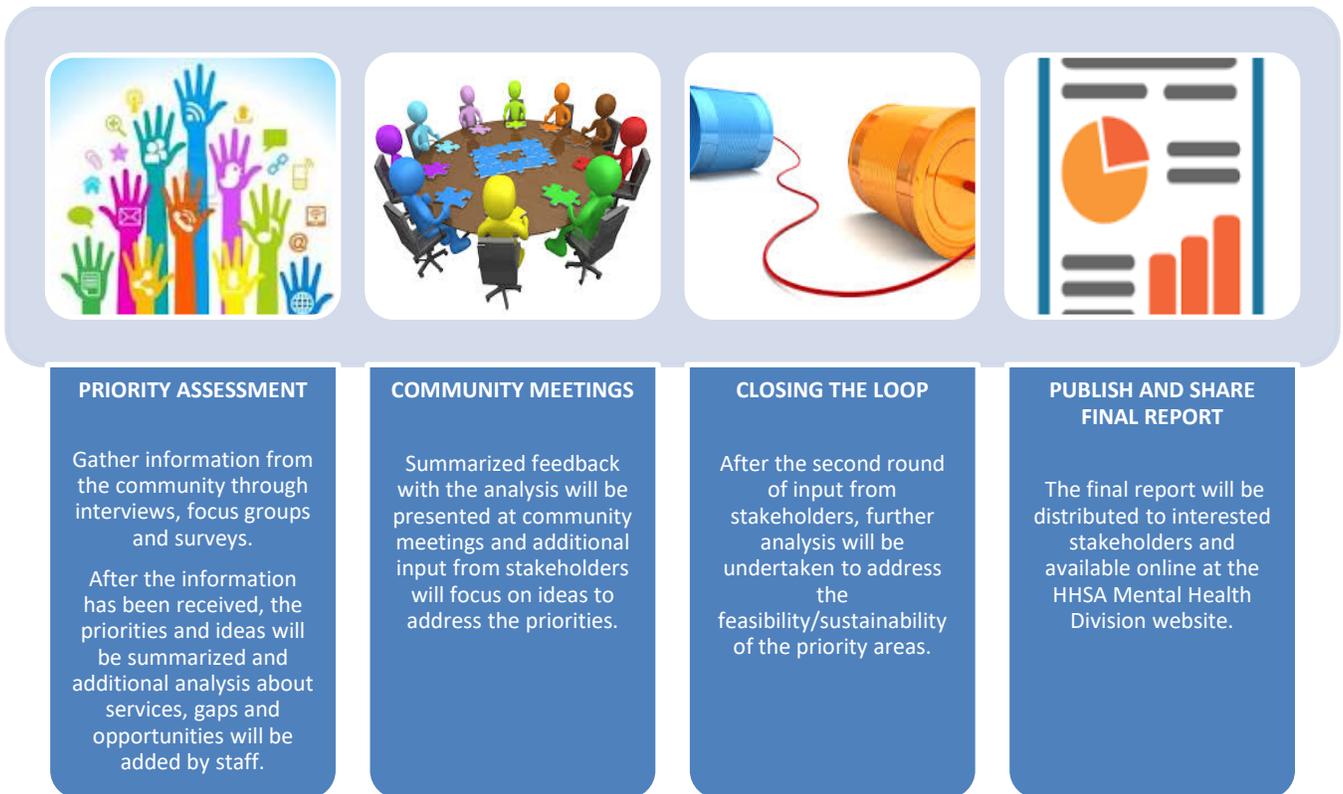
⁵ (Source: <http://www.california-demographics.com/napa-county-demographics#>)

Overview of Three Year Community Planning Process

The purpose of the Three Year Community Planning Process is to develop community priorities for Napa County’s Mental Health Plan. As funding opportunities arise or areas for redesign and evaluation are identified, the Division will use these community priorities as a roadmap for addressing mental health needs.

While the planning process is not a funding process, it is important to note that these priorities will be used by the Napa County Mental Health Division to allocate existing and emerging resources over the next three years. The Mental Health Division of Napa County is continually faced with decisions about resource allocations. Decisions are typically affected by state and federal regulations and funding, current budget allocations, emerging issues with other county agencies, local priorities and changing legislative priorities. This process asks for stakeholder and community input to update the local priorities for services and supports and to work with the community to understand the limitations or restrictions that the Mental Health Plan is under with existing needs that may not be able to be addressed through mental health.

The planning process was divided into four sections:



In the priority assessment stage, staff gathered data from existing sources such as Live Healthy Napa County, Community Needs Assessment, CA Healthy Kids Survey data, as well as data from the Mental Health Plan's internal electronic health record to add quantitative data to any of the priority areas that came out of the community discussions. Stakeholders from various groups were engaged in the process to ensure that the priorities that are included in the final report include the community voice.

The community and stakeholder engagement planning process for the Napa County Mental Health Services Act (MHSA) FY 18-19 Annual Update to the Three Year Plan was initiated in April 2017 to identify service gaps and community mental health priorities. The planning process, which was initially anticipated to be completed by December 2017, was delayed by the October 2017 Fire Storm Disaster. Following several months of community fire response and recovery, the planning process was re-initiated in early 2018. The Division continued to engage and collaborate with the community stakeholders including mental health providers, community groups, community-based organizations, non-profits, mental health consumers, and others to gather community input throughout the process. The community planning process for the Three Year Plan will be completed in July 2018 with a report on the findings to be published in the Summer of 2018. The MH Division will continue to work with community stakeholders to ensure that report is accurate and that MHSA programs reflect the priorities and needs identified in this community planning process.

Napa County Mental Health Stakeholder Participation

The Division's Mental Health Stakeholder Advisory Committee (SAC) is the primary stakeholder body that is involved in the Mental Health Division's MHSA Community Program Planning Process and is composed of:

- Consumers and Family Members Representatives
- Chief Probation Officer for Adult and Juvenile Probation representing Law Enforcement
- Representative from Napa Valley Unified School District representing K-12 Education
- Representative from Napa County Office of Education representing K-12 Education
- Members of the Behavioral Health Committee representing the Napa Valley Non-Profit Coalition
- Representative from the Napa County Commission on Aging representing Older Adults
- Representative from the Napa County Mental Health Board
- Representative from the Healthy Aging Population Initiative (HAPI) representing Older Adults
- Representative from Napa County Child Welfare Services representing Children/Youth
- Representative from Parent-Child Action Network (ParentsCAN) representing family members
- A representative from Ole Health representing Health providers
- A representative from Napa County Public Health Division representing Health providers
- Representative from Napa County's Alcohol and Drug Services Division representing Substance Abuse Services, Co-Occurring, Prevention and Youth
- LGBTQ Program Coordinator from a local non-profit organization representing the LGBTQ community
- Director of a local inter-tribal organization representing the Native American community
- Director, Clinical Director and Staff of the Mental Health Division

Mental Health Division Staff and SAC members are working to recruit additional committee members to fill the following vacancies:

- TAY Representative
- Faith Community Representative
- Latino Community Representative
- Veterans Representative
- Asian/Pacific Islander Representative

The SAC participates in all stages of the planning process. They will also work with the County to ensure that their constituencies receive the information necessary to be able to give input and participate in the planning process.

