

APPENDIX 18

Community Mental Health Needs Planning Data

Community Mental Health Priorities: Survey

Summary of urgency ratings, additional priorities and demographics for Stakeholder Advisory Committee review

Introduction

This document is a summary of the Community Mental Health Priorities Survey that was distributed in Napa County in spring 2017. Overall, there were 473 surveys submitted. About two-thirds of the surveys (63%) were completed online, and 5% were completed in Spanish. Paper surveys were received from Napa County Mental Health staff, On The Move: LGBTQ Connection, Cope Family Center, Rianda House, UpValley Family Centers, Rocky Sheridan's Men's Group, ParentsCAN and the Hope Center.

Urgency Ratings: Ten mental health priorities were included in the survey and respondents were asked to rate the urgency of each area. A summary of the urgency ratings are shown in the figures on pages 2-3.

Additional Priorities: Respondents were also asked to indicate additional Community Mental Health Priorities. Over one-third (35%) indicated at least one additional priority. These priorities are summarized in two sections. The first section reviews the priorities that related to or reiterated the current priorities (pages 4-5) and the second section outlines areas where additional priorities were suggested (pages 6-7).

Distribution and Demographics: The survey demographics were tracked throughout the survey distribution to monitor how the survey was reaching all areas of the community. The final demographics are summarized on pages 8-14.

Next Steps

September and October 2017: The summarized feedback will be presented at community meetings and additional input from stakeholders will focus on ideas to address the priorities. Mental Health Division staff will work with agency and community contacts to identify sites in American Canyon, Napa, St Helena and Calistoga for community meetings. An online and paper survey will also be available for individuals who are not able to attend a meeting. Mental Health Division staff will be asking for your help in sharing these with your constituency.

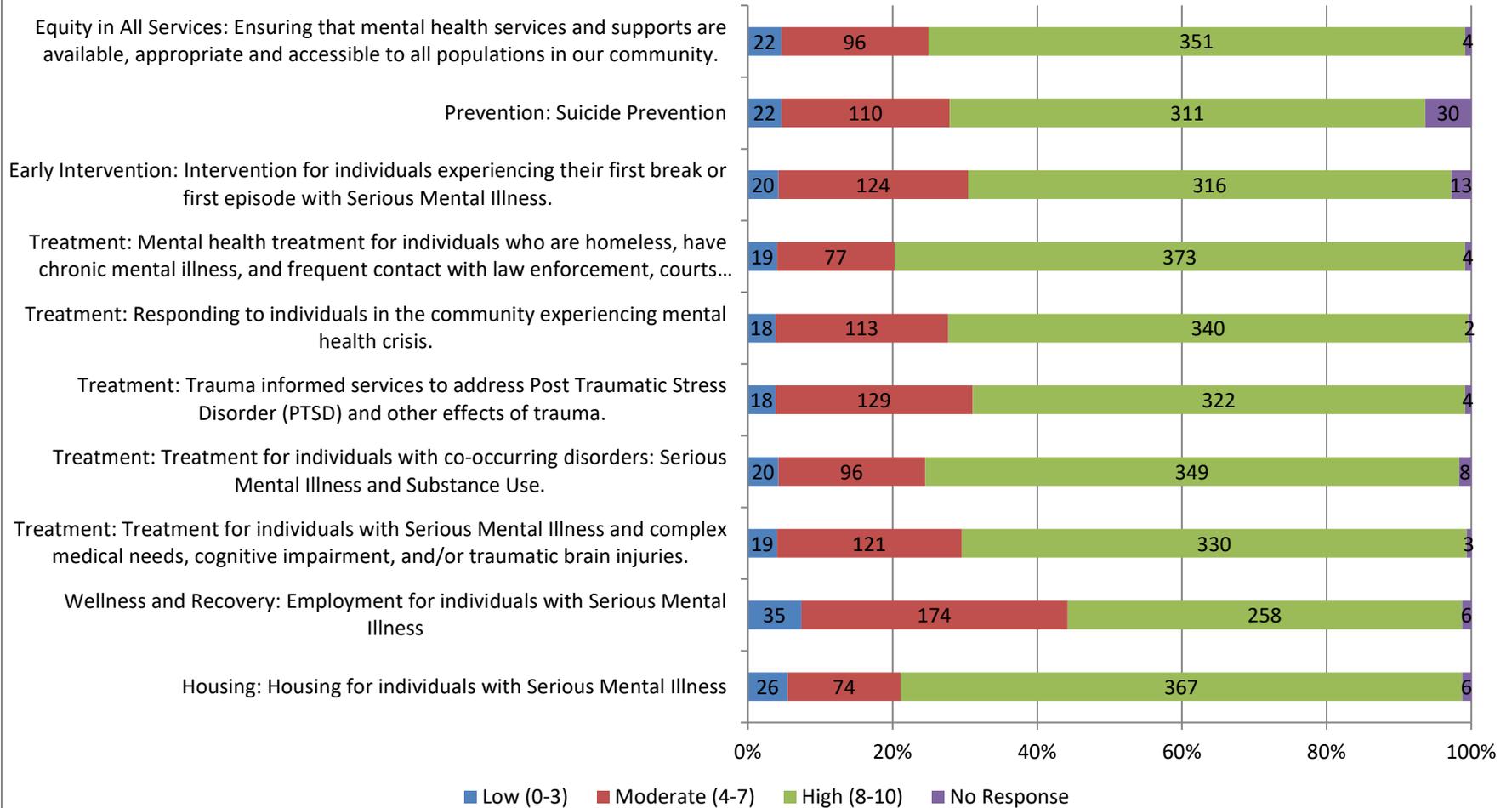
December 2017: The Community Mental Health Priorities will be posted to the HHS Mental Health Division website and the link will be sent to the full distribution list of stakeholders.

Urgency Ratings

Community Mental Health Priorities, Average Urgency Rating (n=473)

Community Mental Health Priorities	Average Urgency Rating (0=Not a Priority, 10=High Priority)
Equity in All Services: Ensuring that mental health services and supports are available, appropriate and accessible to all populations in our community.	8.4
Prevention: Suicide Prevention	8.2
Early Intervention: Intervention for individuals experiencing their first break or first episode with Serious Mental Illness.	8.1
Treatment: Mental health treatment for individuals who are homeless, have chronic mental illness, and frequent contact with law enforcement, courts and emergency services.	8.5
Treatment: Responding to individuals in the community experiencing mental health crisis.	8.2
Treatment: Trauma informed services to address Post Traumatic Stress Disorder (PTSD) and other effects of trauma.	8.0
Treatment: Treatment for individuals with co-occurring disorders: Serious Mental Illness and Substance Use.	8.3
Treatment: Treatment for individuals with Serious Mental Illness and complex medical needs, cognitive impairment, and/or traumatic brain injuries.	8.2
Wellness and Recovery: Employment for individuals with Serious Mental Illness	7.4
Housing: Housing for individuals with Serious Mental Illness	8.5

Community Mental Health Priorities, Summary of Urgency Ratings (n=473)



Scale: 0= Not a Priority, 10= High Priority

Additional Priorities RELATED to Current Mental Health Priorities

Of the 167 respondents who indicated an additional priority, about half of the respondents (n=93, 55%) indicated an additional priority that related to the existing priorities. This section reviews the areas that were emphasized within each priority.

Equity in All Services: Ensuring that mental health services and supports are available, appropriate and accessible to all populations in our community.

Respondents indicated several priority areas related to equity (n=37). This included, the need for cultural competence (specifically with Latino and Asian/Pacific Islander populations), hiring of diverse mental health providers, and the need to hire strong bilingual staff (Spanish and Tagalog). Priorities related to the needs of the LGBTQ community were also frequently reported. This included the need for services specific to LGBTQ, the need for culturally competent treatment and the need to address the high rates of mental health concerns and suicide in this community. Less frequent comments included the need for services specific to Latino men, the need to have equitable services for early childhood mental health needs, and the need to discuss equity for post-partum depression treatment.