Public Review/Comment Period and Public Hearing

The 30-day Public Review and Comment Period for the Division's FY 18-19 Annual Update to the MHSA Three Year Plan will take place from Friday, June 8 to Monday, July 9, 2018 and a public hearing will be held at a meeting of the Napa County Mental Health Board on Monday, July 9, 2018 from 4-6 pm at 2751 Napa Valley Corporate Drive, Bldg A in the Oak Conference Room in Napa, CA in compliance with California Code of Regulations (CCR) 3315(a)(b). During the public review/comment period, the FY 18-19 Annual Update to the Three Year Plan will be posted to community bulletin boards, emailed to all MHSA stakeholders, posted to the MH Division's website, and made available to all interested parties at the Mental Health Division office at 2751 Napa Valley Corporate Drive, Bldg. A., in Napa upon request. All community stakeholders will be invited to participate in the public review/comment process.

Timeline and Background on Reversion and Reallocation of MHSA Funds

- On December 5, 2011, the now defunct Department of Mental Health issued Information Notice 11-15 clarifying how Innovation funds subject to reversion should be calculated by counties. Essentially, if counties spent Community Services and Supports (CSS), and Prevention and Early Intervention (PEI) funds from which Innovations funds are drawn (5% of CSS and PEI) before those funds would revert, then Innovation funds would not be subject to reversion. Using this formula, Napa County had no Innovation funds subject to reversion.
- On December 23, 2016, DHCS issued IN 16-026 rescinding IN 11-15, thereby making unspent funds from fiscal years 2008-2009 through 2015-2016 subject to reversion if not spent within three fiscal years from July 1, 2016.
- On June 23, 2016, DHCS issued IN 16-026 rescinding IN 11-15, which had provided guidelines under which counties operated to minimize reversion of Innovations funds.
- Assembly Bill (AB) 114 (Chapter 38, Statutes of 2017) became effective July 10, 2017. AB 114 amended certain Welfare and Institutions Code (WIC) Sections related to the reversion of MHSA funds. Funds subject to reversion as of July 1, 2017, were deemed to have been reverted and reallocated to the county of origin for the purposes for which they were originally allocated (WIC Section 5892.1 (a)).
- Funds that could be subject to reversion as of July 1, 2017, were distributed to counties from Fiscal

Year (FY) 2005-06 through FY 2014-15. AB 114 states that by July 1, 2018 counties are required to publicly post a Plan to Spend Reverted/Reallocated funds by July 1, 2020 (WIC Section 5892.1 (c)). Pursuant to WIC Section 5892.1, subdivision (e), 1, DHCS provided counties with IN 17-059 to implement those requirements.

- On December 28, 2017 DHCS issued IN 17-059 providing the methodology used to calculate funds subject to reversion as of July 1, 2017. IN 17-059 provided guidance on the appeals process, the requirement that by June 30, 2018, counties must develop and publicly post a plan for public review and comment to expend the reverted funds by July 1, 2020, and the consequences for failure to spend the funds.

IN 17-059 supersedes all other reversion policies contained in past Information Notices developed by the now defunct Department of Mental Health and DHCS. IN 17-059 specified the following instructions for counties to plan to spend the funds:

- Every county must develop a plan to spend its reallocated funds and post it to the county's website. **This FY 18-19 Annual Update to the Napa County's MHSA Three Year Plan document constitutes the required Plans to Spend Reverted/Reallocated MHSA funds for Napa County.**
- The county must submit a link to the Plan to Spend Reverted/Reallocated MHSA funds to DHCS via email at MHSA@dhcs.ca.gov by July 1, 2018;
- Each County's Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the county's website; the MH Division anticipates that this will occur by August or September 2018;
- Each county must submit its final Plan to Spend Reverted/Reallocated MHSA funds to DHCS and the MHSOAC within 30 days of adoption by the county's BOS; the MH Division anticipates that this will occur by September or October 2018;
- A county may not spend funds that are deemed reverted and reallocated to the county until the county's BOS has adopted a plan to spend those funds;
- The expenditure plan must account for the total amount of reverted and reallocated funds for all impacted FYs, as indicated in the applicable notice of unspent funds subject to reversion or in the final determination on an appeal;
- The county must include the Plan to Spend Reverted/Reallocated MHSA funds in the County's Three-Year Program and Expenditure Plan or Annual Update, or as a separate plan update to the County's Three-Year Program and Expenditure Plan, and comply with WIC Section 5847(a);
- Reallocated funds must be expended on the component for which they were originally allocated to the county.

Additionally, by July 1, 2018, DHCS is required to prepare a report to the Legislature identifying the amounts of funds subject to reversion by each county. Prior to releasing the report, DHCS is required to provide each county with the amount of funds they have determined are subject to reversion and a process for counties to appeal that determination (WIC Section 5892.1 (b)).

Below is a chart of funds that DHCS has identified as subject to reversion for Napa County.

DHCS Identified MHSA Funds Subject to Reversion by Fiscal Year by Component

Napa	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	\$ -					\$ -
FY 2006-07	\$ -			\$ -		\$ -
FY 2007-08	\$ -	\$ -		\$ 95,579	\$ 145,770	\$ 241,349
FY 2008-09	\$ -	\$ -	\$ 191,069			\$ 191,069
FY 2009-10	\$ -	\$ -	\$ 236,854			\$ 236,854
FY 2010-11	\$ -	\$ -	\$ 350,883			\$ 350,883
FY 2011-12	\$ -	\$ -	\$ -			\$ -
FY 2012-13	\$ -	\$ -	\$ -			\$ -
FY 2013-14	\$ -	\$ -	\$ -			\$ -
FY 2014-15	\$ -	\$ -	\$ 65,335			\$ 65,335
Total	\$ -	\$ -	\$ 844,141	\$ 95,579	\$ 145,770	\$ 1,085,490

The Mental Health Division does not dispute the Innovations funds subject to reversion identified by DHCS, but may appeal to DHCS regarding the WET and CF/TN funds that were identified as having reverted as there are differences between DHCS figures and figures provided by HHSF staff. No Community Services & Supports (CSS) funds or Prevention Early Intervention (PEI) funds have been identified at risk for reversion. In order to comply with AB114, however, the MH Division has developed the following plans to expend reverted Innovation, WET, and CF/TN funds.

Napa County’s Plan to Spend Reverted/Reallocated MHSA Funds

The following charts illustrate the Mental Health Division’s Plans to Spend Reverted/Reallocated MHSA Funds. Health and Human Services Agency (HHSF) staff are in ongoing discussions with Department of Health Care Services’ staff as DHCS amounts vary slightly from our own figures. In order to comply with AB114, however, the Mental Health Division has developed Plans to Spend Reverted/Reallocated MHSA Funds according to the following charts. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount of reverted/reallocated MHSA funds may vary somewhat from the actual amounts of reverted MHSA funds.

In September 2017, the Mental Health Oversight and Accountability Commission (MHSOAC) approved Napa County’s Innovation Round 2 Projects following a 30-day public review/comment period, a public hearing of the Mental Health Board, and review and adoption by the Napa County Board of Supervisors. These Innovation projects constitute the MH Division’s Plan to Spend \$844,141 in Reverted/ Reallocated MHSA Innovation Funds in FY 18-19 and FY 19-20 as shown in Chart 1 on the following page. As was stated above, the estimated amount of \$844,141 in reverted Innovation funds may vary somewhat from the actual amounts of reverted funds.

For more details on the Innovation Round 2 Projects, please see project summaries on page 38 and Addendum 1 that begins on page 57.

Chart 1: Mental Health Division Plan to Spend Reverted/Reallocated MHSA Innovation Funds

Expenditure Item	Reverted Innovation funds by Fiscal Year	Amount of Reverted Innovation Funds	Total Amount of Reverted/Reallocated Innovation Funds to be Spent	Years to be Spent
Innovation Round 2 Projects already approved by the MHSOAC. See Addendum for more details.	FY 2005-06	\$ -	\$844,141	FY 18-19 to FY 19-20
	FY 2006-07	\$ -		
	FY 2007-08	\$ -		
	FY 2008-09	\$ 191,069		
	FY 2009-10	\$ 236,854		
	FY 2010-11	\$ 350,883		
	FY 2011-12	\$ -		
	FY 2012-13	\$ -		
	FY 2013-14	\$ -		
	FY 2014-15	\$ 65,335		

The Mental Health Division Plans to Spend \$95,579 in Reverted/Reallocated MHSA WET Funds in FY 18-19 and FY 19-20 on previously stakeholder-approved WET Actions or programs including Mental Health Plan Staff Development activities which include trainings, staff support for licensure exam preparation, and materials and other previously approved WET Actions or programs as well as the Internship Program, which is ongoing. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount of \$95,579 in reverted WET funds shown in Chart 2 below may vary somewhat from the actual amounts of reverted funds.

Chart 2: Mental Health Division Plan to Spend Reverted/Reallocated MHSA WET Funds

Expenditure Item	Reverted WET funds by Fiscal Year	Amount of Reverted WET Funds	Total Amount of Reverted/Reallocated WET Funds to be Spent	Years to be Spent
WET Trainings and Staff Development (previously approved by Stakeholders)	FY 2005-06	\$ -	\$ 95,579	FY 18-19 to FY 19-20
	FY 2006-07	\$ -		
	FY 2007-08	\$ 95,579		
	FY 2008-09	\$ -		
	FY 2009-10	\$ -		
	FY 2010-11	\$ -		
	FY 2011-12	\$ -		
	FY 2012-13	\$ -		
	FY 2013-14	\$ -		
	FY 2014-15	\$ -		

The Mental Health Division Plans to Spend Reverted/Reallocated MHSA CF/TN Funds in FY 18-19 and FY 19-20 to upgrade the Napa County Mental Health Plan’s Electronic Health Record (EHR) and to pay for related staff training, support, and maintenance costs for transition to the new EHR system. The MH Division may also spend some or all of these reverted CF/TN funds on a Big Data Project, which had been previously approved by stakeholders, but was put on hold due to technical difficulties. Please note that, depending on the outcome of negotiations with DHCS, the estimated amount of \$145,770 in reverted CF/TN funds may vary somewhat from the actual amounts of reverted funds. See Chart 3 on the following page for details. Please see the CF/TN Component description on page 42 for more a more thorough description of CF/TN reversion and these projects.

Chart 3: Mental Health Division Plan to Spend Reverted/Reallocated MHSA CF/TN Funds

Expenditure Item	Reverted CF/TN funds by Fiscal Year	Amount of Reverted CF/TN Funds	Total Amount of Reverted/Reallocated CF/TN Funds to be Spent	Years to be Spent
Technological Needs – upgrade to new Electronic Health Record and related costs	FY 2005-06	\$ -	\$145,770	FY 18-19 to FY 19-20
	FY 2006-07	\$ -		
	FY 2007-08	\$ 145,770		
	FY 2008-09	\$ -		
	FY 2009-10	\$ -		
	FY 2010-11	\$ -		
	FY 2011-12	\$ -		
	FY 2012-13	\$ -		
	FY 2013-14	\$ -		
	FY 2014-15	\$		

Prevention/Early Intervention Programs

	Prevention	Early Intervention	Outreach for recognizing signs of Mental Illness
Stigma and Discrimination Reduction - Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) Connection Project	- American Canyon Student Assistance Program - Home Visitation Program - Kids Exposed to Domestic Violence - Native American PEI Project - Strengthening Families at Risk - Upvalley PEI Project	- Court and Community Student Assistance Program (SAP) - Healthy Minds, Healthy Aging Program	• System Navigator Program (CSS Component)

*Note, the Access and Linkage to Treatment strategy within the PEI regulations is implemented throughout all PEI programs with the exception of the Stigma and Discrimination Reduction Category as the nature of the program is focused more on training and technical assistance.

Prevention and Early Intervention (PEI)

In FY 16-17, the Napa County Mental Health Division funded nine different programs with Prevention/Early Intervention funding. Efforts were made to ensure that these programs are in compliance with the new PEI regulations developed by the Mental Health Services Oversight and Accountability Commission (MHSOAC) which included training and technical assistance by County staff. Programs piloted and tested data collection methods in the last quarter of FY 16-17 and started full implementation of the regulations in FY 17-18 with data collected quarterly.

Outreach and Engagement: 858 Trained Professionals: 440 Gatekeeper Training: 7	Cost per person served: \$91,350/1,386=\$65.90
Ages served (not all individuals served where captured due to nature of training and outreach and engagement activities):	0-15: 0
	16-25: 0
	26-59: 146
	60+: 426
Program Summary: The Healthy Minds, Healthy Aging (HMHA) Program has three main program components which include: <ul style="list-style-type: none"> • Professional training in various geriatric topics • Gatekeeper training • Assessment/Short-term therapy/system navigation services for older adults 	
Successes: Of the 83 individuals receiving brief therapy/preventative mental health services in the program, 78.5% were discharged with decreased signs of depression (PHQ9). The Healthy Minds, Healthy Aging program has a very strong evaluation component and has had a great model since the beginning of the program.	Challenges: Year after year, this program continues to be at capacity and cannot meet the referral demands as the older adult population continues to grow. This project has multiple funding streams to fully offer services in each component, but did not receive funding from one funder for a critical component for next fiscal year. Capacity will be even more limited for this successful program.
Goals: <ul style="list-style-type: none"> • Continue to identify funding streams to support full program. • Document program outcomes to address the new PEI regulations. 	

Community Services and Supports (CSS)

The Community Services and Supports (CSS) component includes an array of services and supports to fill gaps in services as originally identified by the stakeholder process. Staff works through an integrated system of care towards eliminating disparities in access and improving mental health outcomes for unserved/underserved populations. As part of the Mental Health Division’s ongoing system transformation efforts, permanent consumer positions have been created in the Adult Full Service Partnership program.