Prevention: Suicide Prevention

The six priorities related to this area included bullying, and suicide prevention for teens. Also noted was the LGBTQ and transgender suicide rates, and general community education to prevent suicide.

Early Intervention: Intervention for individuals experiencing their first break or first episode with Serious Mental Illness.

Four respondents restated the need for identification, diagnosis and/or treatment of early mental illness.

Treatment: Mental health treatment for individuals who are homeless, have chronic mental illness, and frequent contact with law enforcement, courts and emergency services.

Thirteen individuals included priorities related to this area. They included the need to adequately care for the individuals who are incarcerated and have a mental illness and to be sure they are receiving mental health services after they leave the jail. Other respondents noted the neighborhood issues in the Triangle Park area and the need to close legal gaps that return individuals who are mentally ill and dangerous back to the community. Others suggested more outreach and housing funds to support the homeless.

Treatment: Responding to individuals in the community experiencing mental health crisis.

Seven respondents included priorities related to treating mental health crisis in the community. Priorities included training for service providers and a need for the community to understand how to use the crisis stabilization center. Other responses included the need for crisis services for the elderly with dementia and Alzheimer's and a need for mobile crisis services.

Treatment: Trauma informed services to address Post Traumatic Stress Disorder (PTSD) and other effects of trauma.

Four individuals prioritized trauma informed services. This included the need for trauma informed services generally, the need for integration back into society after being in the service, and a need for individual therapy as well as group therapy.

Treatment: Treatment for individuals with co-occurring disorders: Serious Mental Illness and Substance Use.

About half of the nineteen respondents that included priorities in this area noted a need for housing and treatment options (n=7). Others indicated a need for more case management and follow-up, effective treatment for co-occurring disorders, and priorities related to serving seniors as well as youth with co-occurring disorders and their families.

Treatment: Treatment for individuals with Serious Mental Illness and complex medical needs, cognitive impairment, and/or traumatic brain injuries.

All of the eight priorities related to this area included the need to serve seniors. Several prioritized dementia and Alzheimer's supports (including community trainings), others indicated a need to provide residential programs and crisis services, and to integrate public health nursing into the care for this population.

Wellness and Recovery: Employment for individuals with Serious Mental Illness

Ten individuals included priorities related to employment. The majority of these priorities addressed the need for employment programs that provide "something productive to do during the day," including employment readiness programs, job programs and volunteering. Two individuals indicated a need for employment programs for youth with SMI. One respondent indicated a need for resources for employers who have mentally ill employees.

Housing: Housing for individuals with Serious Mental Illness (SMI)

The 17 responses that addressed housing for individuals with SMI addressed the need to include housing for individuals with co-occurring disorders, the need for supportive housing and the need for housing for seniors with Serious and Persistent Mental Illness (SPMI) and other medical conditions. Less frequent responses included housing for Transition Aged Youth (TAY), and housing for homeless soldiers.

Additional Priorities NOT RELATED to Current Community Mental Health Priorities

Sixty percent of the written in additional priorities (n=101) addressed an area outside of the identified priorities. Those with more than 10 responses are shown below:

Coordinating mental health systems with other systems and service providers (n=49)

Respondents reported the need to incorporate mental health services with public health, alcohol and drug treatment, homeless resources, youth mentoring, employment, jails, law enforcement, legal services and SSI/SSDI. Several respondents prioritized support systems for family members of the mentally ill. About half of this category included suggestions to prioritize care coordination, follow-up care and collaboration with other agencies and services. Less frequent responses included providing mental health support to first responders and coordinating with universities to improve care.

Services and supports for families, caregivers and parents. (n=40)

The suggestions in this area included services for children and youth that also involved services and supports for their caregivers. This ranged from parenting programs to resiliency to prevention and early intervention to treatment. Respondents noted the need to integrate public health and mental health services for vulnerable families. The need for substance abuse support for families was noted by several respondents. The need to support families prenatally was also noted.