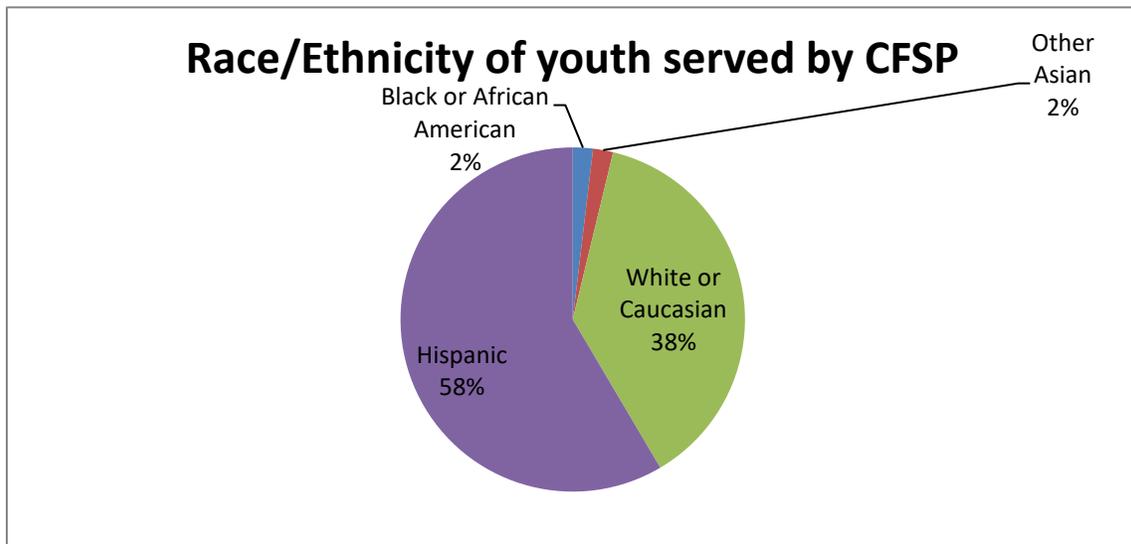
On the following page is a table which includes the total number of individuals served by age for specific Community Services and Supports Programs with more detailed information in the following section.

Age	Program	Number Served (7/1/16 to 6/30/17)
0-15	Full Service Partnership	52
	System Navigators	0
	Mobile Outreach and Engagement (MORE)	4
	Innovations Community Center	0
16-25	Full Service Partnership	57
	System Navigators	5
	Mobile Outreach and Engagement (MORE)	22
	Innovations Community Center	15
26-59	Full Service Partnership	69
	System Navigators	55
	Mobile Outreach and Engagement (MORE)	33
	Innovations Community Center	224
60+	Full Service Partnership	36
	System Navigators	7
	Mobile Outreach and Engagement (MORE)	16
	Innovations Community Center	64

Program Name: Children’s FSP	Mental Health Division Program
Number Served (6/1/16 to 6/30/17): 70 Ages 0-15: 52 Ages 16-25: 24	FY 16-17 Funding from MHSA: \$426,678 Cost per person served: \$426,678/70=\$6,095.40

Program Summary:

The Children’s FSP program served 70 youth in FY 16-17. About 38% of the youth served by the Children’s FSP program struggle academically and 54% are also involved with law enforcement. Additionally 46% struggle with substance abuse. These are the top three issues youth are facing in this program. The majority of youth served lived with their parents and some were placed in residential treatment/group homes and a small number were placed in juvenile hall. Approximately, 36 or 51% of the individuals who received services were female while 34 or 49% were male and 1 declined to state.



<p>Successes: Children’s FSP staff continues to work with the whole family and take into consideration the whole family dynamic to ensure improved behavioral health outcomes for youth. Staff is currently trained in a number of evidence-based practices including Functional Family Therapy and Cognitive Behavioral Therapy for Psychosis and offer culturally appropriate services. There is bilingual capacity (Spanish) in the program to serve families in their native language</p> <p>During FY 16-17, approximately 19 individuals were discharged. Of these 47% met their goals, 32% either moved or were not located, 5% discontinued services and 16% were placed in juvenile hall.</p>	<p>Challenges: The Children’s FSP is seeing a higher number of youth with co-occurring disorders. It can often be difficult to determine how to meet their needs with limited resources, particularly when they’ve exhausted existing community resources and still need support.</p>
<p>Goals:</p> <ul style="list-style-type: none"> • Continue to work with staff to ensure kids are receiving the services they need and the appropriate interventions as needed. • Research and identify resources or evidence-based practices for youth with co-occurring disorders. 	

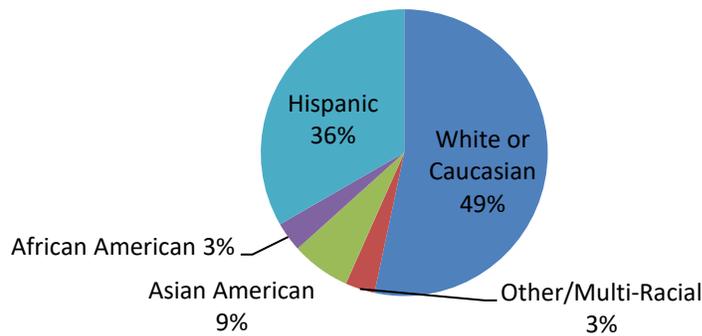
Program Name: TAY FSP	Contractor: Progress Foundation
Number Served (6/1/16 to 6/30/17): Ages 16-25: 33	FY 16-17 Funding from MHSA: \$413,316 Cost per person served: \$413,316/33=\$ 12,524.73

Program Summary:
 The Transitional Age Youth Full Service Partnership (TAY FSP) Program provides a comprehensive range of support services for youth ages 16 to 24 years old who:

- struggle with emotional difficulties and/or mental illness
- live in Napa County or who have been placed out of county
- are at risk of incarceration, out of home placement, institutionalization or homelessness
- are unserved or underserved by the current system.

The TAY FSP served 33 individuals of which 21 or 64% were female and 12 or 36% were male. Five youth self-identified as LGBTQ (15%). TAY served also faced a variety of challenges with five youth having given birth or fathered children (15%). Three TAY are currently responsible for raising their children. Eleven or 33% of youth served, struggled with drug and/or alcohol use and four youth were utilizing substance abuse recovery services. Out of 33 TAY served, ten or 30% had spent time in jail/juvenile hall, either prior to or while receiving TAY FSP services. Twelve or 36% who were referred to the TAY FSP program were initially homeless and nine of those were able to obtain housing including three who obtained transitional housing while they were receiving services. Three remained homeless by the end of this reporting period. Twenty three or 70% of the TAY served explored school or employment while the received services.

Race/Ethnicity of individuals served by TAY FSP



Successes

The TAY FSP has longstanding relationships with many TAY service providers which help youth feel more comfortable.

Approximately, thirteen individuals were discharged in FY 16-17. Of those discharged 46% met goals, 31% discontinued services and 23% were not located.

The TAY FSP continues to have quarterly gatherings/events. Some meetings are social in nature and other get-togethers are to help TAY build pro-social skills. Activities have included bowling, warm up interactive activities, arts and crafts, cooking, relaxation techniques, etc. Staff instruct youth in a variety of coping skills and stress management.

TAY staff continue to use Evidence-based practices and interventions such as Cognitive Behavioral Therapy, Motivational Interviewing and Dialectical Behavioral Therapy. We have recently begun to incorporate Strengths Assessments to assist our youth at looking at themselves from a different viewpoint.

The TAY FSP staff support, encourage and educate youth regarding a Harm Reduction approach to substance use and addiction and educate youth about recovery services that are available to them. TAY FSP encourages a

Challenges

- Affordable housing
- Individual therapy
- Specialized medical services
- Step-down services specifically for TAY
- Affordable and safe social activities

While TAY FSP Staff offer mental health services and supports to the individuals they serve, there are few other TAY services available. TAY FSP staff supports individuals who need it by subsidizing their service needs through clinically-appropriate use of MHSA Flexible Funds or by referring to other CBOs as needed. Capacity continues to be an issue.

Specialized medical services are also hard to access because Napa County doesn't have a wide-net of specialty service providers so many individuals have to travel out of the county for specialized care.

Affordable and appropriate housing is a chronic issue in the community and something that is being reviewed on county-wide.

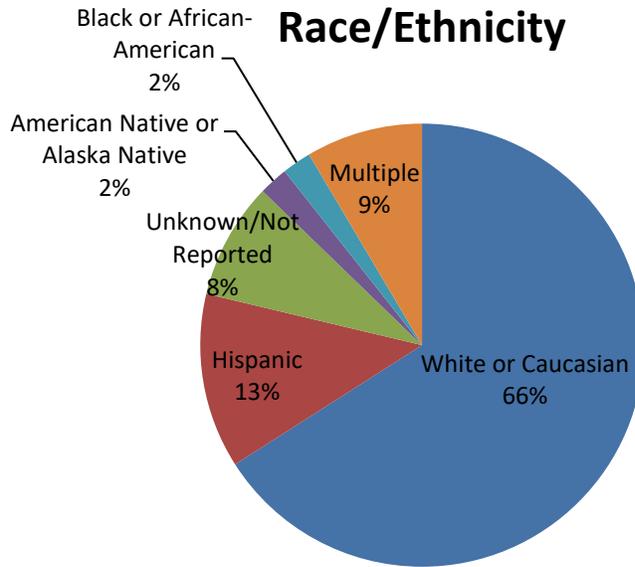
recovery lifestyle for youth that enhances wellness and healthier choices.	
<p>Goals:</p> <ul style="list-style-type: none"> • Mapping out services to determine how to streamline referral processes and what appropriate services (including step-down) are available for TAY and other individuals in need. • Shift access, assessments, and authorization responsibilities to the Mental Health Division, so that the TAY FSP staff can focus on their caseloads and meet the existing demand for services. 	

Program Name: Adult FSP	Mental Health Division Program
Number Served (6/1/16 to 6/30/17): 103 Ages 26-59: 103	FY 16-17 Funding from MHSA: \$546,651 Cost per person served: \$546,651/103=\$5,307.29

Program Summary:

The Adult FSP program provides intensive wrap around services to adults between the ages of 26-59 who have been diagnosed with a serious and persistent mental illness and are homeless, at risk of homelessness, or at risk of placement outside of the County. The program staffing includes, three licensed and one bachelor’s level, case managers, a full time Peer staff also provides complementary work as a Mental Health Worker Aide in the program, and program supervisor. The program focuses on provided strengths based therapeutic case management services to 103 individual program participants, who were served from July 1, 2016 to June 30, 2017. The number of participants who were identified as having a co-occurring disorder ranges from 60-80% at any given time. Approximately, 43% or 44 individuals served by the AFSP were female, and 57% or 59 individuals served were male.

Since the time that the Fresh Start housing program was established in August, 2014, more than 50 people have transitioned in and out of the 13-bed program. The lack of low income housing in the community continues to be a barrier for participants to obtain permanent housing. The AFSP program works closely with Abode housing programs, which is a program coordinated under Napa County’s Whole Person Care grant, to assist participants in finding and maintaining housing. The AFSP program continues to outreach to the Latino Community (2 FTEs are bilingual) to try to remove barriers to accessing services by providing place based services.



Successes

The program has become fully staffed, including two full time bilingual case managers after a long lapse that was due to staff turnover. The AFSP Peer staff was promoted from a part-time extra-help position into a regular full-time County employee as a Mental Health Worker Aide.

The AFSP case managers and supervisors have been trained in the Strengths Model case management Evidence-Based Practice (EBP) and are fully implementing its practices. Two staff have been trained in Dialectical Behavioral Therapy (DBT), with final training to the model to be completed by December 31, 2018.

More than 50% of program participants have found permanent housing during their time in the AFSP program in FY 16-17.

Challenges:

Comprehensive services to be provided within the team – nursing, employment, housing, and psychiatry

- Increased support for peer staff
- Supportive housing and affordable housing
- Access to psychiatry within County Med Clinic
- Resources for individuals with Co-Occurring disorders

Napa County experienced the Napa Fire Storm Disaster (aka Napa Fire Complex) in October of 2017 which impacted not only program participants, but staff as well. Services to clients during that time, likely decreased.

Engaging individuals with active substance use continues to inhibit program participant’s success. More staff training related to co-occurring illness is warranted.

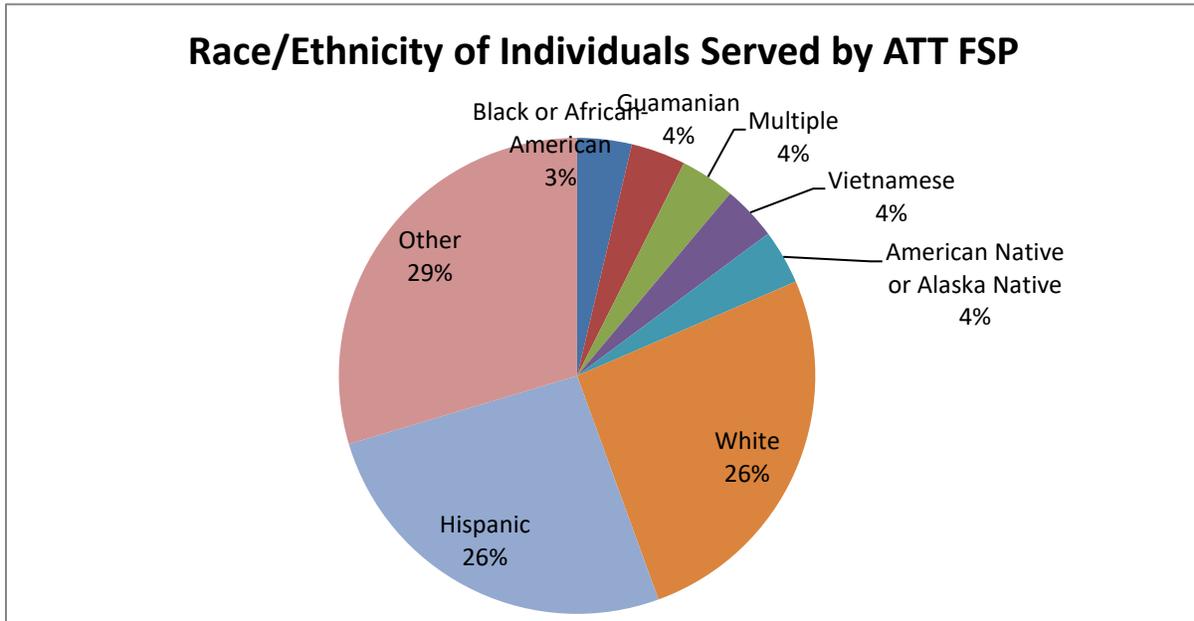
Goals:

- Continue to identify needs of the individuals being served to train staff appropriately.
- Identify funding opportunities to continue to build a multi-disciplinary team of individuals working with the individuals with complex needs.