Focus on Prevention (n=32)

Most of the priorities in this category focused on services and supports for children and families beginning prenatally and extending up through the high schools (n=20). Less frequent responses included education programs for LGBTQ, Latinos and seniors as well as more general prevention efforts for the community. One respondent indicated the need to address housing for moderate income families to prevent stress and crisis.

Outreach, community education, stigma reduction (n=31)

This area includes some of the priorities from the Focus on Prevention area, specifically those addressing the need for community education. This also includes priorities related to clarity about what types of services are available and how to access them and the need to address stigma.

Mental health services and supports in the schools (n=19)

Respondents indicated the need to incorporate screenings, prevention, early intervention and treatment services into school sites. Priorities included hiring more mental health counselors, increasing the number of wellness centers, and offering after school programs for students with mental health concerns.

Housing (n=29)

Though Housing for individuals with SMI was one of the current mental health priorities, respondents also included priorities relating to housing for individuals who are low and moderate income, seniors, and children who are homeless. Several respondents indicated a need for clean and sober homeless shelters.

Early Intervention (n=23)

Early intervention services were prioritized for children and families. The priorities indicated a preference for in-home and school-based services for these populations. Less frequent responses included the need to address mild and moderate mental health needs as well as SMI, and mental health supports for first responders.

Distribution and Demographics

The demographics of the survey respondents are shown in the following tables. When available the relevant demographics for Napa County are shared for comparison.

**Community Mental Health Priorities Survey,
Survey Type and Distribution (n=473)**

Survey Type and Distribution	Frequency	Percent
Online	327	69%
Paper (total)	146	31%
<i>County Mental Health Staff</i>	48	10%
<i>Rianda House</i>	31	7%
<i>On the Move: LGBTQ Connection</i>	17	4%
<i>Hope Center</i>	17	4%
<i>Cope</i>	9	2%
<i>Men's Grief Group</i>	8	2%
<i>UpValley Family Center</i>	8	2%
<i>ParentsCAN</i>	8	2%

**Community Mental Health Priorities Survey,
Survey Language (n=473)**

Survey Language	Frequency	Percent
Spanish	21	4%
Tagalog	0	0%
English	452	96%

Napa County Demographics: Language¹

- 36% of residents speak a language other than English at home

¹ <https://www.census.gov/quickfacts/fact/dashboard/napacountycalifornia,US/PST045216>

**Community Mental Health Priorities Survey,
Gender (n=473)**

Gender	Frequency	Percent
Female	329	70%
Male	87	18%
Agender	2	.02%
Bigender	1	
Gender Fluid	1	
Gender Queer	1	
Non-Binary	1	
Non-Gender Conforming	1	
Not Sure	1	
Remake	1	
Transgender	1	
No Response	47	

Napa County Demographics: Gender²

- 50% of residents are female
- 0.3% to 0.5 % of adults are estimated to be transgender (varied definitions of gender identity)³

² ibid

³ <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

**Community Mental Health Priorities Survey,
Populations (n=473)**

Populations (Respondent)	Frequency	Percent
Individual who has used mental health services	141	32%
Family members of an individual who has used mental health services	169	39%
Veteran or Active Duty Military	40	9%
LGBTQ	61	14%
Populations (Work With)	Frequency	Percent
Individual who has used mental health services	275	63%
Family members of an individual who has used mental health services	219	50%
Veteran or Active Duty Military	137	31%
LGBTQ	211	48%

Napa County Demographics: Populations

- Individuals with a Mental Illness: In 2015, SAMSHA⁴ estimated that 17.9% of individuals 18 and over experienced a mental illness in the past year. The National Institute of Mental Health⁵ estimates 4% of adults age 18 and over have a Serious Mental Illness (SMI). *Note: These are national estimates and not specific to Napa County.*
- Veterans:⁶ Veterans Affairs reports 9,000 veterans in Napa County in 2016 based on those who receive VA benefits. This represents 6% of the total population of 142,166.⁷
- LGBTQ⁸: Data from the Williams Institute estimates that 3.5% of adults in the US identify as lesbian, gay or bisexual and an estimated .3% to .5% of adults are transgender. *Note: This is a national estimate and not specific to Napa County.*