Program Name: Adult Treatment Team FSP	Mental Health Division Program
Number Served (6/1/16 to 6/30/17): Ages 26-59: 35	FY 16-17 Funding from MHSA: \$324,655 Cost per person served: \$324,655/35=\$9,275.86

Program Summary:

The Adult Treatment Team FSP served adults with severe mental illness that have suffered recent hospitalization, recent incarceration and/or high utilization of services. Approximately, 73% of the individuals served in this program were hospitalized prior to services; 49% suffered from substance abuse and other mental or medical emergency needs. The Adult TT FSP discharged 5 individuals, of these individuals 20% discontinued, 20% were placed in a long term care facility, 40% met goals and 20% were not located. Of the 35 individuals served, 17 or 46% identified as female and 13 or 37% as male, and 5 or 14% declined to state.



Successes:

Staff is trained in various evidence-based practices including Cognitive Behavioral Therapy- psychosis, Motivational Interviewing, Solution Focused Therapy, Strengths Based Case Management Model and Milestones of Recovery Scale (MORS).

Challenges:

- The local Housing crisis continues to be the most prominent barrier for the individuals we serve.
- Capacity continues to be an issue.
- Multiple levels of care in catchment area

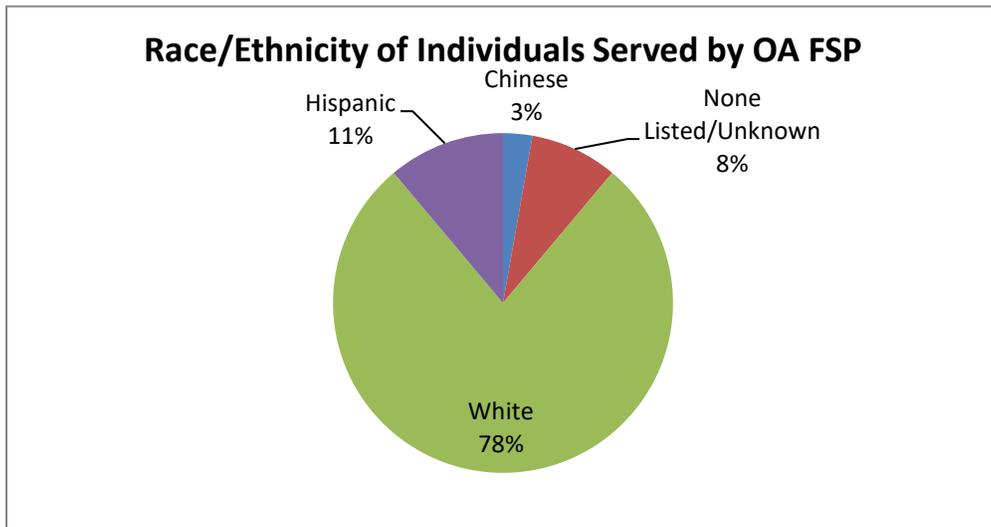
Goals:

Increase healthy recovery offering more extensive opportunities and choices for consumers. Provide increased support for consumers to obtain identified goals.

Program Name: Older Adult FSP	Napa County Comprehensive Services for Older Adults (CSOA)
Number Served (6/1/16 to 6/30/17): Ages 60+: 36	FY 16-17 Funding from MHSA: \$306,412 Cost per person served: \$306,412/36=\$8,511.44

Program Summary:

Staff in the Older Adult FSP program works with older adults who are 60+ and who are often medically fragile. Because of this, many individuals are at-risk of placement in Skilled Nursing Facilities (SNF). Individuals often also have co-occurring medical or substance abuse disorders, and are unable to participate in traditional mental health clinic programs. Many of the individuals served are living with personality disorders and staff works with them to support their unique bio/psycho/social needs. Of the 36 people served in FY 16-17, 22 of 61% identified as female, 12 or 33% as male and two or 6% declined to state their gender. About 36% of the individuals served by the Older Adult FSP program have substance abuse issues and 27% have experienced emergency-medical needs as well as issues with homelessness or living in an emergency shelter.



Successes:

There were ten individuals discharged during this reporting period: 60% met their goals, 10% were placed in a higher level board and care and 30% either chose to discontinue services, moved or were not located. Staff is currently trained in the following evidence-based practices: Cognitive Behavioral Therapy-Psychosis (CBT-P), Motivational Interviewing (MI), Milestones of Recovery Scale (MORS), Cognitive Behavioral Therapy (CBT), and Dialectical Behavioral Therapy (DBT).

Challenges:

It is often close to impossible to find housing for older adults living with mental illness and complex medical needs and it is urgently needed.

Goals:

- Continue efforts to training staff to meet the unique needs of older adults.
- OA FSP staff will continue to participate in various community and collaborative groups to advocate for the needs of older adults
- Staff will continue to meet the needs of older adults in a holistic manner.

Program Name: Project Access	Various contractors and Mental Health Division
<p>Number Served (6/1/16 to 6/30/17): System Navigators: 67 unduplicated individuals served and 76 duplicated individuals reached through outreach events and brief case management. Sponsored activities throughout the year, saw more than 5,000 people in attendance, with many people making direct contact with the outreach providers.</p> <p>Co-Occurring Disorders Group: 24 individuals served by Alcohol and Drug Services Division staff.</p> <p>Innovations Community Center (aka Adult Recovery and Resource Center): 303 unduplicated individuals served (This does not include family activities, preventative activities or any participants of activities outside of regular Center hours.)</p> <p>ParentsCAN: General outreach and engagement: 3,094+ duplicated individuals reached and 3,712+ via the ParentsCAN newsletter. Additionally, 71 duplicated parents attended the Challenging Behaviors Support Group.</p> <p>Network of Care: Total Visits: 75,432; 3.32 page views per visit</p> <p>Mental Health Month: Over 300+ people engaged through Mental Health Month sponsored activities.</p>	<p>FY 16-17 Funding from MHSA: \$638,974 Cost per person served: \$638,974. Cost per person served would be difficult to calculate for Project Access given the variety of services and outreach/engagement activities. Over 4,000 duplicated individuals served (Avg. cost per person = \$160.00)</p>
<p>Program Summary: Project Access includes a variety of programs that are focused on outreach and engagement to unserved/underserved community residents. Additionally, the Project Access is the only area that supports the Co-Occurring disorders group embedded in the Health and Human Services Agency Alcohol and Drug Services Division.</p>	
<p>Successes: MH Division staff and community partners continue to offer information about services and engage the community effectively through local events. This is evidenced by the strong relationships that are sustained with local community partners.</p>	<p>Challenges: Service capacity and housing continue to be issues that impact staff ability to fully meet the needs of individual with mental illness.</p> <p>Identifying appropriate services and service providers for co-occurring needs such as</p>

<p>The System Navigator program is currently fully-staffed, after a period of time when one of the Navigator positions was vacant. With the increase in staff time, an innovative, bilingual staff started a support group for Latino men at the County’s wellness center (Innovations Community Center). The purpose of this group is to engage new people and encourage them to consider accessing mental health services, as needed.</p> <p>Another Navigator has begun providing mental health outreach and referrals at three local Mexican Markets as a way to meet the community members where they are at and engage them in conversation about mental health and services. Service capacity has increased by approximately 20% in FY 17-18.</p> <p>Successes identified at the Innovations Community Center (ICC):</p> <ul style="list-style-type: none"> • Diverse programming for mental health consumers • Employment – Employed 13 Department Of Rehabilitation clients and hired three peer mentors from that pool of people. • Volunteers – 72 volunteers including family members, participants, professionals and retired professionals. • Participants – 193+ participants and undisclosed amount of participants from the anonymous groups; Narcotics Anonymous (NA) meetings take place twice a week and Co-Dependents Anonymous meets once a week. • Members – 39 people signed up as members • 100 Day Event – Very successful made the newspaper, 187 people signed in. Very gratifying and unifying. • Established service partnerships with Mentis, Yoga Napa Valley, Thrive Café, Department of Rehabilitation, Suscol Intertribal Council, Reverend Linda Powers from Community Action of Napa Valley (CANV), Narcotics 	<p>developmental issues and mental illness can be challenging.</p> <p>A recent challenge in providing outreach in the community is the fear of ICE being somehow connected with the County – which it is not. Staff are working on strategies to change this mindset in the community.</p> <p>Challenges identified at ICC:</p> <ul style="list-style-type: none"> • Transportation • Transition from the People Empowering People (PEP) program to the new Innovations Community Center (ICC) was difficult for some individuals • Nutrition program - the Center does not want to just provide food and is trying to instill healthy eating as a part of the program. • Limited Staffing in FY 16-17 • Would like to see more warm-hand offs where Mental Health providers bring clients to the center to establish a relationship with peers and other staff.
---	---

<p>Anonymous, and Co-Dependents Anonymous.</p> <ul style="list-style-type: none"> • Holidays celebrations – ICC hosted successful Thanksgiving and Christmas parties with 60+ guests for both celebrations. • ICC has worked to build an atmosphere of trust and strong relationships with many participants. 	
<p>Goals:</p> <ul style="list-style-type: none"> • Explore opportunities to work with the Whole Person Care and Community Links programs to maximize outreach and engagement services and reduce duplication as necessary. • Mental Health Division staff will continue to work with the Innovations Community Center to support their efforts to develop peer staff and services for adults with mental illness. • 	

<p>Program Name: Mobile Outreach, Response and Engagement (MORE)</p>	<p>Napa County Mental Health Division Staff</p>
<p>Number Served (6/1/16 to 3/31/17): 60 total unduplicated no. of individuals served (75 duplicated services).</p>	<p>FY 16-17 Funding from MHSA: \$252,097 Cost per person served: \$252,097/60= \$4,201.62</p>
<p>Program Summary: The MORE Program offers mobile mental health crisis services primarily to hospitals, jails and limited community locations due to capacity. The MORE Program is embedded in the existing Mental Health Emergency Response Team (ERT) Unit.</p>	
<p>Successes: The MORE Program staff successfully served 60 unduplicated individuals and has continued to meet needs despite changes in programming and limited staff capacity.</p>	<p>Challenges: The Emergency Response Unit and MORE Program closed on Tuesday, May 2nd and the Crisis Stabilization Services program opened on Wednesday, May 3rd and began providing 23-hr emergency psychiatric services and crisis stabilization services to community residents and visitors as needed. See below for more details.</p> <p>The transition from the in-house ERT/MORE Program to a contracted Crisis Stabilization Services program created some challenges, but ultimately staff who chose to stay at the Mental Health Division were successfully re-assigned to positions in other Division units or programs.</p>

<p>Program Name: Crisis Stabilization Services (CSS aka CSU) Program</p>	<p>Contractor: Exodus, Inc.</p>
<p>Number Served (5/3/16 to 6/30/17): 168 total unduplicated individuals served; 205 duplicated individual services).</p>	<p>FY 16-17 Funding from MHSA: \$65,986 Cost per person served: \$65,986/168= \$392.77</p>
<p>Program Summary: With funding from the California Health Facilities Finance Authority’s (CHFFA) Investment in Mental Health Wellness Act Grant, the Napa County Mental Health Division developed the first Crisis Stabilization Unit (CSU) in Napa County. The Crisis Stabilization Services Program (CSSP), which began offering services on May 3, 2017, has 6 Adult and 2 Adolescent beds and was designed to address gaps in the county’s continuum of care by providing access to emergency psychiatric services complementary to current resources.</p> <p>The CSSP:</p> <ul style="list-style-type: none"> - Offers the first emergency psychiatric crisis services available in Napa County; - Expands access to early intervention and treatment services to improve the consumer experience, and helps them to achieve recovery and wellness; - Diverts mental health consumers from hospitalization and other institutional care to more appropriate, less restrictive levels of care; - Reduces the negative impacts of extended hospital emergency room stays upon consumers and local hospital emergency departments; and - Enables first responders to quickly transition consumers to crisis mental health services. <p>CSS Program (CSSP) Highlights</p> <ul style="list-style-type: none"> • 24/7/365 access to behavioral health professionals including an integrated team of physicians/nurses/social services and para professional staff; • Services provided in a newly built, psychiatrically safe facility decorated with soft calming colors and comfortable furnishings; • Provides outreach and education to local law enforcement, local Medical Center, Napa County Mental Health Division staff and other community mental health agencies regarding ease of access; • Developed a collaborative and mutually beneficial relationship with Progress Foundation to transfer to Progress Place from the CSSP. Conversely, the CSSP has provided crisis assessment for clients having difficulty managing at Progress Foundation’s Crisis Residential Treatment (CRT) facility; • Exodus CSSP offers TB placement and screening for clients transferring from the CSSP to Progress Place, filling a gap in the previous system of care 	
<p>Challenges: Expected adjustments and challenges were experienced during the transition from one treatment model (ERT) to a full fidelity Crisis Stabilization Model.</p>	

Facilities challenges include privacy issues identified with sound and sight due to large windows and open ceilings and the need for additional private interview or visitation areas.

Challenges were also experienced adapting to the County's Electronic Health Record (EHR) and the hybrid medical record. Exodus and MH Division staff continue to meet weekly to collaborate on solutions.