⁴ SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2014 and 2015. <https://www.samhsa.gov/data/sites/default/files/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015/NSDUH-DetTabs-2015.pdf>, Table 8.1B, Page 2504,

⁵ <https://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>

⁶ https://www.va.gov/vetdata/veteran_population.asp County Tables, Table 9L: VetPop2016 County-Level Veteran Population by State, Age group, Genders, 2015-2045

⁷ <https://www.census.gov/quickfacts/fact/dashboard/napacountycalifornia,US/PST045216>

⁸ <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Gates-How-Many-People-LGBT-Apr-2011.pdf>

Community Mental Health Priorities Survey, Age Groups (n=473)

Age Groups (Respondent)	Frequency	Percent
0-5	5	1%
6 to 15	16	3%
16 to 25	37	8%
26 to 59	268	57%
60 to 75	83	18%
76+	26	5%
No Response	51	11%
Age Groups (Work With)	Frequency	Percent
0-5	105	22%
6 to 15	168	36%
16 to 25	224	47%
26 to 59	211	45%
60 to 75	152	32%
76+	98	21%
No Response	140	30%

Napa County Demographics: Age⁹

- 21% are under 18 years old
- 18% are age 65 and over

⁹ <https://www.census.gov/quickfacts/fact/dashboard/napacountycalifornia,US/PST045216>

Community Mental Health Priorities Survey, Race/Ethnicity (n=473)

Race/Ethnicity (Respondent)	Frequency	Percent
African American	11	3%
Asian/Pacific Islander	19	4%
Caucasian/White	246	56%
Latino	116	27%
Native American	27	6%
Other Race/Ethnicity	2	0%
No Response	91	21%
Race/Ethnicity (Work With)	Frequency	Percent
African American	236	54%
Asian/Pacific Islander	223	51%
Caucasian/White	286	65%
Latino	295	68%
Native American	181	41%
Other Race/Ethnicity	15	3%
No Response	126	29%

Napa County Demographics: Race/Ethnicity¹⁰

- African American 2%
- Asian/Pacific Islander 9%
- Caucasian/White 53%
- Latino 34%
- Native American 1%

¹⁰ https://www.census.gov/quickfacts/fact/dashboard/napacountycalifornia_US/PST045216

Community Mental Health Priorities Survey, Geography (n=473)

Geography (Live)	Frequency	Percent
American Canyon	17	4%
Napa	241	55%
Yountville	8	2%
St Helena	31	7%
Calistoga	4	1%
Unincorporated Areas	20	5%
Outside of Napa County	81	19%
No response	45	10%
Geography (Work)	Frequency	Percent
American Canyon	112	26%
Napa	290	66%
Yountville	88	20%
St Helena	110	25%
Calistoga	94	22%
Unincorporated Areas	73	17%
Outside of Napa County	34	8%
No response	115	26%

Napa County Demographics: Geography¹¹

• American Canyon	20,452	14%
• Napa	80,416	57%
• Yountville	2,939	2%
• St Helena	6,154	4%
• Calistoga	5,311	4%
• Other/Unincorporated Areas	26,894	19%

¹¹ <http://www.bayareacensus.ca.gov/cities/Yountville.htm> (for Yountville), <https://www.census.gov/quickfacts/fact/dashboard/napacountycalifornia,US/PST045216> for all other cities

Community Mental Health Priorities Survey, Provider Type (n=473)

Provider Type (Respondent)	Frequency	Percent
Law Enforcement	36	8%
Education	95	22%
Social Services	94	22%
MH Services	90	21%
Alcohol and Drug Services	20	5%
Health Care	41	9%
No Response	171	39%
Provider Type (Work With)	Frequency	Percent
Law Enforcement	184	42%
Education	198	45%
Social Services	243	56%
MH Services	250	57%
Alcohol and Drug Services	214	49%
Health Care	218	50%
No Response	138	32%