Success story:

A 19-year-old client, who has had frequent contact with the CSSP and numerous contacts with local Emergency Services, initially came to the CSSP as indigent. Client presented to the CSSP with psychosis, paranoia, and was not caring for his basic needs. Client was evaluated by the CSSP team and staff collaborated with the client, his family, Napa County Mental Health, and Progress Foundation to get him the services he needs including Medi-Cal benefits. Several treatment options were considered for this client; he was evaluated through Napa County Mental health and he is now connected with intensive services through Progress TAY FSP. Client is now residing at the Progress Bella House program and he has returned to CSSP twice since his placement there to receive evaluations for his medication regimen. The availability of crisis services for this client have provided him the additional treatment needed at times of crisis and potentially prevented further contacts with Emergency Services, Law Enforcement, and inpatient hospitalizations.

Community Services and Supports (CSS) Housing Funds

After an extensive Request for Proposal (RFP) process, the Mental Health Division awarded CSS Housing funds to Progress Foundation, which partnered with the Gasser Foundation to finance acquisition and construction of the Hartle Court Housing Complex. The Hartle Court Complex is comprised of 18 one-bedroom units of permanent supportive housing for homeless or at risk of homeless adults with mental illnesses and six two-bedroom units of transitional housing for homeless transition-aged youth (18 to 26 years) with mental illnesses. The facility is located on the south side of the town of Napa on a .68-acre plot next to the existing 59-bed South Napa Homeless Shelter. The land was donated through a 99-year, \$1 per year lease from the Gasser Foundation. The total value of the Hartle Court Apartment Complex is approximately \$4.5 million which includes \$1,827,900 in MH Division MHSA CSS Housing funds and \$609,300 in operating subsidies as well as a variety of Federal, State, and local funders including the Napa County Housing Trust Fund.

Highlights

- The Hartle Court Apartment Complex held an Open House on Thursday, April 19, 2012 attended by providers and consumers. The complex quickly filled to capacity within several weeks.
- The Mental Health Division (project sponsor) and Progress Foundation (property owner/manager) have a Memorandum of Understanding which contains agreements on service delivery, case management and crisis intervention as needed to maintain a safe and healthy environment for individuals living at the Hartle Court Apartment Complex.

- Supportive services are provided by Progress Foundation, Napa County Mental Health Division's Adult Full Service Partnership, City of Napa Homeless Outreach, Napa County Probation, Voices Emancipation Center, and the Community Connection Network.
- Since the initial opening, Progress Foundation has conducted several cycles of calls for applications for the TAY apartments to fill vacancies and is now accepting TAY applications on an ongoing basis.

Challenges

- There is a long waiting list of individuals who would like to move in once there are vacancies.
- Additional supportive/affordable housing is needed for TAY who reach the maximum time allotted in the transitional housing (max 18-months).

Opportunities for FY 17-18:

In Fall of 2016, the California Housing Finance Agency (CalHFA) returned \$46,977.85 in unexpended CSS Housing funds to Napa County. The Mental Health Division's Stakeholder Advisory Committee has approved use of these funds to provide Housing Assistance to homeless, mentally ill persons or mentally ill persons who are at risk of being homeless. Housing Assistance means rental assistance or capitalized operating subsidies; security deposits, utility deposits, or other move-in cost assistance; utility payments; moving cost assistance; and capital funding to build or rehabilitate housing for homeless, mentally ill persons or mentally ill persons who are at risk of being homeless.

Innovations (INN) Round 2 Projects

The following Innovations Round 2 Projects were submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in September of 2017 and approved. Outcome data is currently not available for these programs as they were initiated in April 2018. As was previously mentioned on page (insert page here), these Innovation Round 2 projects comprise the Mental Health Division Plans to Spend Reverted/Reallocated MHSA Innovation Funds. For more details on the Innovation Round 2 Projects, please see and Addendum 1 on page (insert page number here) for the complete project plans and budgets:

Adverse Childhood Experiences (ACEs) Project - \$438,869

Paraprofessionals, who are often best positioned to intervene in the prevention and treatment of ACEs, have the least professional support to address ACEs in their own lives. Licensed professionals receive training and often ongoing supervision to address their own trauma history and how it manifests in their work. This support is generally not available for the paraprofessionals.

Since paraprofessionals are often the first contact that individuals have with an organization, the group developed the following learning goals for the ACES Innovations Project, which will be implemented by Cope Family Center:

- How does a paraprofessional's personal history with ACEs and Resiliency impact how they address ACEs with individuals?
- How does a paraprofessional's personal history with ACEs and Resiliency impact their workplace stress?
- Which supports do paraprofessionals find the most effective in changing how they address ACEs with individuals and/or how they manage workplace stress?

FY 2018/19 Mental Health Services Act Annual Update Funding Summary

County: Napa

Date: 6/1/18

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	2,277,189	460,399	1,310,912	91,583	176,818	
2. Estimated Prior Year Reversion			(844,157)	(90,094)	(171,773)	
3. Estimated New FY 2018/19 Funding*	4,064,376	1,003,660	272,712			
4. Transfer in FY 2018/19 ^{a/}	0			0	0	0
5. Access Local Prudent Reserve in FY 2018/19	0	0				0
6. Re-distributed Reversion Funds			844,157	90,094	171,773	
7. Estimated Available Funding for FY 2018/19	6,341,565	1,464,059	1,583,624	91,583	176,818	
B. Estimated FY 2018/19 MHSA Expenditures	5,568,179	1,083,220	1,055,900	27,879	176,818	
G. Estimated FY 2018/19 Unspent Fund Balance	773,386	380,839	527,724	63,704	(0)	

**Includes the planned No Place Like Home Initiative reduction estimate of \$313,672 for CSS and \$137,847 for PEI*

H. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2018	914,402
2. Contributions to the Local Prudent Reserve in FY 2018/19	0
3. Distributions from the Local Prudent Reserve in FY 2018/19	0
4. Estimated Local Prudent Reserve Balance on June 30, 2019	914,402

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

**Mental Health Services Act (MHSA) FY 18-19 Annual Update
Community Services and Supports (CSS) Funding**

Initial Date: 6/30/2017
Revision Date: 6/4/18

County: Napa

	Fiscal Year 2018-19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CSS Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
FSP Programs						
1. Children's FSP	862,703	257,208	567,095			38,400
2. TAY FSP	513,337	388,565	124,772			
3. Adult FSP	1,048,882	762,334	279,748			6,800
4. Adult Treatment Team FSP	299,307	209,769	85,138			4,400
5. Older Adult FSP	514,268	271,022	243,246			
6.	0					
7.	0					
8.	0					
9.	0					
10.	0					
11.	0					
Non-FSP Programs						
1. Crisis Stabilization Services Program	250,100	250,100				
2. Project Access	873,864	868,664				5,200
3. Admin	1,492,552	1,469,902				22,650
4.						
5.						
6.						
7.						
8.						
9.						
CSS Administration	1,090,616	1,090,616				
CSS MHSA Housing Program Assigned Funds	0					
Total CSS Program Estimated Expenditures	6,945,629	5,568,179	1,300,000	0	0	77,450
FSP Programs as Percent of Total	58.2%					

